ROTATION DESCRIPTION

ON CALL EXPERIENCE
Psychiatry On-Call (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, clozapine monitoring and anticoagulation initiation and follow up. In addition, the PGY2 residents will demonstrate mastery in their communication skills and patient assessment strategies. 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 psychiatry call one week per month. The resident must be available 24-hours-a-day, respond to pages in a timely manner. The call week lasts from 7am Monday until 7am the following Monday. Residents will also be expected to take questions from uncovered services Monday through Friday during business hours if they are paged. The residents will have a clinical specialist backup, who is available for call questions. Call questions from the previous week will be reviewed with the IOP pharmacy group during Tuesday Psychopharm meetings.

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

- Utilize appropriate communication skills to discuss and review pertinent patient information with the caller and the backup.
  (R1.3.1)

- Communicate with your backup on day one to review contact information and how clinical calls will be handled throughout the week
  (R1.3.1)

- 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.
  (R2.4.1)

- Utilize a monitoring system to collect all pertinent data that will be needed to make appropriate medication management recommendations.

(R2.4.1)

- Evaluate the medical literature and appropriate evidence-based treatment guidelines to assist in answering on call questions.
  (R2.6.1)

- Devise a systematic approach for searching and retrieving drug information.
  (R2.6.1)

- Develop a monitoring plan for follow up of your recommendations.
  (R2.6.2)

- Review your recommendation and monitoring plan with your backup prior to providing a response to the healthcare provider.
  (R1.3.1)

- Communicate your recommendations with the healthcare provider clearly and assure that your recommendations were followed up with appropriately.
  (R1.3.1)

- Develop trust and confidence with the medical professionals you are working with.
  (R1.3.1)

- Follow hospital policies and procedures in regard to medication management and therapy recommendations.
  (R1.5.1)

- Utilize effective time-management strategies to complete all on call related activities.
  (R2.2.1)

- Appropriately triage patient care and on call activities.
  (R2.2.1)

- Communicate all on call events to the pharmacist on the covering service in a timely manner.
  (R2.2.1)

- Document all on call activities in the HMM system. Document adverse drug reactions/medication errors in Patient Safety Net.
  (R1.5.1)

ROTATION PRECEPTORS

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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.