

PGY1 Course Description

Learning Experience Title: Transitional Care

Preceptor:

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Description:

The PGY-1 Transitional Care learning experience at Truman Medical Centers is an elective four-week rotation that introduces residents to the management of patients moving within the healthcare system. This evolving role highlights the pharmacist's impact in improving outcomes, reducing readmissions, and improving patient quality of life. The transitional care pharmacist in this role will participate in multidisciplinary social rounds, bed-side patient rounds, medication reconciliation, comprehensive medication review, medication therapy management, patient education, discharge reconciliation, and post-discharge patient monitoring. During the learning experience, residents will further develop their pharmacotherapeutic and intrapersonal communication skills, broaden their knowledge bases within areas of transitional care, and become more confident practitioners on the multidisciplinary team.

Learning Experience Responsibilities:

- Attend multidisciplinary social rounds daily at 8:45am
- Serve as primary pharmacist for all patients on the Transitional Care service
- Screen patients to determine inclusion/exclusion for the medication reconciliation/discharge program
- Conduct face-to-face medication histories and reconcile admission and discharge medications
- Provide timely, evidence based drug therapy recommendations and information
- Complete a comprehensive medication review (CMR) for all patients included in the medication reconciliation/ discharge program
- Complete discharge patient counseling and provide written and verbal material
- Evaluate discharge prescriptions for completeness and correct potential problems prior to patient depart
- Document all interventions in the patient's electronic medical record (EMR)
- Coordinate with case managers to identify and to alleviate barriers that affect medication adherence
- Present as least one topic discussion (approx. 30min.) to the pharmacy/medical staff

- Actively participate or lead topic discussions with Pharm.D. students and/or and preceptor
- Supervise Pharm.D. students, when applicable
- Actively participate in all mid-point and final evaluations of Pharm.D. students, when applicable
- Complete other duties as assigned by preceptor

Disease States:

Disease states commonly encountered during this experience that the resident will be expected to review, discuss, and apply include, but are not limited to the following:

- Cardiology
 - Heart failure, hypertension, dyslipidemia, peripheral vascular disease, coronary artery disease, atrial fibrillation, anticoagulation
- Respiratory disorders:
 - COPD, asthma
- Endocrinology disorders
 - Diabetes, thyroid disorders
- Renal disorders
 - Acute kidney injury, chronic kidney disease
- Neurology
 - Seizure disorders, CVA/TIA
- Gastrointestinal disorders
 - GERD, peptic ulcer disease, pancreatitis, hepatitis, liver failure
- Hematology
 - Anemia
- Infectious disease
 - Pneumonias, urinary tract infections, skin and soft tissue infections, endocarditis, meningitis, osteomyelitis, HIV, TB

Learning Experience Activities:

Activity	Objectives Covered
Provide accurate and evidence-based drug therapy recommendations to the health care team	R1.1.1 (applying)
Employ respect and empathy interviewing and educating patients and members of the healthcare team	R1.1.2 (applying)
Use relevant information sources to obtain patient health data, including history of present illness, past medical history, social history, medication history, immunizations, allergies, physical exam findings, laboratory findings, test results, and pharmaco-economic information	R1.1.3 (analyzing)
Conduct thorough comprehensive medication reviews (CMR) to ensure safe and effective medication use and to identify medication-related problems	R1.1.4 (analyzing)
Create individualized medication plans for all patients that address efficacy, adverse drug reactions, suboptimal drug selection, dosage	R1.1.5 (creating)

optimization, indication appropriateness, side effect management, adherence, therapeutic duplications, drug/disease interactions, and compliance	
Communicate medication plans with patients and with the healthcare team.	R1.1.6 (applying)
Document all interventions in the patient's electronic medical record (EMR)	R1.1.7 (applying)
Navigate prospectively all available medication formularies and care resources to assist patients in obtaining safe and cost-effective medications	R1.1.8 (applying)
Conduct medication reconciliation, identify risk factors for poor discharge, and take appropriate steps to help avoid unnecessary hospital re-admissions	R1.2.1 (applying)
Evaluate discharge prescriptions and depart paperwork for completeness and correctness. Address discrepancies prior to discharge	R1.3.1 (applying)
Conduct data collection for the Transitional Care Program (TCP)	R2.2.3 (applying)
Evaluate TCP data to assess operational, clinical, economic, and humanistic outcomes	R2.2.4 (evaluating)
Present a formal patient case, disease state, or process improvement presentation to pharmacy personnel	R2.2.5 (creating)
Work independently to balance a varying patient workload and to fulfill all responsibilities of patient care	R3.2.4 (applying)
Prepare patients for discharge by providing individualized verbal and written patient education	R4.1.1 (applying)
Use daily medication education sessions to develop rapport with patients to gain trust and to maintain active learning and engagement	R4.1.2 (applying)
Tailor educational discussions and handouts to reflect the individualized levels of patients	R4.1.3 (applying)
Assess the effectiveness of education by confirming patient "teach back"	R4.1.4 (applying)
Precept pharmacy students and interns, as allowed	R4.2.2 (applying)

Objectives selected to be evaluated during learning experience:

R1.1.2 "Interact effectively with patients, family members, and caregivers."

R1.2.1 "Manages transitions of care effectively."

R1.1.4 "Analyze and assess information on which to base safe and effective medication therapy."

R1.1.5 "Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)."

R4.1.2 "Use effective presentation and teaching skills to deliver education."

Requirements of Learning Experience:

Expected hours: 0700-1600, times may vary based on patient care requirements

Required Presentations: One topic presentation (approximately 30 minutes) to pharmacy and medical staff

Required Readings: To be determined on a case-by-case basis

Preceptor interaction:

- 8:15: Discuss patients with preceptor
- 8:45: Multi-disciplinary rounds and meetings with case management
- Afternoons: Topic discussions, patient updates, patient education, and self-directed work

Communication:

- Daily scheduled meeting times
- Residents are expected to read email at the beginning, middle, and end of each day to facilitate communication.
- Office extension is appropriate for urgent questions pertaining to patient care.
- Pager is appropriate at all times for any questions.

Expected progression of resident on this learning experience:

- Day 1: Preceptor will review transitional care activities and expectations, create a general calendar, and set monthly activities with resident.
- Days 1-2: Resident will observe the preceptor taking systematic medication histories, documenting interventions in a progress note in the EMR, performing disease state and medication education, collecting data, and other as needed duties.
- Week 1: Resident will perform all required duties under the direct supervision of the preceptor. Resident will be responsible for working with at least eight patients daily. At the conclusion of the first week, the resident will perform at least three comprehensive medication reviews and three educations independently of preceptor.
- Weeks 2, 3, 4: Resident will be expected to work independently of preceptor, using preceptor as a resource if needed.

Method of Evaluation:

Evaluation of the resident will be based on the ASHP activity learning experiences listed above. Each learning activity has a corresponding code following the experience which corresponds to the activity learning experience listed in PharmAcademic®. During the orientation to the learning experience, the preceptor and the resident will review all the material contained in this learning experience description and sign a copy to be retained in the residents file.

The preceptor will provide feedback verbally (formative) throughout the course of the learning experience and electronically (summative) via PharmAcademic® at the conclusion of the experience. Once the resident is finished with all of the requirements for the experience, the preceptor and the resident will discuss the learning experience as a whole both formally and informally. The resident will also be responsible for providing

both formative and summative feedback at the conclusion of the experience. All evaluations must be submitted by the conclusion of the learning experience.

I have read and acknowledged the responsibilities of the learning experience.

Pharmacy Resident

Primary Preceptor