

PGY1 – Longitudinal Antimicrobial Stewardship Learning Experience

Preceptor

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Hours: will vary with the resident's schedule and primary rotation

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General Description

The antimicrobial stewardship longitudinal rotation focuses on building the resident's leadership and communication skills in managing antimicrobial stewardship projects, developing or updating policies and protocols and reporting metrics to track progress and identify areas of improvement across the system. The ID pharmacist coordinates the antimicrobial stewardship program (ASP) in collaboration with Asante's ID physicians and health professionals within multi-hospital Asante Health System. S/He develops, implements and updates institutional policies, protocols, and procedures to promote judicious antimicrobial therapy and minimize unintended consequences associated with extraneous antimicrobial prescribing. The effectiveness of ASP initiatives is evaluated, and ASP policies, protocols, and procedures are adjusted as needed. The ID pharmacist serves as a preceptor and/or mentor and provides antimicrobial stewardship education for pharmacists, residents, interns, physicians, and other health professionals and offers prospective feedback with audit for prescribers. In addition to ASP services, s/he manages inter-departmental pharmacy initiatives to support delivery of healthcare services to patients and performs clinical activities and monitoring, including patient and medication assessment and clinical recommendations. S/He partners with doctors and nurses to understand and meet their pharmacy needs, improve responsiveness, and improve patient safety.

Expectations of the Resident

The resident will acquire a range of project management skills, including policy and procedural development or revisions, antibiotic use reporting and critical education to drive positive changes in alignment with Asante Pharmacy Service Line Balance Score Cards. The rotation will require the resident to collaborate with multiple departments across the system to promote successful integration of approaches and ideas in project management, including on-site visits to Asante Ashland Community Hospital (AACH) and Asante Three Rivers Medical Center (ATRCM). The resident will contribute to projects or reporting requirements for Asante Infusion Services and other Asante campuses, including Asante Ashland Community Center (AACH) and Asante Three Rivers Medical Center (ATRCM), and work in these sites directly with site-specific frontline colleagues and providers. The resident will present recommendations to various committees, including Asante Pharmacy and Therapeutic (AP&T) Committee, Antimicrobial Stewardship Committee, Performance Improvement, Infection Prevention & Control Committee and Lung League of the Readmission Steering Committee.

Staffing/Meeting Attendance

Staffing: Residents are required to notify the primary preceptor/preceptor of any scheduled staffing or requested project days. The primary preceptor reserves the right to shift these days to optimize days working together.

Others: As deemed necessary by the Residency Director, residency program, and/or preceptor

Educational Objectives

The resident will be assessed based on the ability to perform these objectives. Table 1 below demonstrates the relationship between the learning objectives and specific activities pertinent to the objectives.

TABLE 1: LEARNING OBJECTIVES FOR FORMAL EVALUATION

Competency Area R2: Advancing Practice and Improving Patient Care		
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.		
Objective Number	Objective	Associated Activities
2.1.2	(Applying) Participate in a medication-use evaluation (MUE)	<ul style="list-style-type: none"> • Demonstrate a systematic approach to gathering data, including retrospective chart reviews. • Extract most relevant information from electronic medical record to capture specific criteria required for MUE. • Critically assess appropriateness of antibiotic use based on Asante policies and protocols consistent with national guidelines and best practice • Demonstrate appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to target audience and key stakeholders.
GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.		
Objective Number	Objective	Associated Activities
2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	<ul style="list-style-type: none"> • Identify common themes or trends in reported antibiotic concerns to focus efforts on addressing root problems. • Recommend approaches to minimize or eliminate future recurrence of antibiotic-related problems or concerns. • Assess sustainable, practical approaches to address antibiotic concerns and improve care and antibiotic use.
2.2.5	(Creating) Effectively develop and present, orally and in writing, a final project report	<ul style="list-style-type: none"> • Outcome of change are reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes. • Report includes implications for changes to/improvement in pharmacy practice. • Report uses an accepted manuscript style suitable for publication in the professional literature. • Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.
Competency Area R3: Leadership and Management		
GOAL R3.1 Demonstrate leadership skills.		

