Infectious Disease Rotation Description PGY1

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Learning Experience Description
The Infectious Disease rotation is a learning experience directed at providing care for patients with acute infectious disease processes while practicing antimicrobial stewardship. Residents participate in all aspects of transdisciplinary care as part of the Infectious Disease Consult Service and Vanderbilt Antimicrobial Stewardship Program (VASP). Residents will educate inpatients and/or family members and participate in patient care teaching rounds. Residents are considered important members of the Infectious Disease Consult and VASP teams and will work closely with other team members on medication related infectious disease issues. The infectious disease team consists of the pharmacist, attending, fellow and resident or student. Pharmacy Residents will be involved with rounding with one team and managing the drug therapy of all patients on his/her team from admission to discharge. Identification of potential drug therapy problems, design and modification of drug regimens, therapeutic drug monitoring, provision of drug information, and patient counseling are core components of the rotation. Pharmacy residents will formally contribute to a stewardship effort; formally write one researched drug information question and may complete a comprehensive, written pharmaceutical care plan as identified by the preceptor as minimum requirements of the infectious disease rotation. A running list of pharmacy interventions and drug information is to be documented in Quantifi by the resident throughout the rotation.

Common disease states and concepts which the resident will encounter and understand pharmacotherapy for via patient experience, literature review, and preceptor discussions include:

- Antibiotic/Antifungal Classes
- Antibiotic/Antifungal Spectrums
- Gram positive, Gram negative, Acid-fast bacilli organisms
- Pharmacokinetics/Pharmacodynamics
- Mechanisms of Resistance
- Antibiotic Allergy and Desensitization
- Antibiotic Stewardship
- Meningitis
- Endocarditis
- Osteomyelitis
- Cellulitis
- Bacteremia
- Pneumonia
- C. difficile

The preceptor will be available to the resident throughout the rotation for consultation, daily patient review, and topic discussions. The resident will gain broad exposure in infectious disease through independent practice and structured learning experiences. Resident learning is predicated not only on the above responsibilities but also dedication to patient care; team service and self-motivation.

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.
RE2.5: Resolves conflicts through negotiation.
E7.2: Communicates effectively.
E7.3: Balance obligations to oneself, relationships; and work in a way that minimizes stress.
E7.4: Manage time to effectively fulfill practice responsibilities.

### Daily Schedule

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<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
<td>8 – 10:30 Preround/ VASP</td>
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<td>10:30-12pm Preceptor Meeting</td>
<td>10-10:30 Topic</td>
<td>10:30-1pm Preceptor Meeting</td>
<td>9:30 to 10:30 Micro Plate Rounds – Micro Lab</td>
<td>10-10:30 Topic</td>
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<td>10:30-12pm Preceptor Meeting</td>
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<td>12-1pm ID Fellows Conference</td>
<td>12-1pm Rx Resident Conference</td>
<td>12-1pm (ABX SCMTE)</td>
<td>12 –1pm Tx Exg Rx Conf Rm**</td>
<td>12-1pm ID Fellows Case Conference MCN ID Conference Rm</td>
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<td>MCN ID Conference Rm</td>
<td>1-5pm ID Rounds</td>
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* *** ID JC – 1st Thursday; GL Review- 4th Thursday; ID M&M- Quarterly 3rd Th

Rounds occur daily from 1-5pm

The preceptor will be available to the resident throughout the learning experience for consultation. In the morning, the resident meets with the preceptor to discuss either all patients or major problems with his/her patients. At least once a week, there will be an informal topic discussion that the resident will lead the session for the preceptor and/or student. The resident should provide feedback to the preceptor of topics not being properly explained to them and areas of improvement for the preceptor.

A detailed schedule of activities will be provided on the first day of the rotation. Residents attend all infectious disease rounds and selected weekly conferences (ID Fellows Conference, ID Case Conference, Therapeutic Exchange, MicroPlate Rounds). Residents will be responsible for following medication therapy for all current consult team patients. Residents will also participate in the Therapeutic Drug Monitoring Consult Service, ADE Dashboard Monitoring and VASP program.

### Learning Experience Requirements/Responsibilities

- 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)
- Actively participate in rounds for patients on the Infectious Disease Service (R1.4; R2.1; R2.2; R2.3)
- Develop problem lists for all patients, work-up any overnight admissions, review labs on all patients, review medications, and review vital signs (R1.4; R2.4; R2.6; R2.7)
• Prepare topic discussions / journal club presentations as requested by preceptor
• Complete projects/in-service presentations as requested by preceptor
• Complete review, consultation and documentation associated with dashboard and consult patients as assigned (vancomycin/aminoglycoside) (R2.12; R2.11; R2.8; R2.5; R6.1)
• Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and healthcare providers (R1.5; E7.2)
• Manage time to effectively fulfill practice responsibilities (E7.4)
• Precept pharmacy students (R3.1)
• Review Primary and Review Literature as appropriate for conditions and therapies on daily team patient census (E6.1)
• Demonstrate an inquisitive mind by looking up unfamiliar information (lab tests, disease states, procedures, etc. (R3.1; R1.4)

**Required Criteria Based Assessments and Rotation Assignments:**

- □ Researched Drug Information Question (R1.5; E6.1)
- □ Topic discussion x 2 (Prepare and lead) (R2.6; E7.2; E6.1)
- □ Stewardship Activity (E6.1; R6.1;
- □ Interventions logged in Quantifi (R2.12)

**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)
- ▪ Care Plans with self evaluation (R2.1-2.10; E7.2; E6.1)

  A written comprehensive Pharmaceutical Care Plan is required. This will go into the resident’s portfolio and be used to demonstrate the resident’s ability to obtain needed patient historical data, review pre-existing conditions and determine impact on current symptoms, evaluate chosen drug therapy for appropriateness/problems, apply therapeutic guidelines and evidence-based medicine, and document patient follow-up/interventions made to improve drug therapy.

**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-assessment 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 5th weeks of the rotation period.