ROTATION DESCRIPTION

ROTATION TITLE
On Call Experience (PGY2)

PURPOSE
The on call program provides the opportunity for the PGY2 residents to refine their knowledge base and become proficient in, but not limited to, the following areas: time management, drug information search strategies and literature evaluation, communication, pharmacokinetics, parenteral and enteral nutrition assessment, and antibiotic initiation and follow up. In addition, the PGY2 residents will demonstrate mastery in their communication skills and patient assessment strategies. The resident will show independence while working through "pharmacy emergency situations," which include an immediate assessment and approval for agents such as factor VII and drotrecogin alfa. Finally, the PGY2 residents will ask follow up questions to the physician to find all the information needed to appropriately answer. The PGY2 residents are to have a well thought out pharmacotherapy plan prior to calling their backup.

LEARNING EXPERIENCE DESCRIPTION
The PGY2 residents will take adult call 4-5 times per year. The resident must be available 24-hours-a-day, respond to pages in a timely manner, and come into the hospital if needed. The call week lasts from 7am Monday until 7am the following Monday. The resident will come into the hospital on the Saturday and Sunday of call to follow up on signed out patients. The residents will have a clinical specialist backup, who is available for call questions and to come in as needed. The backup will also be in house with the resident the first weekend the take call. Additionally, an on call review session with follow up cases will be presented during orientation.

LEARNING EXPERIENCE ACTIVITIES
The following activities are required during the on call experience for a PGY2 resident.

- Utilize appropriate communication skills to discuss and review pertinent patient information from on call sign outs from the week prior.
  (PCT: R2.12.1; TX: R2.9.1; R2.9.2; DI: PGY1 R2.8.1; R2.11.2)

- Communicate with your backup on day one to review contact information and how clinical calls will be handled throughout the week
  (PCT: R2.12.1; TX: R2.12.1; DI: General Comments)

- Review the case thoroughly with the health care professional requesting information. This should include, but is not limited to, the following information: patient name/MRN, patient history, allergies, pertinent lab values, and clinical question. Utilize several different sources, including eMeds, OASIS, nursing notes, physician notes and Practice Partner to collect all needed information.
  (PCT: R1.3.2; TX: R1.3.1; R1.3.2; DI: PGY1 R2.4.1; CC R2.7.1)

- Utilize a monitoring system to collect all pertinent data that will be needed to make appropriate medication management recommendations.
  (PCT: R2.4.3; TX: R2.5.1; DI: PGY1 R2.4.1; CC R2.8.1)

- Organize your problem list based on level of priority.
  (PCT: R2.2.1; TX: R2.3.1; DI: PGY1 R2.6.1; R2.6.2)

- Evaluate the medical literature and appropriate evidence-based treatment guidelines to assist in answering on call questions.
  (PCT: R2.6.2, R2.11.2; TX: R1.3.6, R1.3.7 DI: PGY1 R 2.6.1, R2.6.2; IM: R1.4.1, R1.5.1, R1.5.9)

- Devise a systematic approach for searching and retrieving drug information.
  (PCT: R3.1.1; TX: R1.3.2; DI: General Comments; IM: R1.4.1; R1.5.1)

- Develop a monitoring plan for follow up of your recommendations.
  (PCT: R2.7.1; TX: R2.8.1; DI: PGY1 R2.6.1; 2.6.2; 2.9.1; CC R2.8.2)

- Review your recommendation and monitoring plan with your backup prior to providing a response to the healthcare provider.
  (PCT: R2.8.1; DI: PGY1 R2.6.1; 2.6.2; 2.8.1; 2.11.2; CC R2.9.1)

- Communicate your recommendations with the healthcare provider clearly and assure that your recommendations were followed up with appropriately.
  (PCT: R1.3.1; R2.11.2; TX: R2.9.1; DI: PGY1 2.8.1; 2.11.2; 2.12.1; IM: R2.12.2 CC R2.9.2)

- Develop trust and confidence with the medical professionals you are working with.
  (PCT: R1.3.1; R2.11.2; TX: R1.1.1; DI: General Comments)

- Follow hospital policies and procedures in regard to medication management and therapy recommendations.
  (PCT: R2.13.2; TX: E3.1.2; DI: General Comments; CC R2.8.2)

- Utilize effective time-management strategies to complete all on call related activities.
  (PCT: R2.2.1; DI: General Comments)

- Appropriately triage patient care and on call activities.
  (PCT: R2.2.1; TX: R2.3.1; DI: PGY1 R2.4.1)

- Communicate all on call events to the pharmacist on the covering service in a timely manner.
  (PCT: R2.12.1; R2.12.2; R2.12.3; TX: R2.12.1; DI: PGY1 R2.12.1; IM: R2.12.2 CC R2.10.1)

- Document all on call activities in the pharmacy order entry system. Document adverse drug reactions/medication errors in Patient Safety Net.
  (PCT: R2.13.2; TX: R2.13.1; R2.13.2; DI: PGY1 R2.12.1; IM: R1.3.1; R2.12.1; R2.12.2; CC R2.11.1)

REQUIREMENTS OF LEARNING EXPERIENCE

The incoming residents will receive an extensive orientation in July to prepare them for the adult on call process. This orientation will review the on call process in addition to hospital policies and procedures and an on call assignment. The on call assignment consists of several questions similar to the most common and most difficult call questions. In addition, the residents must complete their nutrition training and assessment prior to writing a nutrition assessment without a back up present.

ROTATION PRECEPTORS

All adult inpatient clinical pharmacy specialists

METHOD OF EVALUATION

Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). Feedback will include, but not be limited to, verbal and written end of call evaluation.The preceptor will provide feedback during the course of the week. An evaluation of the on call experience and the preceptor is to be completed at the end of the week. It is the responsibility of the resident to seek clarification from the preceptor if any aspect of the rotation is not clear.