The Utah Society of Health System Pharmacists and University of Utah Hospitals and Clinics Present: Fall 2017 Resident Continuing Pharmacy Education Series

Target Audience: Pharmacists, pharmacy technicians, and pharmacy students

Title, Objectives & ACPE UAN

Date	Location	Presenter	
10/24	HSEB	Tyler Sandahl,	Heartbreakers: Chemotherapy Induced Cardiotoxicity (0.1CEU)
Tue.	2680	PharmD	A-0167-0000-17-023-L05-P/T
	at 3:00 pm	Mentors: Tricia Jeppson, PharmD, BCOP; Christine Crossno, PharmD, BCOP; Shelly Hummert, PharmD	Pharmacist Objectives: 1. Create a monitoring plan for a patient receiving anthracycline therapy 2. Identify management strategies for tyrosine kinase inhibitor (TKI) induced hypertension 3. Design a regimen to treat/manage chemotherapy induced cardiotoxicity 1. Differentiate between Type I and Type II cardiotoxicity 2. Recall 3 common classes of chemotherapy associated with cardiotoxicity 3. List one option for treatment/management of chemotherapy induced cardiotoxicity and its mechanism of action
10/24	School of	Anthony Trovato,	Let Me "Phil" You in on the Treatment of Eosinophilic Disorders (0.1CEU)
Tue.	Medicine –	PharmD	А-0167-0000-17-024- L01-Р/Т
	Classroom		Pharmacist Objectives:
	at 4:00 pm	Mentor: Zubin Bhakta, PharmD	 Categorize monoclonal antibody treatments based on mechanism of action Indicate when an inhaled or nebulized steroid may be prescribed for a purpose other than asthma or COPD Differentiate among monoclonal antibody treatments based on the treatment of specific diseases
			<u>1</u> Recognize when an inhaled or nebulized steroid may be prescribed for a purpose other than asthma or COPD
			2. Indicate when a patient may be suffering from uncontrolled possibly allergic asthma based on inhaler prescription fill history
			3. Distinguish between brand and generic monoclonal antibody treatments in eosinophilic disorders
10/26	HSEB	Morgan Ratté,	Tailor to Your Genes: Genetic Mutations in Cystic Fibrosis (0.1CEU)
Thur.	2680	PharmD	A-0167-0000-17-025- L01-P/T
	at 3:00 pm	Mentor: Zubin Bhakta, PharmD	 <u>Pharmacist Objectives</u>: Describe the pathophysiology of cystic fibrosis and recognize symptoms and complications of the disease Recognize various genetic mutations in cystic fibrosis and the rationale for targeted therapies Apply knowledge of the gene targeted therapies to formulate a treatment strategy for cystic fibrosis
			Technician Objectives:
			1. Describe symptoms and complications of cystic fibrosis
			2. Industrate now to help patients gain access to and infancial assistance for targeted theraptes 3. Identify which CFTR modulator patients may qualify for based on their mutation(s)

