PGY1 – Diabetes Care Education Core Rotation

Potential Preceptor(s): Tracy Davis, RN, CDE, daily office RN, CDE on duty.
Hours: To be determined with preceptor
Contact: (541) 789-5381, tracy.davis@asante.org
Dept Contact: (541) 789-5906

General Description
This is a 4-week rotation in which the resident will participate in both inpatient and outpatient care of patients who have diabetes.

Staffing/Meeting Attendance
- Staffing: You are required to notify your primary preceptor/preceptor of the day of any scheduled staffing/project days
- Meeting Attendance: as deemed necessary by your Residency Director and preceptor

Reading list
- Patient Handbook: “About Diabetes”
- Hospital protocols, order sets, guidelines: Review on Asantenet. Listing and instructions are in your notebook under the labeled tab.
  - Chapter 6 – Taking Medication, pp 175-196
  - Chapter 18 – Pharmacotherapy for Glucose Management pp 491-540
  - Chapter 19 – Pharmacotherapy: Dyslipidemia and Hypertension in Persons with Diabetes, pp 541-577
  - Chapter 20 – Biologically Based Practices: A Focus on Dietary Supplements for Diabetes, pp 579-617
  - Chapter 22 – Hyperglycemia, pp 635-661
- Articles:
  - Professional Practice Recommendation for: “Safe Use of Insulin in Hospitals” American Society of Health-System Pharmacists, Section of Inpatient Care Practitioners
  - AACE / ADA Consensus Statement on Inpatient Glycemic Control, Etie Moghissi et al
  - “Practice Tips and Tools for the Successful Use of U-500 Regular Human Insulin”, Elaine Cochran

Reading key articles and discussing with preceptor will be used to help develop the resident’s patient care skills for common issues encountered in diabetes care on the service.

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.
Goals to be TAUGHT and FORMALITY EVALUATED

<table>
<thead>
<tr>
<th>Competency Area RI: Patient Care</th>
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<tbody>
<tr>
<td>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.</td>
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<tr>
<th>Objective Number</th>
<th>Objective</th>
<th>Activities</th>
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| 1.1.1            | (Applying) Interact effectively with health care teams to manage patients’ medication therapy. | ● Meet with Diabetes Center’s team members on the first day of rotation  
● Assist the team with pharmacy-specific patient care needs including but not limited to anti-hyperglycemic medication recommendation and counseling  
● Communicate with nurses and physicians regularly to establish and cultivate relationships that reflect appropriate integration of the pharmacist’s care within the interdisciplinary team  
● Interactions are cooperative, collaborative, communicative, and respectful.  
● Demonstrates advocacy for the patient.  
● The pharmacist’s work within the team reflects skillful application of group process skills such as negotiation, time management, conflict management, communication, and consensus building |
| 1.1.2            | (Applying) Interact effectively with patients, family members, and caregivers. | Observe other professionals’ strategies of interaction with patients during outpatient visits and consults(diabetes and dietary)  
● Based on observation, work to develop strategy to effectively communicate with patients about their diabetes care  
● Display respect and understanding for the preferences and expressed needs of the patient  
● Develop patient-pharmacist relationships with a foundation of trust  
● Interactions are respectful and collaborative.  
● Uses effective communication skills: shows empathy, empowers patients to take responsibility for their health and demonstrates cultural competence  
● Assess patients’ and / or caregivers’ understanding of medication therapy and diabetes care and address educational needs through counseling |
| 1.1.3            | (Applying) Collect information on which to base safe and effective medication therapy. | ● Review diabetic education consult patients and others that are flagged by report of high glucose, high HbA1c or low glucose and analyze diabetic medication regimens.  
● Assess patient behavioral/lifestyle, social/economic considerations that may impact clinical decision making.  
● After all pertinent patient-specific information is gathered in an organized manner, make appropriate recommendations to physicians.  
● Sources of information are the most reliable available, including electronic, face-to-face, and others.  
● Recording system is functional for subsequent problem solving and decision making. Clarifies information as needed.  
● Displays understanding of limitations of information in health records. |
### 1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Selects appropriate direct patient-care activities for documentation.
- Document a patient care note in the medical record that is clear, and written in time to be useful every time a patient is seen by you in the clinic or hospital
- Follows the health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise.

### R1.1.8 (Applying) Demonstrate responsibility to patients.

- Prioritize daily activities in a manner that shows priority of care for patients with the highest need
- Helps patients learn to navigate the health care system, as appropriate
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner
- Determines barriers to patient adherence and makes appropriate adjustments
- Assumes responsibility for medication therapy outcomes by actively working to identify the potential for significant medication-related problems
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained

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### 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.

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<tr>
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<tbody>
<tr>
<td>2.1.4</td>
<td>(Applying) Participate in medication event reporting and monitoring.</td>
<td>• Reports medication safety events in the MIDAS system when identified, entering all relevant factors to facilitate system improvements</td>
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<td></td>
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<td>• Effectively uses MIDAS and EPIC to support a safe medication-use process</td>
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### Competency Area R3: Leadership and Management

**Goal 3.2:** Demonstrate Management Skills

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<tr>
<td>3.2.4</td>
<td>(Applying) Manages one’s own practice effectively</td>
<td>• Correctly prioritize patients / activities within the structure of the day and; competes consults in a timely manner</td>
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### Preceptor Interaction

A. An overall schedule is developed by the preceptor in collaboration with the resident and RPD prior to the resident’s first day.
B. This resident will meet with the preceptor each morning at the time and location designated on the schedule.
C. Rounds will be conducted together allowing the resident to receive direct instruction and feedback from the preceptor.

### Communication

A. Daily rounding together
B. E-mail: Residents are expected to read e-mails at the beginning, and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
C. Office extension: Appropriate for urgent questions pertaining to patient care.
D. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care
E. Personal phone number: Provided to resident at time of learning experience for emergency issues

Expected Progression of resident responsibility on this learning experience

Day 1: Preceptor and resident will go over the learning activities and expectations with resident and discuss the resident’s goals for the rotation.
Day 2-10: Attend inpatient rounds and outpatient patient education sessions with the preceptor.
Days 11-20: Review and analyze inpatients on own and review care decisions with preceptor prior to making recommendations.
Day 20: The resident and preceptor will meet to review, discuss, provide feedback and sign evaluations.

Evaluation
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.

PharmAcademic will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience.

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<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
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<tr>
<td>Summative</td>
<td>Preceptor</td>
<td>End of week 4</td>
</tr>
<tr>
<td>Summative Self-evaluation</td>
<td>Resident</td>
<td>End of week 4</td>
</tr>
<tr>
<td>Preceptor/Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of week 4</td>
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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 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 do to 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. Examples of why the resident deserves the “Ach” are necessary for every goal marked “Ach.” *The resident counseled 4 patients on warfarin and 3 on enoxaparin during the last week; the resident explained the medication well and assured the patient’s understanding of the new medication.*

**Timing of the Evaluation**

• Within two weeks of the end of the learning experience (preferably on the final day, if able) a member of the preceptor team will be expected to 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 resident gets the most out of the feedback provided.