

PGY1 Course Description

Learning Experience Title: Infectious Disease

Preceptor:

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Description:

The primary purposes of this 4 week required core experience are to provide clinical pharmacy services for patients being seen by the infectious disease team. At the end of this experience, the resident should be able to determine the most appropriate antimicrobial for treatment at the most effective dose for common disease states. The pharmacist in this role on the infectious disease team is to be prepared for rounds, attend rounds, and provide additional information for patient care and teaching of residents, students, and fellows. Pharmacists need to follow up on questions from the team to develop patient plans and attend weekly ID meetings and provide feedback and comments. Pharmacists will manage the antimicrobial formulary, evaluate the need for non-formulary products and if a need occurs, procure product in an appropriate amount of time, evaluate discharge requests and assist with planning for infusion chair patients.

Learning Experience Responsibilities:

- 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
 - Depending on other activities may have projects instead of presentation but depends on resident and projects available
- Clinical Pearl for Staff

- At least one clinical pearl email to staff over rare drug/bacteria/disease state
- Attend Infection prevention, Antimicrobial Stewardship, and ID weekly meetings
- Formulary review/DUE
 - Some review will likely be required during your rotation 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 rotation
- 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
Accurately gather, organize, and analyze patient specific information on assigned patients prior to rounds and/or discussion with preceptor.	R1.1.3
Review profiles to identify medication-related problems to discuss with preceptor and then prescriber.	R1.1.4
Independently develop a therapeutic plan for rounds, 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	R1.1.5
Actively participate/follow up in team rounds daily. Based on potential medication related problems identified by working up your patients, be prepared to: <ul style="list-style-type: none"> • Recommend solutions to identified problems • Respond to drug information questions verbally • Follow up on medication related problems identified 	R1.1.6

<p>during rounds. Determine when the information is needed and assure you provide the follow up information within the appropriate time frame.</p> <ul style="list-style-type: none"> • Ensure medication orders are written appropriately (Drug, dose, route, frequency) 	
Independently Complete monthly experience evaluations with written evidence of improving the quality of own performance.	R3.1.2
Convey expertise and professionalism in interactions with pharmacy and multidisciplinary staff by staying abreast of current literature and actively identifying opportunities for self-improvement	R3.2.4
Use effective educational techniques when providing medication education to patients and/or caregivers	R4.1.1
Contribute to the education of or serve as preceptor (or co-preceptor) to pharmacy students as appropriate. Provide inservices to staff, providing written material when applicable.	R4.1.2
Select and utilize the appropriate preceptor role(s) (direct instruction, modeling, coaching, or facilitation) based upon the learners skill level. 2. Perform patient and topic discussions with students, as appropriate	R4.2.1
Model interactions with the medical or nursing staff, or model a thought process for a student; If deemed appropriate by the resident and preceptor, assume the role of facilitator for the student.	R4.2.2

Objectives selected to be evaluated during learning experience:

- R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy
- R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
- R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement
- R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education
- R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate

Requirements of Learning Experience:

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

Required presentations: One formal presentation (drug review, patient case, etc) given to the pharmacy staff, but can change. Two sources of primary literature required.

Required readings: Disease state discussions will focus on IDSA guidelines with supplementation of new research. These guidelines can be found at www.idsociety.org including Opportunistic infections (Cryptococcal meningitis, Pneumocystis, Histoplasmosis, HAP/VAP/CAP pneumonia, and more subjects based on patient population.

Preceptor interaction: Meet with the preceptor on daily basis to discuss patient information, analysis and redesigned therapeutic plan. Topic discussions will be scheduled for weekly basis, unless chosen otherwise.

Communication: Resident is expected to communicate independently with various primary teams during antimicrobial stewardship unless directed otherwise from preceptor. The communication of antimicrobial stewardship is based on provider education in mind, and should be collaborative.

Expected progression of resident on this learning experience:

Week 1-2: 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. Lock down a topic for your presentation and start working on it.

Week 3-4: 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 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 by the conclusion of the learning experience.

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

Pharmacy Resident

Primary Preceptor