

PGY1 – Orientation/Clinical Skills Learning Experience

Principal Preceptor: Tim Smith, Pharm.D.

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Supporting Preceptors: Janice Egan, Pharm.D.; Gwen Moscoe, Pharm.D., BCPP

Associate Preceptors: Kelsey Balcita, Pharm.D., BCPS; Sarah Gulino, Pharm.D., BCPS; Elizabeth DuPreez, Pharm.D.

Learning coaches: Tresa Scolaro, Pharm.D.; Kevin Joy, Pharm.D.

Hours: Generally, 0700-1800 or 0900-1930 Monday through Friday, but may vary

Communication

Daily with preceptor

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

DocHalo can be used to communicate, as needed.

General Description

The first two weeks the resident will spend in orientation with the Asante Rogue Regional Medical Center residents learning about the Asante health-system in which they will be spending several clinical rotations. By the end of the two weeks, the resident should have a basic understanding of the department's clinical information system and distributive processes in order to participate in providing pharmacy services. In addition, the resident is expected to complete the minimum competencies expected of new pharmacist employees, and to complete the orientation checklist. Throughout the rotation, the resident will also be oriented to the residency program.

The next four weeks, the resident will spend in a Clinical Skills rotation on-site at Asante Three River Medical Center. This rotation will orient the resident and assess the clinical skills with which the resident enters the program. The primary goal of this experience is to prepare the resident to a baseline of skills and knowledge appropriate for successfully performing in-depth clinical experiences such as internal medicine, ambulatory care, and critical care. Completion of this rotation is required before further bedside or direct-patient-care rotations can be undertaken.

The Clinical Skills Rotation provides orientation and broad exposure to clinical pharmacy practice in a sub-200 bed hospital where specialties are often mixed together. The resident will become familiar with all organizational expectations, pharmacy policies, procedures, and protocols which are used in the day-to-day care of patients in the clinical (as opposed to distributive) settings and will gain experience, with preceptor coaching, in applying them to patient cases. The resident will gain confidence interacting with other professionals such as nurses and providers and develop the baseline skills necessary to achieve success in later rotations.



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Clinical Skills intentionally evaluates an extensive range of objectives with the intention of developing a clearly defined delta between where the resident begins the residency and where they must grow during the residency year to achieve full competency. Preceptors recognize this will place an unusually high burden for full assessment and residents are encouraged to work with the preceptor to ensure this full 360-degree evaluation is performed fully but efficiently. If needed, the preceptor may be granted special time at the end of the rotation to complete the full review, including the learning experience evaluation.

The clinical skills rotation may be taken before licensure, when the resident may still be in intern status, and is intended to be completed as the first rotation of the year. A key deliverable from this rotation will be to assess current patient care skills and provide an assessment of exactly what the resident will need to develop to achieve full competence for the residency. Due to this, every patient care element will be evaluated but mastery will rarely if ever be achieved in this rotation, and in fact needs improvement may be used liberally to denote where residents have opportunity to learn over the course of the residency year.

Disease States

Common disease states in which the resident will be expected to gain proficiency through direct patient care experience or topic discussion includes, but not limited to:

- Cardiovascular disorders
 - ACS, cardiac arrhythmias, hypertension, heart failure, stroke, hyperlipidemia
- Renal disorders
 - Anemia, acute kidney failure, chronic kidney disease/end stage renal disease
- Respiratory disorders
 - Asthma, COPD (bronchitis, emphysema), cystic fibrosis
- Gastrointestinal disorders
 - GERD, PUD, pancreatitis, hepatitis, IBD/IBS
- Metabolic/Endocrinologic disorders
 - Hypo and Hyperglycemia and insulin management
- Infectious diseases and antimicrobial stewardship
 - Pneumonia, UTI, intra-abdominal infections, endocarditis, skin and soft tissue infections, bone and joint infections, spontaneous bacterial peritonitis
 - Antibiotic spectrum of activity and C&S interpretation
 - Global RPh (pharmacokinetic dosing software)

Expected Progression of resident responsibility on this learning experience

Day 1: Preceptor to review learning activities and expectations with resident.

Week 1-2: The resident will complete orientation at Asante Rogue Regional Medical Center

Week 3: Preceptor to teach and model for the resident patient care and documentation activities. The resident will watch the preceptor do their work. As the week progresses, the resident will work up



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several patients daily that the preceptor also works up and compare and contrast care decisions with preceptor. Resident will be assigned review of all policies, procedures, and protocols that are relevant for clinical pharmacy practice and begin applying them in practice.

