

## PGY1 – Asante Infusion Services (AIS, ATRMC) Learning Experience

**Primary Preceptor:** Sarah Gulino, PharmD, BCPS (Halo, [sarah.gulino@asante.org](mailto:sarah.gulino@asante.org))

**Supporting Preceptor:** Kelsey Balcita, PharmD, BCPS (Halo, [kelsey.balcita@asante.org](mailto:kelsey.balcita@asante.org))

**Associate Preceptor:** Gwen Moscoe, PharmD, BCPP (for USP and leadership elements)

### Communication

Individual one-on-one feedback will be given on an ongoing basis by preceptors. The primary preceptor may be contacted via email for non-urgent matters or Halo for emergency issues. This is appropriate for routine, non-urgent questions and problems. In addition to the final evaluations with the primary preceptor, the resident will seek and obtain guidance and feedback from their day to day preceptors throughout the rotation.

### General Description

This four-week rotation is conducted at the Asante Three Rivers Medical Center outpatient infusion center pharmacy. The outpatient infusion center pharmacy operates from 0700 to 1730 on Mondays through Fridays. Outside those hours the main pharmacy supports infusion operations. Specific resident hours will depend on which shift the resident is assigned to that day. The clinical pharmacist in this area is responsible for providing comprehensive care to patients receiving home and outpatient infusion therapy. The pharmacists work with an interdisciplinary team to provide laboratory monitoring and appropriate drug therapy.

### Expectations of the Resident

It is expected that the resident will dedicate their time to the rotation during the designated shift. Residents will gain basic understanding of evaluating and providing care to patients in an outpatient setting. Residents will be exposed to clinical and technical aspects of infusion therapy. Furthermore, the resident will comprehensively monitor medication use and proactively intervene to improve patient outcomes. Residents are also 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. Residents are also required to be signed into Halo and respond to messages. The resident will participate in the following:

- Technical application (USP 797, USP 800, compounding, and IV room procedures)
- IV-line access and catheter care
- Specialty Drug Infusions
- Transitions of care between inpatient and outpatient infusion therapies
- Outpatient Parenteral Antimicrobial Therapy including pharmacokinetic dosing and monitoring
- Home infusion therapy including antibiotics and in support of Hospice infusions (primarily Asante OP Pharmacy) and parenteral nutrition (primarily RPMC AIS Pharmacy)



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If interested, opportunities exist to shadow other members of the health care team including infusion nurses or the vascular access team. The resident is responsible for utilizing primary literature when chemotherapy and other drug regimens do not match tertiary literature recommendations.

### **Expected Progression of Resident Learning**

- Topic discussions, case studies, and reading key articles will be used to help develop the resident's patient care skills.
- See Infusion Services Residency Rotation Checklist 110-PH-0511 for specific activities.
- Week by week expectations
  - Day 1: Preceptor to review learning activities and expectations with resident.
  - Week 1: Preceptor to teach and model for the resident patient care and documentation activities. Resident will work up several patients daily that the preceptor also works up and compare care decisions with preceptor daily.
  - Weeks 2: Resident to answer questions posed by other healthcare professionals. Residents will work to improve knowledge on areas of determined weakness. Resident will be accountable for clinical work and discuss care decisions and problems with preceptor daily. Preceptor will coach resident on their performance.
  - Week 3: Resident to work up approximately ½ of the patients and discuss with preceptor daily. Preceptor will facilitate resident's growth towards independent practice, and provide additional teaching, modeling, and coaching as needed.
  - Week 4: Each week the resident is expected to take over the responsibility of working up more of the team's patients, continuing to discuss problems with preceptor daily, so that by the end of the experience the resident is carrying the whole patient load.

### Educational Objectives

Resident achievement of goals is determined through assessment of ability to perform associated objectives. The table below demonstrates the relationship between activities performed on the learning experience and the assigned goals/objectives to the learning experience.

<b>GOAL R1.1 - In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process.</b>		
<b>Objective Number</b>	<b>Objective</b>	<b>Example Activities</b>
R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> <li>• Interactions are cooperative, collaborative, communicative, respectful.</li> <li>• Demonstrates skills in negotiation, conflict management, and consensus building.</li> <li>• Demonstrates advocacy for the patient. Coordinate care with physicians, nurses, and billers to determine most appropriate and cost-effective treatment options.</li> </ul>
R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers.	<ul style="list-style-type: none"> <li>• Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling.</li> <li>• During the course of daily face-to-face visits answer questions concerning medication therapy and effectively discuss plan of care with patients and/or family members</li> <li>• Introduce yourself appropriately to patients, tell them how long the interaction will take, explain to them your role in their care, and thank them for speaking with you.</li> <li>• Empower patients to take responsibility for their health.</li> <li>• Facilitate patient understanding of the plan of care and provide updates throughout admission as necessary with repeated face-to-face visits</li> </ul>
R1.1.3	(Applying) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> <li>• Collects relevant information about medication therapy, including: history of present illness, behavioral/lifestyle, social/economic, lab values, adverse drug reactions, medication therapy, and administrative sources of information are the most reliable available, including electronic and face-to-face.</li> <li>• Recording system is functional for subsequent problem solving and decision making.</li> <li>• Clarifies information as needed.</li> </ul>

