

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

Digestive Diseases Intensive Care Unit/GI Surgery/Nutrition Support (PGY2)

### **PURPOSE**

The purpose of this rotation is to allow the resident to become an expert in all aspects of critical care medicine. To that end, the resident will develop and refine advanced pharmacotherapeutic skills in the identification and resolution of medication therapy problems in the critically ill and surgery patient populations. In doing so, the resident must assume complete responsibility for patient care and assure positive drug therapy outcomes as well as optimal nutritional management.

### **LEARNING EXPERIENCE DESCRIPTION**

The Digestive Diseases Intensive Care Unit (DDICU)/GI Surgery/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. The GI Surgery service includes a variable number of patients (approximately 15 to 30) and most patients are floor status. During afternoon hours, the resident is expected to follow up on medication issues related to patients on this service.

### **LEARNING EXPERIENCE ACTIVITIES**

- Devise efficient strategies for one's own direct patient-care activities, which incorporate appropriate interpretation of primary literature and patient data that maximizes the delivery of appropriate pharmaceutical care to the critically ill patients.  
(CC: R2.4.1; R2.4.2; R2.4.3; R2.5.1; R2.5.2; PCT: R2.4.1; R2.4.2; R2.4.3; R2.6.1; R2.6.2; R2.7.1; IM: R2.4.2; R2.4.3; TX: R2.5.1; R2.5.2; R2.5.3; R2.7.1; R2.8.1)
- Generate patient-specific databases that meet the pharmacist's needs for making drug therapy recommendations.  
(CC: R2.7.1; PCT: R2.7.1; R2.8.1; IM: R2.8.1; TX: 2.8.1)
- Appraise patient's drug therapy 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.  
(CC: R2.4.1; R2.4.2; R2.4.3; PCT: R2.4.1; R2.4.2; R2.4.3; IM: R2.4.2; R2.4.3; TX: R2.5.1; R2.5.2; R2.5.3)

- Specify pharmacotherapeutic goals for patients that consider patient-, age-, disease- and drug-specific information and ethical considerations for various disease states.  
(CC: R2.5.1; R2.8.1; R2.8.2; R2.9.1; PCT: R2.8.1; R2.10.1; IM: R2.8.1; TX: R2.7.1; R2.7.2; R2.8.1)
- Design therapeutic regimens to achieve the pharmacotherapeutic goals of specific patients.  
(CC: R2.5.2; R2.7.1; R2.8.1; R2.9.2; R2.9.3; PCT: R2.7.1; R2.8.1; R2.10.1; IM: R2.8.1; TX: R2.8.1)
- Effectively recommend a pharmacotherapeutic regimen to prescribers and patients in a way that is systematic, logical and secures consensus from the medical team.  
(CC: R2.1.1; R2.7.1; PCT: R2.1.1; R2.8.1; IM: R2.8.1; TX: R2.10.1; R2.10.2)
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors.  
(CC: R2.7.1; R2.8.1; PCT: 2.8.1; R2.10.1; IM: R2.8.1; TX: R2.8.1; R2.10.1; R2.10.2; R2.11.1; R2.11.2)
- Ensure continuity of pharmaceutical care to and from the acute setting.  
(CC: R2.10.1; PCT: R2.12.1; IM: R2.5.2; R2.11.1; TX: R2.12.1; R2.12.2)
- Evaluate the use and benefit of chronic medications.  
(CC: R2.4.1; R2.4.2; R2.4.3; PCT: R2.4.1; R2.4.2; R2.4.3; IM: R2.4.2; R2.4.3; TX: R2.5.2; R2.5.3)
- 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).  
(CC: R2.11.1; PCT: R2.13.2; R3.2.6; IM: R2.12.1; R2.12.2; TX: R2.13.1; R2.13.2)
- Assure compliance to institutional policies and procedures for drug use evaluation guidelines and restricted drugs.  
(CC: R2.9.1; E1.3.1; E1.3.2; PCT: R2.10.1; R2.13.1; R3.2.6; TX: R3.1.1)
- Assess, manage and report negative drug interactions.  
(CC: R2.4.3; R2.9.1; PCT: R2.4.2; R3.2.6; IM: R2.4.2; R2.4.3; TX: TX: R2.5.1; R2.10.1; R2.10.2)
- Provide concise, applicable, and timely responses to requests for drug information from your preceptor, team members, nursing staff and other health care workers.  
(CC: R2.1.1; R3.1.1; R3.1.5; E2.1.1; PCT: R3.1.1; R4.1.1; IM: R2.1.1; TX: R1.3.1; R1.3.2; R1.3.3; R1.3.4; R1.3.5; R1.3.6; R1.3.7; R1.3.8)

- Provide in-service education to physicians, nurses and other clinical practitioners. (CC: R3.1.1; R3.1.4; R3.1.5; E5.2.1; PCT: R4.1.1; IM: R2.1.1; ONC: R1.2, R4.1; PCT: R3.1, R4.1; TX: R1.3.1; R1.3.2; R1.3.3; R1.3.4; R1.3.5; R1.3.6; R1.3.7; R1.3.8)
- Develop effective time management strategies. (CC: R2.2.1; R2.4.4; PCT: R2.2.1; IM: R2.2.1; TX: R2.3.1)
- 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]. (CC: R.3.1.1; PCT: R4.1.1; IM: R3.1.1; TX: R5.1.1)

## **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/GI Surgery/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
- Abdominal Compartment Syndrome
- Ileus
- Fistulas
- Inflammatory Bowel Disease