

PGY2 Critical Care Course Description

Learning Experience Title: Infectious Disease

Preceptor:

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Description:

The primary purposes of this four week learning experience are to provide clinical pharmacy services for patients being seen by the infectious disease team. A pharmacist in this role should be able to determine the most appropriate antimicrobial for treatment at the most effective dose for common disease states.

Resident Responsibilities:

- Resident may choose between antimicrobial stewardship or daily ID rounds
- Antimicrobial stewardship activities
 - Review and evaluate all patients on targeted drug lists
 - Discuss patients with preceptor daily
 - Recommend optimal use, dose and duration of antibiotics to primary teams
- Attend ID rounds daily
 - Rounds can start at any time between 1030-1500 depending on attending on service
 - Page the resident working with the ID team for rounding time
 - Be fully prepared prior to attending rounds
 - Discuss patients with preceptor prior to rounds
 - Perform pharmaceutical care monitoring for all assigned patients on the ID team list
- A case presentation/drug presentation is required at the end of the month
 - At least 2 sources of primary literature to answer a clinical question
- Attend Infection prevention, and ID weekly meetings
- Formulary review/DUE
 - Some review will likely be required during your learning experience and determined early in the month to allow plenty of time
- Precept any students or residents that happen to be on rotation with you during your learning experience
- Meet to discuss patients and review readings

Disease States:

Disease states commonly encountered during this experience that the resident will be expected to review, discuss, and apply include but are not limited to:

- CNS infections
- Complicated intra-abdominal infections
- Infections in immunocompromised host
- Endocarditis
- Pneumonia

- Sepsis
- Wound infections

Learning Experience Activities:

Activity	Objectives Covered
<p>The resident will independently work patients up in the patient care area:</p> <ul style="list-style-type: none"> • Pre-round and communicate with the medical residents about potential drug related issues • Collaborate on daily patient care rounds with residents fellows and senior staff and effectively make an impact on drug related therapy 	R1.1.1
<p>Independently Utilize all electronic databases and patient family/patient to efficiently and effectively identify patient specific data, prior to rounds, and collect all information needed to provide patient specific medication therapy. Examine and maintain a patient specific Cerner profile</p>	R1.1.3
<p>On a daily basis independently design a patient plan and explain the therapeutic goals, incorporate evidence during preceptor discussion. Summarize important patient facts to preceptor and/or medical team during sit-down or bedside rounds</p>	R1.1.4
<p>Independently develop a therapeutic plan, and be able to verbalize the plan, and prove it is evidence based after evaluation of all available data from all available sources including patient, family, medical group and electronic data bases. For each individual patient summarize important patient facts to preceptor and/or medical team during sit-down or bedside rounds</p>	R1.1.5
<p>Actively participate in team rounds daily. Based on potential medication related problems identified by working up your patients, be prepared to:</p> <ul style="list-style-type: none"> • Recommend solutions to identified problems • Respond to drug information questions verbally • Follow up on medication related problems identified during rounds. Determine when the information is needed and assure you provide the follow up information within the appropriate time frame. • Ensure medication orders are written appropriately (Drug, dose, route, frequency) 	R1.1.6
<p>Independently Complete monthly experience evaluations with written evidence of improving the quality of own performance.</p>	R3.1.2
<p>Will speak monthly at case conference and topic discussions. Skills will be evaluated through PharmAcademic with an emphasis on evaluation of speaking general speaking skills.</p>	R4.1.2
<p>Model interactions with the medical or nursing staff, or model a thought process for a student; If deemed appropriate by the resident</p>	R4.2.2

and preceptor, assume the role of facilitator for the student and resident.	
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Objectives selected to be evaluated during learning experience:

R 1.1.1 (Applying) Interact effectively with health care teams to manage critically ill patients' medication therapy.

R 1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy for critically ill patients.

R 1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.

R 1.1.5 (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients.

R 1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions.

R 3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.

R 4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to critical care pharmacy.

R 4.2.2 (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care.

Requirements of Learning Experience:

Expected hours: 0700-1600; these times may vary depending on patient census, service requirements, and attending on service.

Required presentations/written assignments:

1. One formal presentation (drug review, patient case, etc)
 - a. Generally given to pharmacy staff, but can change
 - b. Must have 2 sources of primary literature to help answer a clinical question

Required readings:

- Disease state discussions will focus on IDSA guidelines with supplementation of new research. These guidelines can be found at www.idsociety.org
- Opportunistic infections
 - Cryptococcal meningitis
 - Pneumocystis
 - Histoplasmosis
- HAP/VAP/CAP
- More subjects will be based on patient population
- HIV disease state
- Mandell chapter. Additional supplemental material will be added

Misc. Projects: Dependent on the need of the service, other projects will be assigned with expected due date at the end of the rotation.

Expected progression of resident on this learning experience:

Week 1-3: Look up all patients on the ID service before meeting with preceptor. As time progresses look up necessary lab work to determine diagnosis and then treatment of these patients. Some missing laboratory work is acceptable at this time as the resident is learning what material is important. The goal is resident to have the patient assessment and plan done before meeting with the preceptor. During these two weeks more discussion can occur to come to conclusions with a progression to a detailed assessment

and plan with evidence based medicine backing it up. Work to incorporate yourself with the infectious disease team, gaining their trust with good evidence based recommendations and follow up. Lock down a topic for your presentation and start working on it.

Week 4-6: Continue to look up patients before meeting with preceptor. At this point limited information should be missed regarding laboratory or clinical findings in infectious disease states. Assessment and plans should be developed with evidence based medicine backing before meeting with preceptor. Have an established relationship with the Infectious Disease team and continue to follow up with questions or recommendations. Have the presentation completed several days before it's presented to have time to work on details and transitions.

Method of evaluation:

Evaluation of the resident will be based on the ASHP activity learning experiences listed above. Each learning activity has a corresponding code following the experience which corresponds to the activity learning experience listed in PharmAcademic®. During the orientation to the learning experience, the preceptor and the resident will review all the material contained in this learning experience description and sign a copy to be retained in the residents file.

The preceptor will provide feedback verbally (formative) throughout the course of the learning experience and electronically (summative) via PharmAcademic® at the conclusion of the experience. Once the resident is finished with all of the requirements for the experience, the preceptor and the resident will discuss the learning experience as a whole both formally and informally. The resident will also be responsible for providing both formative and summative feedback at the conclusion of the experience. All evaluations must be submitted within seven days from the conclusion of the learning experience.

I have read and acknowledged the responsibilities of the learning experience.

Pharmacy Resident

Primary Preceptor