PGY-1 Pharmacy Residency
Transitional Care Experience Description

Preceptor Information:
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Rotation Title: Transitional Care (PGY-1)

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 role of the transitional care pharmacist includes participation 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:
Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience include, but are not limited to the following:
• Cardiology
  o Heart failure, hypertension, dyslipidemia, peripheral vascular disease, coronary artery disease, atrial fibrillation, anticoagulation
• Respiratory disorders:
  o COPD, asthma
• Endocrinology disorders
  o Diabetes, thyroid disorders
• Renal disorders
  o Acute kidney injury, chronic kidney disease
• Neurology
  o 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

**Suggested Readings:**
The reading materials for this learning experience include but are not limited to the following:

- Role of a care transition pharmacist in a primary care resource center. American Journal of Health-System Pharmacy, 2014
- Standards for the Diagnosis and Management of Patients with COPD. American Thoracic Society, June 2016.
- “The Best Possible Medication History” documentation sheet

**Learning Experience Activities:**

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<tr>
<th>Activity</th>
<th>Objectives Covered</th>
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<tbody>
<tr>
<td>Describe risk factors for poor discharge outcomes and take appropriate steps to help avoid unnecessary hospital re-admissions.</td>
<td>R1.2.1 (applying)</td>
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<td>Demonstrate accurate data collection, interview, and interpretive skills by obtaining complete medication histories.</td>
<td>R2.2.4 (evaluating)</td>
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<td>Perform admission and discharge medication reconciliation to identify incorrect medications, dosages, routes, formulations, and frequencies, therapeutic duplications, omissions and additions, and barriers to medication use. Document findings on the prepared data collection tool.</td>
<td>R1.1.3 (applying)</td>
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<td>Conduct thorough comprehensive medication reviews (CMR) to ensure safe and effective medication use and to identify medication-related problems. Evaluate each patient critically for therapeutic interventions including efficacy, adverse drug reactions, suboptimal drug selection, dosage optimization, indication appropriateness, side effect management, adherence, therapeutic duplications, drug/disease interactions, and compliance.</td>
<td>R1.1.4 (analyzing)</td>
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<td>Prioritize and research medication-related problems, develop patient-specific treatment plans, and monitor current and recommended drug therapy.</td>
<td>R1.1.5 (creating)</td>
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<td>Provide accurate and evidence-based drug therapy recommendations to the health care team and document all interventions in the electronic medical record.</td>
<td>R1.1.6 (applying)</td>
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<td>Prepare patients for discharge by providing individualized verbal and written patient education. Ensure patient “teach back”.</td>
<td>R1.1.8 (applying)</td>
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<td>Evaluate discharge prescriptions and depart paperwork for completeness and correctness. Address discrepancies prior to discharge.</td>
<td>R1.1.9 (applying)</td>
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<td>Present a formal patient case, disease state, or process improvement presentation to pharmacy personnel.</td>
<td>R1.1.10 (applying)</td>
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**Objectives Evaluated:**

<table>
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<tbody>
<tr>
<td>“Interact effectively with patients, family members, and caregivers.”</td>
<td>R1.1.2</td>
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<tr>
<td>“Manages transitions of care effectively.”</td>
<td>R2.1.2</td>
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<tr>
<td>“Analyze and assess information on which to base safe and effective medication therapy.”</td>
<td>R1.4.14</td>
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<tr>
<td>“Design or redesign safe and effective patient-centered therapeutic regimens and”</td>
<td>R1.1.5</td>
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monitoring plans (care plans).”

“Use effective presentation and teaching skills to delivery 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
- **Miscellaneous Projects:** To be determined by preceptor

**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.

**Example Daily Agenda:**
- 7-8:15: Pre-round patients
- 8:15-8:45: Discuss patients with preceptor
- 8:45-9:15: Multi-disciplinary social rounds, meeting with case management
- 9:15-12:00: Medication histories, comprehensive medication reviews
- 12:30-1400: Discharge education, disease state education, medication education
- 1400- Comprehensive medication reviews, documentation, topic discussion

**Expected Resident Progression:**
- **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:**
The “Learning Experience Activities” listed above are required for the Transitional Care PGY-1 rotation. The preceptor will evaluate the resident based on the Residency Learning System (RLS) objectives. 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 will be retained in the residents file. The preceptor will also provide verbal and formal written feedback throughout the rotation using PharmAcademic®. At the conclusion of the rotation, the resident will receive a final written evaluation in PharmAcademic®, and the resident and preceptor will discuss the evaluation face-to-face. The resident will provide a self-evaluation, as well as an evaluation of the rotation and the preceptor. All evaluations will be completed within three business days of the rotation conclusion.

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

____________________
Pharmacy Resident  
____________________
Primary Preceptor