

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

Digestive Diseases ICU/Nutrition Support (PGY1)

### **PURPOSE**

The purpose of this critical care medicine rotation is to allow the PGY-1 resident to develop pharmacotherapeutic skills in the identification and resolution of medication therapy problems in a critically ill patient population. In doing so, the resident will develop a baseline comfort with critical care issues and will begin to assume responsibility for patient care, positive medication therapy outcomes, and work with dietitians to provide optimal nutritional management.

### **LEARNING EXPERIENCE DESCRIPTION**

The Digestive Diseases Intensive Care Unit (DDICU)/Nutrition Support rotation should serve as a foundation for future hospital and ambulatory experiences in that it encompasses a wide variety of therapeutic issues and demands.

The DDICU is an 11-bed, closed unit which includes both medical and surgical patients. A typical day begins with preparation for attending rounds which usually begin at 8 am daily and last anywhere from two to four hours. After rounds, the resident is expected to work up new admissions, prepare patient problem lists, and perform literature searches and evaluations. The resident will meet with the preceptor on a daily basis for teaching rounds and multiple times during the week for topic discussions.

### **LEARNING EXPERIENCE ACTIVITIES**

- Develop a daily routine that emphasizes direct patient-care activities. Be aware of changes in patient condition each day. Develop ability to incorporate appropriate interpretation of primary literature and patient data into a daily plan that maximizes appropriate pharmaceutical care to the critically ill patient.  
(R2.4.1; R2.4.2; R2.4.3; R2.6.1; R2.6.2; R2.7.1)
  
- Generate and maintain patient-specific databases/flowsheets that contain all necessary data for making drug therapy recommendations.  
(R1.4.1; R2.7.1; R2.8.1)
  
- Evaluate patient's drug therapy each day to determine the appropriateness of drug, dose, dosage regimen, route/method of administration, regimen, compliance, therapeutic duplications, therapeutic outcomes, cost and the avoidance of adverse drug reactions and negative interactions.  
(R2.4.1; R2.4.2; R2.4.3)
  
- Set pharmacotherapeutic goals for patients that take into consideration patient-, age-, disease- and drug-specific information and ethical considerations for various disease states using the most current evidence-based sources.  
(R2.6.1; R2.6.2; R2.8.1; R2.9.1; R2.10.1; R2.10.2)
  
- Effectively make recommendations to prescribers in a way that is systematic, logical and secures consensus from the medical team.

(R2.1.1; R2.8.1)

- Design and maintain monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors.

(R2.8.1; R2.9.1)

- Ensure continuity of pharmaceutical care as patients are admitted to the MICU and are transferred to different levels of care throughout the medical center.

(R2.11.1; R2.11.2)

- Evaluate the use and benefit of patient's home chronic medications, current list of medications initiated in the hospital, and possible future medication regimens (based on the five rights, allergies, drug-drug interactions, etc.) using a customized plan.

(R2.4.1; R2.4.2; R2.4.3)

- Documentation of clinical activities performed by the resident (minimum of 25/week) and 2 ADR's reported for the month in Horizon Meds Manager<sup>®</sup> (HMM).

(R2.8.1)

- Assure compliance to MUSC Medical Center policies and procedures for drug use evaluation guidelines and formulary restricted drugs.

(R2.9.1)

- Assess patients daily for negative drug interactions. Report interactions to preceptor, medical team, and in appropriate tracking software (ie. Patient Safety Net).

(R2.4.1; R2.4.2; R2.4.3)

- Provide concise and timely responses to drug information requests from your preceptor, medical team members and nursing staff.

(R2.1.1)

- Provide in-service education to physicians, nurses and other clinical practitioners as topics of interest arise.

(R5.1.3)

- Develop effective time management strategies by balancing variable patient census with additional residency responsibilities.

(R2.1.1)

- Two to three times per week a topic discussion will be led by the resident following afternoon bedside rounds [decided at the onset of each week by the resident and preceptor].

(R5.1.3)

- Participate in medical emergencies (maydays).

(E5.1.1)

- Act in a professional, courteous, and respectful manner in all situations. (R1.3.1; E3.1.1; E3.1.2; E3.1.3; E3.1.4)

## **REQUIREMENTS OF LEARNING EXPERIENCE**

### **Required hours**

6:00 AM to 6:00 PM

### **Required meetings**

Daily teaching rounds with preceptor

Nutrition Support Team rounds at noon at least two days per week

Resident Interactive Teaching Experience every Friday at noon

Resident Seminar every Monday at 1 pm

### **Required presentations**

1-2 small presentations to the DDICU team on a topic to be decided by the resident and preceptor

1-2 small presentation to the nutrition support team on a topic to be decided by the resident and preceptor

### **Required readings**

Please see Appendix of topic discussions. Readings will be based off the topics listed and suggested readings will be shared with the resident on the first day of rotation.

## **ROTATION PRECEPTOR(S)**

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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**

### **Topics to be reviewed during DDICU/Nutrition Support Rotation**

- Acid-Base Problem Solving
- Mechanical Ventilation
- Hemodynamic Monitoring & Shock, Sepsis, Sepsis Syndrome, SIRS with the Use of Vasopressors/Inotropes
- The Appropriate Use of Antimicrobials (Dosing, Protocols, Resistance Issues)
- Fluid/Electrolytes
- Sedation, Analgesia, and Neuromuscular Blockade in the ICU Patient
- ICU Delirium
- Nutrition in the Critically Ill Patient
- Cardiac Arrhythmias
- Acute Renal Failure (dialysis modalities, drug dosing)
- Antithrombotic Treatments in the ICU & Important Drug Interactions
- Acute and Chronic Pancreatitis
- Acute and Chronic Liver Failure
- Complications of Gastric Bypass Surgery
- Complications of Gastric Endoscopy