ROTATION DESCRIPTION

ROTATION TITLE
Medical Intensive Care Unit (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 drug therapy problems in a critically ill patient population. In doing so, the resident must assume complete responsibility for patient care and assure positive drug therapy outcomes.

LEARNING EXPERIENCE DESCRIPTION
The Medical Intensive Care Unit (MICU) rotation should serve as a foundation for future hospital and ambulatory experiences in that it encompasses a wide variety of therapeutic issues and demands in treating the critically ill patient.

The typical day begins with preparation for attending rounds which commence promptly at 8 am, and last roughly 3 hours. The service is typically more intense in the MICU with a census of around 15-20 patients. The patient problem lists and work up of new admissions, along with literature retrieval/evaluation occurs commonly between 11 am - 3 pm daily. Then the resident meets with the preceptor for afternoon rounds discussing either all patients or 1-2 major problem patients. This if then followed by topic discussions or a primary literature journal article review on topics pertinent to direct patient care. 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
- Develop practice leadership attributes through interactions with medical, nursing, and pharmacy staff as well as patients and their representatives.
  (CC: R1.1.3; R1.2.1; R1.3.1; R1.3.3; E3.1.1; E3.1.2; E3.1.3; E3.1.4; PCT: R1.1.1; R1.1.4; R1.3.1; R1.3.2; TX R2.2.1; R4.1.1; R4.1.2; R4.1.4; R4.1.5; R4.2.1; R4.2.2)

- 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.
  (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: R2.2.1; R2.5.1; R2.5.2; R2.5.3; R2.7.1; R2.8.1; R3.2.2; R3.2.3)

- Generate and maintain patient-specific databases/flowsheets that contain all necessary data for making drug therapy recommendations.
  (CC: R2.7.1; PCT: R2.7.1; R2.8.1; IM: R2.8.1; TX: 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
(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)

- Set pharmacotherapeutic goals for patients that take into consideration 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 each MICU patient.
(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; R4.3.2; TX: R2.8.1)

- Effectively make recommendations to prescribers 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; E1.3.1; E1.3.2; IM: R2.8.1; TX: R2.10.1)

- Design and maintain 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; R2.11.1; R2.11.2; IM: R2.8.1; TX: R2.8.1; R2.10.1; R2.11.1; R2.11.2)

- Ensure continuity of pharmaceutical care as patients are admitted to the MICU and are transferred to different levels of care throughout the medical center.
(CC: R2.10.1; PCT: R2.12.1; IM: R2.5.2; R2.11.1; TX: R2.12.1)

- Evaluate the use and benefit of patient's home chronic medications, current list of medications intiated in the hospital, and possible future medication regimens (based on the five rights, allergies, drug-drug interactions, etc.) using a customized plan.
(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® (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; R3.2.1)

- Assure compliance to MUSC Medical Center policies and procedures for drug use evaluation guidelines and formulary restricted drugs.
(CC: R2.9.1; E1.3.1; E1.3.2; PCT: R2.10.1; R2.13.1; R3.2.6; IM: R6.1.3; TX: R3.1.1)

- Assess patients daily for negative drug interactions. Report interactions to preceptor, medical team, and in appropriate tracking software (ie. Patient Safety Net).
(CC: R2.4.3; R2.9.1; PCT: R2.4.2; R3.2.6; IM: R1.3.1; R2.4.2; R2.4.3; TX: R2.5.1; R2.10.1)

- Provide concise and timely responses to drug information requests from your preceptor, medical team members and nursing staff.
(CC: R2.1.1; R3.1.1; R3.1.5; E2.1.1; E2.1.2; E2.1.3; E2.1.4; E2.1.5; E2.1.6; E2.1.7; PCT: R3.1.1; R3.1.9; R3.1.11; IM: R1.4.1; 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 as topics of interest arise.
(CC: R3.1.1; R3.1.2; R3.1.3; R3.1.4; R.3.1.5; IM: R2.1.1; 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 by balancing variable patient census with additional residency responsibilities.
(CC: R2.2.1; R2.4.4; PCT: R2.2.1; IM: R2.2.1; TX: R2.3.1; R4.1.3)

- Participate in medical emergencies (maydays).
(CC: R5.1.1; IM: E3.1.1)

- 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].
(CC: R.3.1.1; IM: R3.1.3)

- Act in a professional, courteous, and respectful manner in all situations.
(CC: 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
As patient care requires, the above listed times may vary.

Required meetings
Daily meetings with preceptor in am and pm
Pulmonary conference – Monday's and Friday's – 12 noon
MICU Multidisciplinary rounds – 11:30 am Wednesday's

Required presentations
1-2 short presentations to the MICU team on a topic to be decided by the resident and the preceptor

Required readings
Please see the preceptor for suggested readings to be shared with the resident during the rotation on a case-by-case/topic discussion basis.

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.