

**Medication Management Program**

# 1513-13401 108 Ave,Surrey,BC V3T 5T3

**604-953-4995 ext 763633**

**Rotation Manual**

## DESCRIPTION

Authority in April 2005. In this program, high risk clients (e.g. age > 65 years who are on > 6 regularly scheduled medications) are referred to a pharmacist for further review and a home visit. During the home visit, the pharmacist provides pharmaceutical care by reviewing the client’s complete medication profile, including The Medication Management Program is a community-based program launched by the Fraser Health all prescription medications, OTCs and herbal or alternative medications. The pharmacist may also introduce compliance aides such as blister packing if needed. The pharmacist also removes outdated or discontinued medications with the permission of the client. The pharmacist communicates recommendations to the client’s physician & follows up with the client and the client’s community pharmacy to implement changes as required. The pharmacist communicates with other members of the home health team who are involved with the client.

**GOALS**

1. To improve the resident’s knowledge base of some disease states that requires medication management pharmacists’ intervention.
2. To provide a broad experience for the resident in the application & management of medications in the community treatment of patients with chronic disorders.
3. To allow the resident to establish a relationship with the patient & work cooperatively with other health care providers in the provision of pharmaceutical care.
4. For the resident to increase their knowledge & skills in the following key areas of pharmaceutical care: Interview patients; develop a patient database; identify patients most likely to experience DRPs; prioritize DRPs; use knowledge of drugs & disease states to enhance

pharmaceutical care; apply basic principles of pharmacokinetics & laboratory test interpretation in the care of patients; effectively assess a patient; develop & implement a pharmacy care plan;

document pharmaceutical care activities in the health record; & perform a follow-up evaluation of patient outcomes.

1. To develop the resident’s organizational & communication skills (verbal & written) as they

proceed through the rotation.

1. To develop the resident’s clinical practice such that a partial experience of the role of the pharmacist on the community medication management team can be achieved.
2. To individualize the rotation to the resident’s needs, taking into account the resident’s

previous knowledge & skills (learning portfolio).

## LEARNING OBJECTIVES

Per those listed in the Direct Patient Care ITER, available at

<http://www.vhpharmsci.com/residency/resources/evaluation_resources.html>

## ROTATION-SPECIFIC OBJECTIVES

1. The resident is expected to be familiar with the following resources (i.e. know what types of information that can be found in these references):
   * CPS – Compendium of Pharmaceuticals and Specialties
   * PDTM – Parenteral Drug Therapy Manual
   * Handbook of Injectable Drugs (Trissel)
   * Pharmacotherapy: a pathophysiologic approach (Dipiro)
   * Applied Therapeutics: the clinical use of drugs (Young, Koda-Kimble)
   * Therapeutic Choices
   * Patient Self-Care
   * The Sandford Guide to Antimicrobial Therapy
   * FHA intranet drug databases
2. The resident is expected to know how to calculate kinetic parameters (i.e. elimination half-

life, volume of distribution, peak concentration, trough concentration and change in concentration) for the following medications:

* + Vancomycin
  + Aminoglycosides: Gentamicin, tobramycin
  + Digoxin
  + Theophylline
  + Phenytoin

1. The resident is expected to carry and be familiar with the use of a scientific calculator.
2. The resident is expected to be able to navigate around Meditech - Patient Care Inquiry to obtain relevant patient history and information. .

## RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own objectives for the rotation. These should be documented in their ePortfolio and assessed at evaluation points during the rotation.

1.

2.

3.

## REQUIRED ACTIVITIES

The Resident will:

## 1. Complete required readings prior to start of rotation

1. Responsible and safe patient care. This may require that you stay late to complete a task to ensure patient safety.
2. Be motivated & **have access to a car**.
3. Be honest with yourself and with the preceptor.
4. Have up to three clear S.M.A.R.T objectives. The rotation can be tailored to meet your objectives.
5. Time management. Don’t waste your time and the preceptor’s time.
6. Work 7.5 h daily, from Monday to Friday.
7. Update each assigned patient work-up prn & adjust care plans prn. Review new patients as they are assigned to identify ones which need pharmaceutical care.
8. Review assigned patients each day with preceptor. Discuss recommendations with preceptor prior to implementation. Review written notes with preceptor prior to documenting them in

any patient care record or sending them to any HCT member.