Week 4: Preceptor to teach and model for the resident patient care and documentation activities. Resident will work up increasing numbers of patients daily that the preceptor also works up and compare and contrast care decisions with preceptor daily. Resident will apply policies, procedures, and protocols with increasing confidence.

Week 5: Resident will begin working up select patients independent of the preceptor and then review their work with the preceptor before enacting.

Week 6: Resident will be assigned a patient load and perform care for those patients with the preceptor reviewing the work after the fact, always being available to answer questions and coach as needed.

Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

Objectives to be FORMALLY EVALUATED and Activities to facilitate professional growth

Competency Area R1: Patient Care		
Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
Objective Number	Objective	Associated Activities
1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy	<ul style="list-style-type: none"> Identify medication-related problems and make evidence-based recommendations for solutions to prescribers. Work with physicians, PAs, and nurses to resolve issues found when reconciling patients' medications prescribed on admission with medications taken as outpatient. Utilize the appropriate method of contact based on patients' clinical condition (Doc Halo, face-to-face, or telephone) Work with nurses and other health care providers (pharmacy technicians, pharmacists, buyers) to resolve missing doses and other medication distribution issues brought to your attention while staffing. Demonstrates skills in negotiation, conflict management, and consensus building Interactions are cooperative, collaborative, communicative, and respectful.

<p>1.1.2</p>	<p>(Applying) Interact effectively with patients, family members, and caregivers.</p>	<ul style="list-style-type: none"> • Assess patients’ and/or caregivers’ understanding of medication therapy and address educational needs through counseling. • Provide medication education to patients, their families, and/or caregivers for all patients on assigned floor to be discharged on warfarin, heart failure medications, U500, or antibiotics. • 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 • Empower patients to take responsibility for their health. • Facilitate patient understanding of the plan of care and provide updates throughout admission as necessary with repeated face-to-face visits • 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.
<p>1.1.3</p>	<p>(Analyzing) Collect information on which to base safe and effective medication therapy</p>	<ul style="list-style-type: none"> • Collect pertinent information about each assigned patient from the medical record, patient’s nurse, and patient. • Utilize most reliable sources of information including CareEverywhere, face-to-face interview, and others to clarify information as needed • Review antimicrobial therapy for indication, patient’s clinical condition, duration, renal dosing, and IV to PO potential. • Review glycemic trends for hyper or hypoglycemia utilizing the MAR, and glycemic trend charts in the EMR • Review INR’s, medical record, and interview patients before altering warfarin therapy • Conduct a medication profile review daily on assigned patients, including a review of medical record and patient interview as needed, gathering pertinent patient-specific information in an organized manner and be prepared to discuss recommendations with preceptor and interdisciplinary team.
<p>1.1.4</p>	<p>(Analyzing) Analyze and assess information on which to base safe and effective medication therapy</p>	<ul style="list-style-type: none"> • Analyzes patient-specific profiles, medication administration records, pertinent clinical data, progress notes, laboratory values on a daily basis • Draw conclusions that reflect consideration of ineffectiveness in prescribed therapy, need for additional therapy, need for patient counseling, significant laboratory trends, clinical endpoints, and safety and effectiveness of current therapy. • Evaluate each patient’s regimen for appropriateness (dose, dosage form, schedule, duration, route of administration, method of administration) • Determine the likelihood that an adverse reaction is occurring because of a medication and assess severity of a drug reaction.

		<ul style="list-style-type: none"> • Evaluate patients’ improvement through use of objective clinical information found in the medical record and subjective information gathered from patients and care providers • Determine if therapy adjustments are needed to renal-dosed medications using the correct calculations for the patient • Determine if medications can be switched from IV-PO based on clinical criteria and patient’s ability to take medications orally • Determine if insulin dose adjustments are needed based on assessment of blood glucose trends, dietary intake, and medication therapy • Make appropriate recommendations for antimicrobial therapy optimization based on cultures, sensitivities, renal and hepatic function, kinetic calculations, and patient clinical condition • Assesses INR trends, doses of warfarin, and patient specific factors when determining subsequent warfarin dosing and monitoring • Nothing is identified as a problem that is not a problem. • Make appropriate overall conclusions about reasons for patient’s progress or lack of progress toward each stated therapeutic goal • Properly judge the reliability of data (e.g., timing or site of collection, differences in test sites) • Where monitoring data are incomplete, makes sound judgments in determining if there are sufficient data upon which to base a conclusion. • Accurately assess patients’: health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, immunization status, need for preventive care and other services when appropriate, other aspects of care as applicable.
1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Design, evaluate, recommend, implement and monitor patient-specific pharmacotherapy. • Start patient on a dosing regimen designed to achieve target levels. • Determine when levels or other appropriate labs need to be ordered then, revise drug regimen as necessary. • Discuss recommendations for addressing medication therapy issues with preceptor prior to rounds with the interdisciplinary team using evidence-based, measurable, achievable therapeutic goals.
1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care	<ul style="list-style-type: none"> • Actively intervene if patient therapy is not optimal (e.g., indication, dose, route, frequency, interactions, compliance, cost, therapeutic duplications, etc.) • Activity complies with the health system's policies and procedures (All formal consults and “Per Pharmacy Protocols”)

