

PGY 1 Course Description

Experience Title: Cardiology

Preceptor:

Andrew Smith, Pharm.D., BCPS (AQ Cardiology)

Cardiology Clinical Pharmacist

TMC Hospital Hill

Cardiology Center

2301 Holmes Street

Kansas City, MO 64108

816-404-1238

andrew.smith@tmcmed.org

Clinical Assistant Professor

UMKC School of Pharmacy

Division of Pharmacy Practice and Administration

2464 Charlotte St

Kansas City, MO 64108

816-235-5286 (office)

smithandr@umkc.edu (Preferred)

Description:

This required core experience is 4 weeks and structured to integrate knowledge from didactic coursework and experiential rotations into the residents general practice of pharmacy. The resident will participate in care of patients on the cardiovascular service. A pharmacist in this role on the cardiovascular service performs medication profile review and therapeutic optimization, patient education (both inpatient and outpatient), and student education. At the end of the experience the resident should be able to identify, manage, and counsel patients and physicians regarding medication therapy, with an emphasis on cardiovascular conditions.

Learning Experience Responsibilities:

- Attend interdisciplinary patient care rounds daily at 9am.
- Perform pharmaceutical care monitoring for all patients assigned to inpatient cardiology consult service.
- Provide prompt, evidence based pharmaceutical recommendations and drug information.
- Provide and/or supervise students providing patient education as needed including:
 - Post-PCI
 - Heart failure
 - Warfarin
 - Enoxaparin
- Attend applicable cardiology focused internal medicine grand rounds/noon conferences as schedule allows.
- Attend ALL pharmacy student or resident presentations.
- Present one journal club on a cardiology topic of interest to preceptor and students.

- Present one case presentation with learning objectives and incorporating active learning to the pharmacy staff regarding drug therapy management of the cardiovascular patient.
- Lead at least one case based cardiovascular pharmacotherapy topic discussion with preceptor and students, including development of learning objectives and assessment questions
- Co-Precept Pharm.D. students (if applicable)
- Complete a self-evaluation at midpoint and end of experience
- Actively participate in mid-point and final evaluations of Pharm.D. students (if applicable)
- Document all therapeutic interventions in pharmacy intervention tracking software as applicable

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:

- Acute Coronary Syndromes (ACS)
 - STEMI
 - Unstable Angina (UA)/NSTEMI
- Heart Failure (HF)
 - Chronic
 - Acute decompensated HF
- Arrhythmia management
 - Atrial Fibrillation
 - Ventricular
- Other diseases
 - Hypertension
 - Hyperlipidemia
 - Anticoagulation
 - Pulmonary Arterial Hypertension

Learning Experience Activities:

Activity	Objectives Covered
Perform (and/or supervise students) patient education on heart failure, post PCI, and anticoagulation.	R1.1.2
Lead (and/or supervise students) cardiac rehab education classes.	R1.1.2
Prepare medication-related problem lists (to identify omissions, the appropriateness of drug, dose, regimen, route of administration, compliance, therapeutic duplications, therapeutic outcomes, cost and the avoidance of adverse drug reactions and negative interactions).	R1.1.4
Arrive prepared for rounds at 8:15am each morning.	R1.1.8
Cosign all education notes in a timely manner (within 24 hours).	R1.1.8

Complete a summative self-evaluation via PharmAcademic® (at the mid-point and prior to the conclusion of the experience).	R3.1.2
Determine formative self-assessments (two things did well, two areas for improvement) following each presentation.	R3.1.2
Prepare a case based topic discussion, journal club, and/or final presentation (including appropriate learner focused learning objectives and assessment questions).	R4.1.1
Present a formal final patient presentation, using appropriate format and educational techniques, incorporating audience engagement.	R4.1.2
Provide clearly written and concise handouts/slides for educational activities.	R4.1.3
Develop post-activity assessment questions for topic discussion and/or journal club activity	R4.1.4
Lead pre-round discussion with students selecting topics to further expand via direct instruction.	R4.2.1
Assess the student's understanding via questioning and coaching to appropriate interventions. (Select the appropriate preceptor role for a given student and clinical scenario)	R4.2.1
Model interactions with the medical or nursing staff, or model a thought process for a student (for example- during patient education. Assume the role of facilitator for the student).	R4.2.2

Objectives selected to be evaluated during learning experience:

R1.1.2	Interact effectively with patients, family members, and caregivers.
R1.1.4	Analyze and assess information on which to base safe and effective medication therapy.
R1.1.8	Demonstrate responsibility to patients.
R3.1.2	Apply a process of on-going self-evaluation and personal performance improvement
R4.1.1	Design effective educational activities.
R4.1.2	Use effective presentation and teaching skills to deliver education.
R4.1.3	Use effective written communication to disseminate knowledge.
R4.1.4	Appropriately assess effectiveness of education.
R4.2.1	When engaged in teaching, select a preceptors' role that meets learners' educational needs.
R4.2.2	Effectively employ preceptor roles, as appropriate.

Requirements of Learning Experience:

Expected hours: 0700-1700; these times may vary depending on patient census and service requirements.

Required presentations:

- Teaching activity/topic discussion
- Journal club
- Final patient presentation (formal)

Required readings:

- Wiggins, B. S., et al. (2013). "Discharge counseling for patients with heart failure or myocardial infarction: a best practices model developed by members of the American College of Clinical Pharmacy's Cardiology Practice and Research Network based on the Hospital to Home (H2H) Initiative." *Pharmacotherapy* 33(5): 558-580.
- No other specific readings- but resident should be familiar with most current guidelines for any disease state present in their patients (e.g. heart failure, ACS, atrial fibrillation, etc.)

Preceptor interaction:

08:15	Pre-round with resident
08:30	Pre-rounds with APPE and IPPE students
09:00-12:00	Round with cardiology team
afternoon (time varies with patient care needs)	Patient education, patient care follow up from rounds, topic discussion, self-directed work

Communication:

- Daily scheduled meeting times – resident is to prioritize questions and problems to discuss during scheduled meeting times (as above and scheduled throughout the month)
- E-mail – UMKC email is preferred method of communication. At a minimum, residents are expected to read their email at the beginning, middle, and end of each day to facilitate communication. This is appropriate for routine, non-urgent questions and problems.
- Office extension – this is appropriate for urgent patient care needs.
- Pager – this is appropriate for urgent/emergent situations pertaining to patient care.
- Cell-phone (voice/text)- is appropriate for urgent/emergent situations pertaining to patient care or precepting.

Expected progression of resident on this learning experience:

Day 1: Preceptor will review goals, learning objectives, expectations, and general calendar/activities for the month. Preceptor will provide orientation of the resident to the cardiology team, processes/activities for the month including:

- Where/when to meet for rounds

- Schedule of cardiac rehab classes, where to find class materials, sign in sheet, etc
- Expectations and process for doing/supervising patient education.
- List of topic discussions for the month

Thereafter: Based on the experience of the resident, the preceptor will encourage the resident to take on more responsibility and independence throughout the month. The first few days, the preceptor will attend rounds with the resident, modeling the pharmacist's role on the cardiology team. Thereafter, the resident will acquire more responsibility in working-up the patients and doing daily patient care activities, while continuing to discuss identified problems with the preceptor daily. By the end of the first week, the resident will attend rounds independently, while being facilitated by the preceptor. During the second week the resident will begin to lead pre-rounds discussion with students and independently review and sign patient education notes.

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. Resident is required to complete a summative evaluation via PharmAcademic® at the midpoint and 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 by the conclusion of the learning experience.

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

Pharmacy Resident

Primary Preceptor