

PGY2 Critical Care Course Description

Learning Experience Title: Acute Inpatient Older Adult Psychiatry II

Preceptor:

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Description:

This rotation at University Health is a 3-4 week elective rotation that will expose residents to the care of acute and acute on chronic psychiatric conditions while building on the previous rotation experiences. The pharmacist in this role attends MWF treatment teams at 0930 along with daily patient profile reviews with expectation that any acute patient needs will be addressed daily. Covering treatment team for our UHTMC inpatient unit(s) will be expected on Tuesdays and Thursdays. The pharmacist is also responsible for handling any patient medication education needs. Other direct patient interactions will occur with select medication reconciliation, discharge counseling and targeted education(s) for patients not participating in their medication management. This rotation will provide the resident the opportunity to continue to develop clinical pharmacy skills (e.g. identifying and working through drug related problems and discussing appropriate drug-disease management and monitoring). This experience will also allow the resident to further develop their communication skills with various healthcare providers, patients and their caregivers. They will also serve as the primary source of drug related information for patients' psychiatric and medical needs along with handling DI inquiries from other teams. There are a total 16 beds on the specific UHLMC psychiatric unit with additional 50 inpatient beds at UH's downtown acute inpatient unit that would allow for expanded patient population to review. The opportunity to spend time with the psychiatric consult team is available if desired by the learner and the consult team is able to accept.

Resident Responsibilities:

- Attend treatment team rounds at 0930
- Present and discuss patients prior to rounds
- Serve as primary, decentralized pharmacist for BH team and communicate any pertinent issues to preceptor or appropriate party
- Verify orders for all inpatient BH units (WMD, WMD & BHG)
- Document any clinical interventions
- Participate and lead weekly med groups
- Assist in precepting any IPPE or APPE students
- Perform one project or presentation during experience with topic TBD

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:

- Neurocognitive Disorders
 - Behavioral and psychological symptoms of dementia (BPSD)
- Parkinson’s Disease
- Bipolar Disorder
- Schizophrenia
- Major depressive disorders
- Personality disorders
- Managing acute agitation
- Anxiety disorders
- Sleep disorder
- Substance use disorders
- Smoking cessation
- Catatonia

Learning Experience Activities:

Activity	Objectives Covered
Develop a daily routine that emphasizes direct patient-care activities. Be aware of changes in patient condition each day	R1.1.3
Develop ability to incorporate appropriate interpretation of primary literature and patient data into a daily plan that maximizes appropriate pharmaceutical care to the psychiatric patient population	R1.1.3
Generate and maintain patient specific flow sheets that contain all necessary data for making drug therapy recommendations	R1.1.4
Evaluate patient’s drug therapy each day to determine the appropriateness of drug, dose, dosage regimen, route/method of administration, regimen, compliance, therapeutic duplications, therapeutic outcomes, cost and the avoidance of adverse drug reactions and negative interactions	R1.1.8
Set pharmacotherapeutic goals for patients that take into consideration patient-, age-, disease- and drug-specific information and ethical considerations for various disease states using the most current evidence-based sources	R1.1.5
Effectively make recommendations to prescribers	R1.1.1
Design and maintain monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors	R1.1.5
Documentation of clinical activities performed by the resident	R1.1.7
Assess patients daily for drug interactions and take appropriate actions to rectify the situation	R1.1.6

Establish collaborative professional pharmacist-patient relationships, ensuring patient is set up successful outcomes after inpatient discharge	R1.2.1
Lead weekly patient medication groups	R4.1.2

Objectives selected to be evaluated during learning experience:

R1.1.1: (Applying) Interact effectively with health care teams to manage critically ill patients' medication therapy

R1.1.8: (Applying) Demonstrate responsibility to critically ill patients for patient outcomes

R1.2.1: (Applying) Manage transitions of care effectively for critically ill patients

R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to critical care pharmacy

Requirements of Learning Experience:

Expected hours: 0700-1530 (times may vary based on patient care requirements)

Required presentations: One formal project (TBD practice site needs) or presentation (case presentation, journal club, guideline review, etc.)

Required readings: TBD prior to the start of rotation and will be based on learners goals and needs. Reviewing APA treatment guidelines for disease states listed above, side-effect overview of psychotropics and DSM diagnostic criteria would serve any learner well prior to starting experience.

Preceptor interaction: Initial, pre-rotation meeting will allow for development of resident specific plan for the experience based on resident goals. Daily pre-round discussion of patients will be done. A summary of the patients' treatment plans & progress should be emailed to preceptor by end of each day if not discussed previously. Weekly topic discussions will be performed with quantity to be determined by learner. Feedback Fridays will allow for verbal discussion of experience and resident development throughout experience. Formal, written final evaluation to be done during last week of rotation.

Communication: Daily communication at the minimum either by email, in person or instant message

Expected progression of resident on this learning experience: Resident should progress to where they are comfortable and competent enough to independently attend rounds and staff the unit by the end of the experience. Resident should be able lead patient medication education groups by week 2 of the rotation.

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