	<p>plans) by taking appropriate follow-up actions</p>	<ul style="list-style-type: none"> • Addresses each medication - and health-related problem and engage in preventive care strategies, including recommendation for vaccination, when needed • Respond appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.). • Assure daily completion of all consults and acuity flags • Effectively design, implement, recommend and communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team. • Ensures recommended plan is implemented effectively for the patient, including ensuring that the: therapy corresponds with the recommended regimen, regimen is initiated at the appropriate time, medication orders are clear and concise, activity complies with the health system's policies and procedures, tests correspond with the recommended monitoring plan, and tests are ordered and performed at the appropriate time. • Implement pharmacokinetic drug monitoring and regimen adjustments based on evidence for disease states being treated and patient clinical condition • Initiate parenteral nutrition regimens and monitoring plans for patients upon consult • Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. Ensure education is more fully understood by patients by utilizing the teach-back method. • Provide patients appropriate written materials to support verbal education (warfarin therapy booklet, pneumonia education flyer, and U500 insulin dose clarification sheet). • Ensure patients that need a different level of care receive it by contacting the appropriate provider/department for referrals (i.e. ID physician, social worker, dietician, discharge planner) • Utilizes the EPIC i-vents to transition necessary patient information shift-to-shift
<p>1.1.7</p>	<p>(Applying) Document direct patient care activities appropriately in the medical record or where appropriate</p>	<ul style="list-style-type: none"> • For pharmacy consults, write an initial consult note and then a follow-up note whenever drug level results are reported by the lab or the regimen is changed. Document in the medical record, at minimum, every 3 days thereafter. • Assure that the relevant patient information is transcribed into the progress notes for the consultant to refer to in their assessment of the patient • Utilize iVents and Shift hand-offs appropriately

		<ul style="list-style-type: none"> • Chart documentation exhibits the following characteristics: (1) Written in time to be useful (2) Follows the health system's policies and procedures (3) concise (4) plans are clearly presented.
1.1.8	(Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> • Prioritize patient problems and work to resolve all existing or potential medication therapy issues before leaving for the day. • Communicate any medication therapy issues not resolved by the end of the day to the appropriate evening shift pharmacist. • Ensure patients have information and/or access to resources to obtain prescribed medication therapy. • Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner. • Reports RERs when errors are discovered
Goal R1.2: Ensure continuity of care during patient transitions between care settings.		
Objective Number	Objective	Associated Activities
1.2.1	(Applying) Manage transitions of care effectively	<ul style="list-style-type: none"> • Participates effectively in medication education (ie warfarin, heart failure medications, sotalol, dofetilide, U500, etc). • Completes medication history and reconciliations for directly admitted patients • Assures patients that need additional care receive the care they need (i.e., bedside medication delivery, discharge planner assistance with home medications, dietary consult, PT consult, ID consult, OPAT)
Goal R4.1: Ensure continuity of care during patient transitions between care settings.		
Objective Number	Objective	Associated Activities
4.1.2	(Applying) Used effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Body language, movements, and expressions enhance presentation. • Utilizes patient handouts to support their understanding of the education, then available (warfarin, pneumonia, and discharge counseling). • Answers patient or peer professional questions with ease and confidence.
4.1.4	(Applying) Appropriately assess effectiveness of communication.	<ul style="list-style-type: none"> • Uses the teach back method effectively to permit assessment of patient learners. • Adjusts education as needed based on patient response.

Evaluation

PharmAcademic will be used for documentation of scheduled. The resident and preceptor will independently complete the evaluations. The resident and preceptor will then compare and discuss the evaluations. Evaluations will be completed no later 7 days after due date specified below.

The preceptor will provide both written and/or verbal formative feedback during the course of the rotation. Refer to Residency Training Manual for Full Evaluation Assessment Strategy.

What	Who	When- Due Date
Summative	Preceptor	End of week 6
Preceptor Evaluation	Resident	End of week 6
Learning Experience Evaluation	Resident	End of week 6