Time &

10/26 Thur	HSEB	Jennifer Wiederrich,	Too Calm before the Storm: Management of Thyroid Storm and Myxedema Coma (0.1CEU)
Tilui.	2080 at	FilaliliD	A-0167-0000-17-026- L01-P K-0167-0000-17-036-L01-T
	4:00 pm	Mentor: Ben Gebhart, PharmD	 <u>Pharmacist Objectives</u>: Identify specific drugs and medication classes commonly associated with thyroid storm and myxedema coma Differentiate common side effects and black box warnings associated with antithyroid agents Compare and contrast regimens to treat thyrotoxicosis in pregnant patients Formulate a pharmaceutical care plan for managing thyroid storm and myxedema coma using evidence-based practices
			Technician Objectives: 1. Define thyroid storm and myxedema coma 2. Identify the dosage forms and describe appropriate drug handling of target therapies for thyroid storm 3. Recognize common side effects and black box warnings associated with antithyroid agents 4. Describe symptoms and complications of myxedema coma
10/28	HSEB	Marie Barnicoat,	Alerts, Alarms, Bells and Whistles: How Does Clinical Decision Support Impact Clinical Outcomes? (0.1CEU)
Sat.	2680	PharmD	A-0167-0000-17-027-L04-P/T
	at 8:00 am		Pharmacist Objectives:
	0.00 am	Mentor:	1. Describe the development of clinical decision support (CDS) into the medication management cycle
		Brian Johnson,	2. Evaluate studies that utilized CDS tools and the impact on chinical outcomes 3. Propose opportunities for attaining effectiveness with CDS
		PharmD	Technician Objectives:
			1. Discuss the role of CDS in the medication management cycle
			2. Distinguish between the basic concepts of CDS
			3. Recognize potential challenges and barriers of CDS
10/28	HSEB	Amanda Gibson,	The Troll of Transplantation: Cytomegalovirus and Clinical Decision Making in Stem Cell Transplant Patients (0.1CEU)
Sat.	2080 at	PharmD	A-0167-0000-17-028-L01-P/T
	9:00 am		Pharmacist Objectives:
	,	Mentor:	1. Evaluate a patient's risk for developing CMV infection following a stem cell transplant 2. Interpret results obtained from a quentitative DCP for CMV
		Donald Alexander,	2. Interpret results obtained from a quantitative PCK for CWV 3. Identify the limitations of current antiviral therapy for management of CMV infection
		PharmD	Technician Objectives:
			1. Recognize antiviral agents used in the management of CMV
			2. Categorize the medications used in CMV as oral or intravenous
10/20			3. Identify the antiviral agents used in the management of CMV that require the use of a closed-system transfer device
10/28	HSEB	Kathleen Athern,	After the Damage has been Done: Managing the Complications of Cirrhosis (0.1CEU)
Sat.	2080 at	PharmD	A-0167-0000-17-029-L01-P/T
	10:00 am		Pharmacist Objectives:
		Mentors:	1. Describe the pathophysiology of cirrnosis and portal hypertension and now this influences subsequent complications of negatic dystunction 2. Evaluate current treatment strategies and guideline recommendations for the management of the complications of portal hypertension
		Jennifer Babin,	3 Given a patient case, analyze specific patient factors and design a treatment plan for the management of complications of portal hypertension
		PharmD, BCPS	Technician Objectives:
			1. Identify symptoms of cirrhosis and the complications of cirrhosis
			2. Recognize common treatments used to manage the complications of cirrhosis
			3. Evaluate which over-the-counter medications should be avoided in patients with a history of cirrhosis

10/20	HGED	TT I II DI	
10/28	HSEB	Heidi Pigott,	Fighting the Resistance: Battles in (Resistant) Hypertension Management (0.1CEU)
Sat	2680	PharmD	A-0167-0000-17-030-L01-P K-0167-0000-17-037-L01-T
	at		Pharmacist Objectives:
	11:30 am		1. Evaluate the differences between resistant hypertension and pseudoresistance
		Mentor:	2 Describe strategies to improve non-adherence to anti-hypertensive medications
		Holly Gurgle,	3 Differentiate between modifiable and non-modifiable causes of resistant hypertension
		PharmD, BCACP, CDE	4 Create an assessment and plan of a national case with resistant hypertension
			Technician Objectives:
			1. Define resistant hypertension
			2. List strategies to identify non-adherence to anti-hypertensive medications
			3. Review lifestyle or modifiable causes of resistant hypertension
10/28	HSEB	Amanda Kurtti,	(Check) Point Break: A Wave of New Drugs for Urothelial Carcinoma (0.1CEU)
Sat	2680	PharmD	A-0167-0000-17-031-L01-P K-0167-0000-17-038-L01-T
	at		Pharmacist Objectives:
	12:30 pm		1 List EDA-approved indications for newly approved immune checknoint inhibitors used in urothelial carcinoma
		Mentor:	2 Describe mechanisms of action of newly approved immune checkpoint inhibitors
		Jessica Streeter,	2. Compare and contrast cost, schedule, and toxicities of immune checkpoint inhibitors for the treatment of urothelial carcinoma
		PharmD, BCOP	5. Compare and contrast cost, schedule, and toxicities of minimule checkpoint initionois for the treatment of urothelial continents of arritegies for the second configurations to prestice.
			4. Evaluate minimations of chinical trials of reviewed therapies for treatment of uromenal carcinoma and applications to practice
			5. Choose resources for management of adverse effects of minimule checkpoint minonors
			<u>1 Line i foli forma de la companya de la</u>
			1. Identify differences in dosing and frequency between the newly approved immune checkpoint inhibitors
			2. Describe proper storage and handling of reviewed therapies
10/21	2014	<u> </u>	3. List immune checkpoint inhibitors which require premedications
10/31	SOM	Cassia Griswold,	Endocrine therapy in early breast cancer: SERMthing to think about (0.1CEU)
Tues	B	PharmD	A-0167-0000-17-032-L01-P/T
	at		Pharmacist Objectives:
	5:00 pm		1. Compare the side effects of available endocrine therapies
		Mentors:	2. Identify patient populations with special considerations when starting endocrine therapy
		Tricia Jeppson,	3. Apply data to select the most appropriate treatment plan for a specific patient
		PharmD, BCOP;	Technician Objectives:
		Christine Crossno,	1. Describe the role of endocrine therapy in early breast cancer
		PharmD, BCOP;	2. Recognize the differences between commonly used endocrine therapies
		Shelly Hummert,	3. Demonstrate safe handling techniques of hormone modulating drugs
		PharmD	

