

Cardiology Rotation Description PGY 1

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Learning Experience Description

The cardiology practice experience is designed to enable the resident to acquire skills and knowledge regarding basic pharmacotherapy of specific cardiovascular disorders, their treatment and care. The cardiovascular intensive care unit at Vanderbilt University Medical Center allows the resident to observe and manage problems specific to cardiovascular disease patients. Clinical experience will be obtained in the following cardiovascular disease states:

- Hyperlipidemia
- Thromboembolic disorders
- Hypertension
- Hypertensive urgency/emergency
- Arrhythmias
- Heart failure
- Endocarditis
- Acute coronary syndromes
- Ischemic heart disease

Learning Experience Goals

- R1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.
- R1.5: Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and healthcare providers.
- R2.1: As appropriate, establish collaborative professional relationships with members of the health care team.
- R2.2: Place practice priority on the delivery of patient-centered care to patients.
- R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships
- R2.4: Collect and analyze patient information.
- R2.5: When necessary, make and follow up on patient referrals
- R2.6: Design evidence-based therapeutic regimens.
- R2.7: Design evidence-based monitoring plans.
- R2.8: Recommend or communicate regimens and monitoring plans.
- R2.9: Implement regimens and monitoring plans.
- R2.10: Evaluate patients' progress and redesign regimens and monitoring plans.
- R2.11: Communicate ongoing patient information
- R2.12: Document direct patient care activities appropriately
- R3.1: Exhibit essential personal skills of a practice leader.
- R6.1: Utilize medical informatics
- E6.1: Identify a core library, including electronic media appropriate for the practice setting
- E2.5: Resolves conflicts through negotiation.
- E7.2: Communicates effectively
- E7.3: Balance obligations to one-self, relationships; and work in a way that minimizes stress

E7.4: Manage time to effectively fulfill practice responsibilities.

Daily Schedule

The resident will be available daily from 0700 to 1530. Daily activities will include the following:

0700-1100 Rounds with cardiology service in CVICU
1100-1200 Topic discussion with preceptor
1200-1400 Patient follow-up
1400-1500 Review patients with preceptor and pharmacy student(s)
1500-1530 Report to satellite pharmacy regarding any issues

The resident and preceptor will develop a monthly calendar at the start of each rotation for topic discussion, resident time off or any other issues pertinent to that month using the following template:

- Week 1: Orientation, patient discussion, cardiac anatomy and acute coronary syndromes topic discussions
- Week 2: Patient discussion, vasoactives and acute heart failure discussions
- Week 3: Patient discussion, heart failure and atrial fibrillation discussion
- Week 4: Patient discussion, procedure day, endocarditis discussion
- Week 5: Patient discussion and hypertension discussion
- Week 6: Patient discussion, procedure day, hyperlipidemia and summative evaluation

Learning Experience Requirements/Responsibilities

The resident will participate in the care of these patients by rounding with the cardiology service, monitoring the progress of patients designated by the preceptor and intervening in their care as needed. The resident should also be aware of all the non-pharmacological aspects in the care of the cardiovascular patient. These include devices (stents, pacemakers, defibrillators, etc.) as well as surgical and interventional techniques.

- Effectively use the institution's technology and automation systems (StarPanel, HEO, HMM, AdminRx) to collect, analyze, and monitor patient data relating to pharmacotherapy (R6.1)
- Collect and assess patient laboratory values and vital signs daily. (R2.4; R1.4)
- Generate patient-specific databases (e.g. past medical history, prior therapy, etc.) that allows the resident to make rationale drug therapy recommendations. Additionally, the resident should assess the patient's medication history for appropriateness. (R2.4; R2.6; R2.7)
- Review the patient's drug therapy to determine the appropriateness of the drug, its indication, the dosage regimen, route/method of administration, compliance, the presence of any therapeutic duplications, therapeutic outcomes, cost, and avoidance of adverse drug events and other negative interactions each day. (R2.4; R2.6)
- Round with the medical team each morning and provide pharmacotherapeutic recommendations. (R1.4; R2.1; R2.2; R2.3; R2.8; R2.10; R2.11; R3.1; E7.2; E2.5)
- Design therapeutic regimens to achieve the pharmacotherapeutic goals for the patients utilizing evidence-based medicine. (R2.6)
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors (R2.7; R2.8; R2.9; R2.10)

- Ensure the continuity of pharmaceutical care to and from the acute setting. (R2.11)
- Review patients with preceptor daily and assure all aspects of patient care as it relates to pharmacy are addressed. (R1.4; E7.4; E7.3; E7.2; R3.1; E6.1; R2.1-2.11)
- Document clinical activities performed by the resident and report adverse drug events. Obtain familiarity with and assure compliance to institutional policies and procedures for drug use evaluation guidelines and restricted drugs. (R2.12; E7.2; R2.11; R2.12)
- Provide timely responses to drug information requests from your team, nursing staff, other pharmacists, preceptor, and other health care providers. (E6.1; R1.5)
- Counsel patients on new treatment regimens. (R2.8; R2.9; E7.2)
- Prioritize rotation responsibilities and additional requirements of the residency program (e.g. set up time for residency project at beginning of the month) (R3.1; E7.3; E7.4)
- Exhibit professional behavior (e.g. appropriate dress/language, prepared for rounds/discussions, etc.) throughout the month. (R3.1)

Required Criteria Based Assessments and Rotation Assignments:

- Care Plan with Self Evaluation (R2.1-2.10; E7.2; E6.1)

Optional: *(PGY1 Residency Requirements)*

- Drug Therapy Problem Solving with Self Evaluation (R1.2; R1.4; RE 2.5)
- Patient Counseling with Self Evaluation (E7.2)
- Documentation with Self Evaluation (R2.12)
- Researched Drug Information (R1.5)

Criteria Based Assessments may also be completed to document the resident's incremental progress during the rotation. The number and frequency of snapshots will be determined by the preceptor based on the resident's progress.

All interventions and drug information responses made during the month must be documented in the pharmacy system as appropriate and also may be recorded in a Word document for submission to the preceptor at the conclusion of the rotation.

Method of Evaluation

Evaluation of residents will be based on the Resident Learning System (RLS). Evaluation will consist of a summative evaluation upon rotation completion, in addition to any criteria-based checklists submitted by the resident. The specific goals and objectives, on which the resident will be evaluated, will be provided at the beginning of the rotation. Residents will be requested to complete a self-evaluation for all evaluations. Residents will also be required to complete a learning experience evaluation and a preceptor evaluation. Evaluations are completed in the evaluation database. All work to be evaluated on rotation must be turned in for review no later than the last day of the rotation.