

ROTATION DESCRIPTION

ROTATION TITLE

Nephrology (PGY1)

PURPOSE

The purpose of the nephrology ward service rotation is to allow the PGY-1 resident to develop pharmacotherapeutic skills in the identification and resolution of drug therapy problems in an acute care patient population. In doing so, the resident will develop a baseline comfort with acute care issues in patients with end stage renal disease, acute renal failure, and chronic kidney disease and will begin to assume responsibility for patient care and positive drug therapy outcomes.

LEARNING EXPERIENCE DESCRIPTION

The nephrology rotation should serve as a foundation for future hospital and ambulatory experiences in that it encompasses a wide array of acute and chronic kidney disease states as well as internal medicine disease states. Acute dialysis care is also a primary focus of the service.

The typical day begins with preparation for attending rounds which commence promptly at 9:30 am, and last roughly 2-3 hours. The service typically has a census of around 10-15 patients. The patient problem lists and work up of new admissions, along with literature retrieval/evaluation occurs commonly between the commencement of rounds to 3 pm daily. Then the resident meets with the preceptor for afternoon rounds discussing patients. This is then followed by topic discussions or a primary literature journal article review on topics pertinent to direct patient care (Appendix A). 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

- Provide comprehensive clinical monitoring for patients on the nephrology service. This includes, but is not limited to: pharmacokinetic monitoring of appropriate medications, identifying and managing drug-drug and drug-disease interactions, and ensuring appropriate dosing (for age, renal and hepatic function, and patient response) of all medication.
(PGY1: R1.4.1; R2.4.1; R2.4.2; R2.4.3; R2.6.1; R2.6.2; R2.7.1; R5.1.3; PCT: R1.1.1; R1.3.2; R2.4.1; R2.4.2; R2.4.3; R2.6.1; R2.6.2; R2.7.1; R3.1.2; R3.1.3; R7.4.1)
- Promote patient specific drug therapy for all patient problems. Provide alternative therapies or plans in case of patient failure or intolerance. Assess drug therapy to determine the appropriateness of drug, dose, dosage regimen, route/method of administration, regimen, compliance, therapeutic duplications, therapeutic outcomes, cost, compliance with our organization's policies and procedures, and the avoidance of adverse drug reactions and negative interactions.
(PGY1: R2.4.1; R2.4.2; R2.4.3; R2.9.1, PCT: R1.1.1; R2.4.1; R2.4.2; R2.4.3; R2.9.1; R2.11.1; R2.13.2)

- Interpret and apply the medical literature as a means of providing patient-specific drug information to health care providers, and provide both formal and informal education to patients, nurses and physicians regarding drug therapy.
(PGY1: R2.1.1; PCT: R1.1.4; R1.3.1; R2.1.1; R2.8.2; R2.12.2)
- Obtain from the patient a working database, which should include the patient's significant past medical and medication history, and an assessment of current problems. Prepare and maintain a monitoring system appropriate for the renal patient population to aid the pharmacist in making drug therapy recommendations.
(PGY1: R2.4.1, R2.4.3, R2.7.1; R2.8.1; PCT: R2.7.1; R2.8.1)
- Specify pharmacotherapeutic goals for patients that consider patient-, age-, disease- and drug-specific information and ethical considerations for various disease states.
(PGY1: R2.6.1; R2.6.2; R2.8.1; R2.10.1 PCT: R2.8.1; R2.10.1)
- Design therapeutic regimens to achieve the pharmacotherapeutic goals of specific patients.
(PGY1: R2.6.2; R2.8.1; R2.10.1; PCT: R2.7.1; R2.8.1; R2.10.1; R2.11.1; R2.11.2)
- Effectively recommend a pharmacotherapeutic regimen to prescribers and patients in a way that is systematic, logical and secures consensus from the medical team.
(PGY1: R2.1.1; R2.8.1; PCT: R2.1.1; R2.8.1)
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors.
(PGY1: R2.7.1; R2.8.1; R2.10.1; PCT: 2.8.1; R2.10.1; R2.11.1; R2.11.2)
- Ensure continuity of pharmaceutical care to and from the acute setting.
(PGY1: R2.1.1; PCT: R2.1.1; 2.8.2; 2.10.5; R2.12.1)
- Discuss the patient's drug therapy with the patient and assess understanding of the therapies.
(PGY1 2.9.2; PCT: R2.3.1; R2.9.2; 2.10.4)
- Evaluate the use and benefit of chronic medications.
(PGY1: R2.4.1; R2.4.2; R2.4.3; PCT: R2.4.1; R2.4.2; R2.4.3)
- Document clinical activities performed by the resident for the month in eMEDS®.
(PCT: R2.12.2; R2.13.2; R7.4.1)
- Report 2 ADR's for the month in the patient safety network (PSN).
(PCT: R2.4.2; R2.12.2)
- Provide concise, applicable, and timely responses to requests for drug information from your preceptor, team members, nursing staff and other health care workers.
(PGY1: R2.1.1; PCT: R1.3.1; 2.1.1; R3.1.2)
- Develop effective time management strategies.
(PGY1: R2.1.1; R2.2.1; PCT: R2.1.1; R2.2.1; R7.4.1)

- One to two times per week a topic discussion will be led by the resident following afternoon rounds [decided at the onset of each week by the resident and preceptor]. (PGY1: 5.1.3)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours

7:30 AM to 5 PM

As patient care requires, the above listed times may vary.

Required meetings

- Daily nephrology ward service multidisciplinary rounds (mornings)
- Daily pharmacy preceptor rounds (afternoons)
- Nephrology conference (Tuesday, Wednesday and Thursday at noon when appropriate)
- Pharmacy Internal Medicine Group Journal Club (TBA)
- Medical Grand Rounds (Tuesday am) when appropriate
- Pharmacy Resident Seminar (Mondays at 1:00 pm)
- Resident RITE Conference (Fridays at 12:00 pm)
- Others: To be determined by preceptor

Required presentations

1-2 small presentations to the nephrology team or nursing staff on a topic to be decided by the resident and the preceptor

Required readings

Please see syllabus of mandatory and suggested readings to be shared with the resident on the first day of the rotation.

ROTATION PRECEPTOR

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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.

Appendix A

Topics to be Reviewed during the Nephrology Rotation

- ❑ Acute kidney injury
- ❑ Chronic kidney disease (CKD)
- ❑ End stage renal disease (ESRD)
- ❑ Cardiovascular disease in patients with CKD
- ❑ Diabetes management in patients with CKD
- ❑ Diabetic nephropathy
- ❑ Drug-induced renal damage
- ❑ Renal replacement therapy (Peritoneal Dialysis[PD], Continuous Renal Replacement Therapy [CRRT], Hemodialysis [HD])
- ❑ Peritonitis in the PD patient
- ❑ Anemia of CKD
- ❑ Iron Deficiency
- ❑ Renal osteodystrophy and secondary hyperparathyroidism
- ❑ Transplant nephrology
- ❑ Immune-mediated Renal Diseases
- ❑ Metabolic and Nutrition Issues in Patients with CKD/ ESRD