

PGY1 – Asante Infusion Services Learning Experience

Preceptors*

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**Primary preceptors and preceptors will be assigned dependent on pharmacist schedule during rotation*

General Description

This four-week rotation is conducted at the Asante outpatient infusion center pharmacy. The outpatient infusion center pharmacy operates from 0500 to 1730 on Mondays through Fridays. 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
- Outpatient chemotherapy regimens
- Home infusion therapy including antibiotics, Hospice infusions, and parenteral nutrition

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

Staffing/Meeting Attendance

Rotation Attendance: Required five days per week. Specific resident hours will depend on which shift the resident is assigned to that day

- 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.
- Case Conference or Journal Clubs: The resident may attend any case conference or journal clubs for students
- Pharmacy & Therapeutics Committee: Residents are required to notify the primary preceptor/preceptor is they are attending a P&T committee meeting. This meeting usually occurs on the last Tuesday once a month.
- Absences: Scheduled time off is not allowed when resident is scheduled with the primary preceptor.
- Others: As deemed necessary by the Residency Director, residency program, and/or preceptor

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.

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.		
Objective Number	Objective	Example Activities
R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> • Interactions are cooperative, collaborative, communicative, respectful. • Demonstrates skills in negotiation, conflict management, and consensus building. • Demonstrates advocacy for the patient. Coordinate care with physicians, nurses, and billers to determine most appropriate and cost-effective treatment options.
R1.1.3	(Applying) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • 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. • Recording system is functional for subsequent problem solving and decision making.

		<ul style="list-style-type: none"> • Clarifies information as needed. • Displays understanding of limitations of information in health records. • Utilizes primary literature when chemotherapy and other drug regimens do not match tertiary literature recommendations
R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Includes accurate assessment of patient's: health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, immunization status, need for preventative care and other services when appropriate, and other aspects of case as applicable. • Identifies medication therapy problems including therapeutic duplication, suboptimal medication regimen, medication prescribed inappropriately for a particular medical condition, and lack of indication for medication. • Identifies patient not adhering to medication regimen and root cause (e.g., knowledge, motivation, financial, system). Pharmacokinetic drug monitoring, dosing, and regimen design.
R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of relevant patient-specific information including culture and preferences, the goals of other interprofessional team members, the patient's disease state(s), medication-specific information, best evidence, ethical issues involved in the patient's care, quality-of-life issues specific to the patient, and integration of all the above factors influencing the setting of goals. • Designs/redesigns regimens that are appropriate for the disease states being treated.
R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> • Selects appropriate direct patient-care activities for documentation. • Progress notes in Epic, CPR+, and updating specialty comments for appropriate pass-off to next AIS shift. • Documentation is clear. • Written in time to be useful.

		<ul style="list-style-type: none"> • Follows the Asante health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise.
R1.1.8	(Applying) Demonstrate responsibility to patients	<ul style="list-style-type: none"> • Gives priority to patient care activities. • Plans prospectively. • Routinely completes all steps of the medication management process. • Assumes responsibility for medication therapy outcomes. • Actively works to identify the potential for significant medication-related problems. • Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. • Determines barriers to patient compliance and makes appropriate adjustments. • Considerations include patients’ ability to self-administer drugs, transportation issues, level monitoring and timing of labs/appointments.
Goal R1.2: Ensure continuity of care during patient transitions between care settings.		
R1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> • Effectively participates in obtaining or validating a thorough and accurate medication history. • Conducts medication reconciliation when necessary. • Participates in thorough medication reconciliation. • Follows up on all identified drug-related problems. Participates effectively in medication education. • Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate. • Follows up with patient in a timely and caring manner. • Provides additional effective monitoring and education, as appropriate. • Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions. • Includes appropriate lab monitoring to ensure medication therapy is effective and safe.

GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.		
R1.3.1	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	<ul style="list-style-type: none"> • Identify, clarify, and correct any medication order errors. • Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement. • Prepares labels that conform to the Asante health system's policies and procedures. • Prepares medications using appropriate technique according to the health system's policies and procedures, and applicable professional standards of outpatient or home infusion setting. • Accurately calibrates equipment (e.g., repeater pump). • Ensures medications are prepared at appropriate concentrations and without incompatibilities. • Maintains accuracy and confidentiality of patients' protected health information (PHI). • Obtains agreement on modifications to medication orders when acting in the absence of, or outside an approved Asante protocol or collaborative agreement.
R1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.	<ul style="list-style-type: none"> • Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy. • Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.
R1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	<ul style="list-style-type: none"> • When appropriate, follows the organization's established protocols. • Makes effective use of relevant technology to aid in decision-making and increase safety. • Kinetic monitoring calculators, OPAT guidelines, extended stability and appropriate information regarding sterility/stability. • Demonstrates commitment to medication safety in medication-use process. • Effectively prioritizes work load and organizes work flow. • Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form,

		<p>label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).</p> <ul style="list-style-type: none"> • Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and Asante institutional policies. • Promotes safe and effective drug use on a day-to-day basis.
GOAL R3.1 Demonstrate leadership skills.		
R3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Demonstrates effective time management. • Manages conflict effectively. • Demonstrates effective negotiation skills. • Demonstrates ability to lead interprofessional teams. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals. • Effectively expresses benefits of personal profession-wide leadership and advocacy.
GOAL R3.2: Demonstrate management skills.		
R3.2.1	(Understanding) Explain factors that influence departmental planning.	<ul style="list-style-type: none"> • Identifies and explains factors that influence Asante Infusion Services departmental planning, including basic principles of management, financial management, accreditation, legal, regulatory, and safety requirements.
R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	<ul style="list-style-type: none"> • 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.
R3.2.4	(Applying) Manage one's own practice effectively.	<ul style="list-style-type: none"> • Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one's own practice. • Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.

		<ul style="list-style-type: none"> • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable new learning opportunities when performance does not meet expectations. • Demonstrates effective workload management and time management skills. Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings). Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions. • Demonstrates enthusiasm, self-motivation, and “can-do” approach. • Strives to maintain a healthy work-life balance. • Works collaboratively within the organization's political and decision-making structure. • Demonstrates pride in, and commitment to, the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. • Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.
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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. 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. 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.

Expected Weekly Progression of Resident Learning

Topic discussions, case studies, and reading key articles will be used to help develop the resident’s patient care skills. These will be found on the AIS J: Drive, within the Resident Binder, and on the Residency Dashboard. Quizzes (written or verbal) and competencies will be utilized to evaluate understanding and application of knowledge gained.

- See Infusion Services Rotation Checklist 400-PH-0103

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 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.”

What	Who	When
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

Content of the evaluation

The preceptor is expected to grade the resident on the following scale:

NI (Needs Improvement): Resident needs a more exposure and additional formal evaluation on the topic, likely in two separate rotations. Will be accompanied by actionable feedback from the preceptor. 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 osteomyelitis.

SP (Satisfactory Progress): 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. Will be accompanied by actionable feedback from the preceptor. Example: 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.

ACH (Achieved): 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. 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

Within one week of the end of the learning experience (preferably on the final day, if able) the primary preceptor 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 residents get the most out of the feedback provided.