Objective Number	Objective	Associated Activities
3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Prioritize projects within collaborative team setting • Demonstrate effective time management. • Communicate clearly and concisely to target audience and follow up with concerns or suggestions as needed. • Advocate pharmacy services to promote care and safety in the context of antimicrobial stewardship.
Competency Area R4: Teaching, Education, Dissemination of Knowledge		
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.		
Objective Number	Objective	Associated Activities
4.1.1	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> • Educate frontline professionals and clinicians, including pharmacy students, pharmacists and providers, about critical antimicrobial topics and concerns through multiple avenues, such as newsletters, video learning modules and live CE presentations. • Develop content for instruction based on an accurate assessment of learners’ needs in line with Asante Pharmacy Service Line BSCs. • Interpret published literature to apply to Asante pharmacy practice and include key references to guide educational efforts • Avoid plagiarism or clichés to express creativity.
4.1.2	(Applying) Use effective presentation and teaching skills to deliver education\n	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Captures and maintains learner/audience interest throughout the presentation. • Implements planned teaching strategies effectively. • Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning). • Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive “ah’s” and “um’s”). • Body language, movement, and expressions enhance presentations. • Summarizes important points at appropriate times throughout presentations. • Transitions smoothly between concepts. • Effectively uses audio-visuals and handouts to support learning activities.

Communication

Daily as necessary with preceptor

Doc Halo: Residents should be prepared to respond to time-sensitive or urgent/emergency situations pertaining to patient care

E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.

Office extension: Appropriate for urgent questions pertaining to patient care.

Personal phone number: Provided to resident at time of learning experience for emergency issues

Evaluation Strategy

The preceptor will provide both written and verbal formative feedback during the course of the rotation. Additional customized assessments and/or snapshots may be conducted at the discretion of the preceptor or directive of the RPD to assess the resident's skill in a particular area.

Pharm Academic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). The resident and preceptor will independently complete the evaluations with written comments. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and resident self-assessment skills. Following discussion, preceptor will provide documentation of the discussion and correlation of resident self-assessment on the preceptor evaluation prior to submitting evaluation in Pharm Academic. Evaluations will be completed no later than due date specified below.

What	Who	When
Summative	Preceptor	Quarterly and at end of rotation
Preceptor/Learning Experience Evaluation	Resident	Quarterly and at end of rotation

Content of the evaluation

The preceptor is expected to grade the resident on the following scale: NI (Needs Improvement), SP (Satisfactory Progress) and Ach (Achieved) depending on the performance of the resident.

- A grade of “NI” means that the resident needs a more exposure and additional formal evaluation on the topic, likely in two separate rotations. Any grade of NI **must** be accompanied by actionable feedback (what must the resident to do improve) for every objective graded NI. Example: *The resident's therapeutic plans are not appropriately evidence based; more guideline or primary literature consultation is recommended to improve the recommendations for patients with MRSA pneumonia*
- A grade of “SP” means that the resident is doing what they need to be doing, considering the place they are in the program, but the preceptor does not yet feel that they have achieved the goal. Any goal graded with an “SP” should have actionable feedback (what must the resident to do improve) provided to the resident about what they must do to “achieve” that particular goal. This may also be provided at the objective level if the preceptor wishes to. An objective graded “SP” should receive additional formal evaluation, possibly for as little as a single rotation. *The resident's analysis of the patient problem list is insufficient; the resident does not actively question the presence of each order to determine its appropriateness.*

- A grade of “Ach” means that the resident is doing what would be expected of a resident at or near the end of his or her program or comparable to a pharmacist with a year of time spent working. “Achieved” does not mean that the resident *cannot* improve, but it means that the resident would not likely benefit much from further additional formal evaluation.

Timing of the Evaluation

Quarterly and at the end of the learning experience (preferably on the final day, if able, but no longer than 7 days past the evaluation due date) a member of the preceptor team will discuss the evaluation – with a copy of the evaluation in hand – of the learning experience with the resident to help clarify any potential misunderstandings and to ensure that residents get the most out of the feedback provided. The preceptor and/or resident are to document in the comment box at the end of evaluation a statement that indicates a face-to-face discussion has been taken place. For example: “Discussed with preceptor.”