1. Monitor assigned patients with serum drug levels, renal dysfunction (CrCL < 30 mL/min) prn.
2. Monitor assigned patients with parenteral drug therapy with the goal to modify therapy prn (SC/IM to po step down/discontinue drug).
3. Be responsible for the assigned patients’ pharmacy-related problems & drug information

requests/pharmacy consults.

1. Meet @ least twice weekly with your preceptor for an in-depth discussion of the predetermined disease states (discussion topics).
2. Submit weekly logs of patients followed to preceptor.
3. Keep a daily log of patient care activities (interviews, interventions, topics discussed, photocopy any notes written in the chart)
4. Provide recommendations on how to improve the rotation.

## GENERAL STRUCTURE OF THE ROTATION

**Monday Tuesday Wednesday Thursday Friday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Orientation  Initial patient workup | SMH medical rounds  Home visits with preceptor | Teleconference home health  team  Home visits with preceptor  Visit documentations | Home visits with preceptor/alone Visit documentations | Home visits Visit documentations |
| Home visits Visit documentations | SMH medical rounds  Home visits with preceptor | Teleconference home health team  Home visits with preceptor  Visit documentations | Home visits Visit documentations | Home visits Visit documentations Midpoint Evaluation |
| Home visits Visit documentations | SMH medical  rounds  Home visits with preceptor | Teleconference  home health team  Home visits with preceptor  Visit documentations | Home visits Visit documentations | Home visits Visit documentations |
| Home visits Visit documentations | SMH medical  rounds  Home visits with preceptor | Teleconference  home health team  Home visits with preceptor  Visit documentations | Home visits Visit documentations | Final evaluation |

**Week 1**

**Week 2**

**Week 3**

**Week 4**

**COMMUNICATION EXPECTATIONS**

The resident should be able to:

* 1. Demonstrate an understanding of @ least six medical conditions & treatments. The resident should be able to list @ least five signs & symptoms of the condition, @ least

three drugs to treat the condition, the mechanism of action for these drugs, the ADME

profile for these drugs & five common ADRs for each of these drugs.

* 1. Complete @ least ten home visits: accumulating @ least 70% of the information as compared to your preceptor.
  2. Demonstrate their ability to apply medication reviews and reconciliations in patients’ homes, providing them a medication schedule with recommendations to medication

recommendations.

* 1. Demonstrate their ability to develop @ least 70% of a complete patient-specific assessment as compared to your preceptor.
  2. Demonstrate their ability to develop @ least 70% of a patient-specific pharmacy care plan as compared to your preceptor; evaluating @ least three alternative therapies and

defining outcomes.

* 1. Demonstrate their ability to document: interventions/recommendations in the patient’s health care record; &/or any appropriate correspondence with a Health Care Team

Member, if possible. (All notes/correspondence must be reviewed with the preceptor prior to being written)

* 1. Perform at least one presentation to the home health team &/or complete a mini-project achieving a performance level that was specified by your preceptor (i.e. Achieving 70% of the acceptable components that are specified on the “Case Presentation Evaluation

Form”).

## PRECEPTOR RESPONSIBILITIES

1. Introduce the Resident to the department and health care team.
2. Provide orientation to home health facilities.
3. Take report of all patients.
4. Be available for consultation with Resident whenever possible and provide on-going feedback to the resident throughout the course of the rotation.
5. Provide residents with a list of relevant disease states/processes that the resident is

responsible for.

1. Provide feedback on notes written in the health record.
2. Schedule dates for presentations.
3. Keep the Resident informed regarding their availability for consultation and meetings.

## EVALUATION PROCESSES

As detailed in the LMPS residency program policies at:

<http://www.vhpharmsci.com/residency/resources/evaluation.html>

## REQUIRED READING & RESOURCES

**Before rotation:**

PDFs posted in One45 [preceptor: send to [May.Lok@vch.ca](mailto:May.Lok@vch.ca) for posting]

## During rotation:

PDFs posted in One45 [preceptor: send to [May.Lok@vch.ca](mailto:May.Lok@vch.ca) for posting]