10/31	SOM	Emma Jones,	IncredNIBle advances in AML: STAURing new targeted therapies (0.1CEU)
Tues	В	PharmD	A-0167-0000-17-033-L01-P/T
	at 4:00 pm	Mentor: Ashley Newland, PharmD, BCOP	Pharmacist Objectives: 1. Describe the basic pathophysiology and prognostic factors of AML 2. Revise the dosing of targeted therapies due to treatment-specific toxicities 3. Demonstrate the ability to correlate genetic mutation to the appropriate treatment for AML 4. Identify and manage drug interactions with targeted therapies Technician Objectives:
			1. Select the corresponding medication given the genetic mutation
			2. Develop the skins to facilitate access to restricted targeted therapies 3 Identify appropriate dosing of targeted therapies for AML
11/2 Thurs	School of Medicine	Laura Steffens, PharmD	What the DILI yo?! Pathology and Players in Drug-Induced Liver Injury (0.1CEU) A-0167-0000-17-034-L01-P/T
	B at 3:00 pm	Brianne Wolfe, PharmD, BCCCP	Pharmacist Objectives: 1. Recognize the differences, as well as overlap, in the definitions of intrinsic and idiosyncratic DILI (Drug Induced Liver Injury) 2. Describe the various characteristics of drugs and host factors that contribute to the pathophysiology of DILI 3. Construct recommendations based off patient history to help lower or elevate suspicion of DILI on a patient's differential diagnosis 4. Analyze laboratory values and calculate R values to distinguish between hepatocellular and cholestatic liver injury 5. Develop clinical recommendations for management of DILI based off available literature Technician Objectives: 1. Recognize the importance of DILI onset as it relates to when the medication was started 2. Identify brand and generic names of medications that have been associated with DILI 3. Employ knowledge learned about N-acetylcysteine preparation for utilization in a patient presenting with DILI
11/2	HSEB	Lisa Hayes,	Augmented Renal Clearance: Looking Past the Equations (0.1CEU)
Thurs	2680 at 4:00 pm	PharmD Kimmy Terry, PharmD	A-0167-0000-17-035-L01-P/T Pharmacist Objectives: Describe the concept and pathophysiology of augmented renal clearance (ARC) Assess patient risk factors to identify the potential for ARC Develop a dosing strategy and monitoring plan for antibiotic therapy in a patient with ARC
			Technician Objectives: 1. Define augmented renal clearance and explain why this is an important concept for patient care 2. Distinguish between normal and abnormal creatinine clearance values when utilizing the Cockcroft-Gault equation 3. Recognize preparation considerations for antibiotics which may be utilized as extended or continuous infusions

*A=application-based CE

Registration, Info & Fees: All presentations are one hour. The cost is \$55 for pharmacists and \$15 for technicians to attend regardless of the number of hours or sessions attended, and this fee can be paid online at www.ushp.org. No RSVP is required for the weekday sessions, but registration for the Saturday event on October 28, 2017 is required to ensure a sufficient number of handouts are printed. Seating is limited. To receive CE (Continuing Education) credit, you must be a USHP member. If you are interested in joining USHP, please visit our website <u>www.ushp.org</u> and join online.

Credit Hours: Through attending this program, up to 13.0 contact hours (0.13 CEUs) can be attained. Participants must be a member of USHP, sign in at each program, register and pay for the series, and complete evaluation forms. You must register and pay for the CE Series by Friday, November 2, 2017. A link to the evaluations will only be provided to those who signed in on the registration form distributed at each individual CE session. Electronic evaluations must be completed by Wednesday, November 23, 2017 to receive CE credit.

Special Accommodations: If you are in need of any special accommodation, please contact us a minimum of 2 days prior to the program in order to make arrangements at the below listed contact.

Commercial Support: No commercial support was received for this program.

Questions? Contact Sara deHoll (sara.hiller@hsc.utah.edu) or Stacy Prelewicz (stacy.prelewicz@hci.utah.edu)

The Utah Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.