		<ul style="list-style-type: none"> <li>• Displays understanding of limitations of information in health records.</li> <li>• Utilizes primary literature when chemotherapy and other drug regimens do not match tertiary literature recommendations</li> </ul>
R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> <li>• Selects appropriate direct patient-care activities for documentation.</li> <li>• Progress notes in Epic, or other system and updating specialty comments for appropriate pass-off to next AIS shift.</li> <li>• Documentation is clear.</li> <li>• Written in time to be useful.</li> <li>• Follows the Asante health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise.</li> </ul>
R1.1.8	(Applying) Demonstrate responsibility to patients	<ul style="list-style-type: none"> <li>• Gives priority to patient care activities.</li> <li>• Plans prospectively.</li> <li>• Routinely completes all steps of the medication management process.</li> <li>• Assumes responsibility for medication therapy outcomes.</li> <li>• Actively works to identify the potential for significant medication-related problems.</li> <li>• Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.</li> <li>• Determines barriers to patient compliance and makes appropriate adjustments.</li> <li>• Considerations include patients’ ability to self-administer drugs, transportation issues, level monitoring and timing of labs/appointments.</li> </ul>
<b>Goal R1.2 - Ensure continuity of care during patient transitions between care settings.</b>		
R1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> <li>• Effectively participates in obtaining or validating a thorough and accurate medication history.</li> <li>• Conducts medication reconciliation when necessary.</li> <li>• Participates in thorough medication reconciliation.</li> </ul>

		<ul style="list-style-type: none"> <li>• Follows up on all identified drug-related problems. Participates effectively in medication education.</li> <li>• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.</li> <li>• Follows up with patient in a timely and caring manner.</li> <li>• Provides additional effective monitoring and education, as appropriate.</li> <li>• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.</li> <li>• Includes appropriate lab monitoring to ensure medication therapy is effective and safe.</li> </ul>
<b>GOAL R1.3 - Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>		
R1.3.1	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	<ul style="list-style-type: none"> <li>• Identify, clarify, and correct any medication order errors.</li> <li>• Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.</li> <li>• Prepares labels that conform to the Asante health system's policies and procedures.</li> <li>• Prepares medications using appropriate technique according to the health system's policies and procedures, and applicable professional standards of outpatient or home infusion setting.</li> <li>• Ensures medications are prepared at appropriate concentrations and without incompatibilities.</li> <li>• Maintains accuracy and confidentiality of patients' protected health information (PHI).</li> <li>• Obtains agreement on modifications to medication orders when acting in the absence of, or outside an approved Asante protocol or collaborative agreement.</li> </ul>
R1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.	<ul style="list-style-type: none"> <li>• Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.</li> <li>• Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.</li> </ul>

R1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	<ul style="list-style-type: none"> <li>• When appropriate, follows the organization’s established protocols.</li> <li>• Makes effective use of relevant technology to aid in decision-making and increase safety.</li> <li>• Kinetic monitoring calculators, OPAT guidelines, extended stability and appropriate information regarding sterility/stability.</li> <li>• Demonstrates commitment to medication safety in medication-use process.</li> <li>• Effectively prioritizes work load and organizes work flow.</li> <li>• Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).</li> <li>• Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and Asante institutional policies.</li> <li>• Promotes safe and effective drug use on a day-to-day basis.</li> </ul>
<b>GOAL R3.2 - Demonstrate management skills.</b>		
R3.2.1	(Understanding) Explain factors that influence departmental planning.	<ul style="list-style-type: none"> <li>• Identifies and explains factors that influence Asante Infusion Services departmental planning, including basic principles of management, financial management, accreditation, legal, regulatory, and safety requirements.</li> </ul>
R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	<ul style="list-style-type: none"> <li>• Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare. Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.</li> </ul>

**Evaluation Strategy**

PharmAcademic will be used for documentation of scheduled. The resident and preceptor will independently complete the final summative evaluations and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback



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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 PharmAcademic. There will also be an informal mid-point evaluation with the resident and primary preceptor by the end of Week 2. The evaluations will be discussed between the preceptor and resident in person (face-to-face) and document in the comment box at the end of evaluation, a statement that indicates a discussion has been taken place. For example: “Discussed with preceptor.”

<b>What</b>	<b>Who</b>	<b>When</b>
Summative Self-evaluation	Resident	End of Week 4
Learning Experience Summative Evaluation	Preceptor	End of Week 4
Preceptor Evaluation	Resident	End of Week 4
Learning Experience Evaluation	Resident	End of Week 4