ROTATION DESCRIPTION

ROTATION TITLE
Adult Infectious Diseases (PGY2)

PURPOSE
The purpose of this rotation is to allow the resident experience and proficiency in infectious diseases (ID) pharmacotherapy. To that end, the resident will develop and refine advanced pharmacotherapeutic skills in the identification and resolution of drug therapy problems in an infectious diseases population. In doing so, the resident must assume responsibility for patient care and assure positive drug therapy outcomes. These PGY2 residents will be expected to work more as an advanced independent practitioner and utilize additional evidence-based medicine principles in practice.

LEARNING EXPERIENCE DESCRIPTION
The Adult Infectious Diseases rotation will provide an environment and set of experiences allowing the resident to address all pharmacotherapy problems encountered with infectious diseases consult patients. While concentrating on infectious disease problems, the resident will be expected to assess all problems and drug therapy issues and interact with appropriate team members (ID or otherwise) in that process.

The typical day begins with preparation for attending rounds which generally occur in the afternoon and last roughly 3 hours. The service is typically more intense in the MICU with a census of around 10 patients. The patient problem lists and work up of new admissions, along with literature retrieval/evaluation occurs commonly between 8 am and the start of team rounds and may continue afterwards. Then the resident meets with the preceptor daily for discussions/progress reports on all patients. If students are on rotation, the resident will precept/mentor students in a more formal, organized manner. The resident should provide prompt feedback to the preceptor of topics not being properly explained to them, and areas of improvement for the preceptor/team.

LEARNING EXPERIENCE ACTIVITIES
- Identify, interpret, and apply medical literature to enhance direct patient care activities
  (PCT: R2.4.1; R2.4.2; R2.4.3; R2.6.1; R2.6.2; R2.7.1; IM: R1.5.1; R1.5.9; CC: R2.4.1, R2.4.2, R2.4.3)

- Develop and utilize a data collection method appropriate for this specific population to assist in making therapeutic recommendations
  (PCT: R2.7.1; R2.8.1; IM: R2.4.1; CC: R2.7.1; R2.8.1; R2.4.1)

- Review and assess each patient's pharmacologic regimen for appropriate indication, dose, and route. Identify and resolve any therapeutic duplications, unintended drug interactions, or adverse events
  (PCT: R2.4.1; R2.4.2; R2.4.3, R1.3.2; CC: R2.4.1; R2.4.2; R2.4.3)

- Consider patient-specific factors when determining therapeutic goals
  (PCT: R2.8.1; R2.10.1; IM: R2.6.1; R4.3.1; R2.3.1; R2.10.3; CC: R2.4.1; R2.4.2; R2.4.3)

- Once pharmacotherapeutic goals are established, incorporate evidence and patient-specific factors to design a therapeutic regimen likely to result in the desired outcome
  (PCT: R2.6.1, R2.7.1; R2.8.1; R2.10.1, R2.11.2; IM: R1.5.9; R2.6.1; R2.6.2, R2.7.1; R2.10.3; CC R:2.6.1; R2.7.1; R2.8.1)

- Communicate effectively and efficiently, both verbally and in writing, with interdisciplinary team members to secure consensus and implement a drug therapy regimen and monitoring plan
  (PCT: R2.1.1; R2.8.1; IM: R1.5.1; R2.6.2; R2.7.1; R2.8.1; R2.10.2; R4.3.1; TX: R2.10.1; R2.10.2; CC: R2.1.1; R2.7.1)

- Appropriately monitor safety and effectiveness of drug therapy
  (PCT: 2.8.1; R2.10.1; R2.11.1; IM: R2.7.1; R2.10.3; CC: R2.8.1; R2.8.2; R2.9.1)

- Communicate with other members of the healthcare team to ensure continuity of care when the patient transfers to another healthcare setting.
  (PCT: R2.12.1, R1.3.1; IM: R2.8.1; R2.10.2, R4.3.1; CC: R2.10.1; R2.11.1)

- Effectively perform medication histories and provide discharge counseling as needed to patients
  (PCT: R2.3.1, R2.8.2, R2.9.1, R2.9.2, R2.10.4; IM R4.3.1; IM2.3.1; CC: R2.3.1; R2.8.2; R2.9.1; R2.9.2)

- Documentation of clinical activities performed by the resident (including a minimum 25 interventions/week and 2 ADRs/month) shall occur in Horizon Meds Manager (HMM)
  (PCT: R2.13.2; R3.2.6; PP R2.12.2; IM: R2.10.2)

- Review and institute MUSC policies and procedures into daily activities, including supervising the appropriate use of non-formulary and restricted medications
  (PCT: R2.10.1; R2.13.1; R3.2.6, R2.10.5; IM: R6.1.5; CC: E1.3.1; E1.3.2)

- Review patient medication profiles daily to identify and rectify any potential drug-drug or drug-food interactions
  (PCT: R2.4.2; R3.2.6; IM: R2.4.2; R2.4.3; CC: R2.4.2; R2.4.3)

- Provide efficient and appropriate drug information responses to the medical team; appropriately evaluate the time sensitivity of each request
  (PCT: R3.1.1; R4.1.1; IM: R1.5.1; R1.5.9; R2.10.2; R4.3.1; CC: R3.1.1)

- Choose and create an inservice on a medication therapy related topic to be presented to the physicians and/or nurses on your team
  (PCT: R4.1.1; IM: R1.5.1; CC: R3.1.5)
- Utilize effective time-management strategies to complete all rotation related activities on time
  (PCT: R2.2.1; PP E7.4.1; CC: R2.2.1)

- Act in a professional, courteous, and responsible manner with all activities
  (PP: R3.1.2, R3.1.3; PCT: R1.1.4; IM: R4.3.1)

- Perform a reflective and honest midpoint and final self-evaluation
  (PCT: R1.1.1)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
8:00 AM to 6:00 PM
As patient care requires, the above listed times may vary.

Required meetings
Daily meetings with preceptor in AM
ID Case Conference (Wednesdays; 1-2PM)
ID Fellows' Conferences (Thursdays: 8:15-9:15AM)

Required presentations
As requested by team

ROTATION PRECEPTOR(S)
John A. Bosso, Pharm.D.
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Phone – 792-8501 (Office)
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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). The preceptor and resident will review the resident's customized plan and the learning experience introduction document on the first day of rotation. Feedback will include, but not be limited to, verbal and written mid-point and end of rotation evaluations.