ROTATION DESCRIPTION

ROTATION TITLE
Pulmonary (PGY1)

PURPOSE
The purpose of this acute care rotation is to increase the PGY-1 resident's knowledge of pulmonary disease states and their appropriate medication management. It will also give the PGY-1 resident the opportunity to improve their confidence in identifying pharmacotherapy issues and communicating their recommendations to the medical team. Additionally, the residents will provide education to the physicians, nurses, and students on service with them. The residents will also counsel the patients on service regarding their medication therapies.

LEARNING EXPERIENCE DESCRIPTION
The pulmonary ward service will allow the residents to gain experience in a wide variety of pulmonary disease states.

The typical day begins with the resident preparing for formal attending rounds which begin at 9:30 am and last roughly 3 hours. Prior to rounds the resident should have completely worked up the patient (includes looking at labs, cultures, medication administration record, and medication reconciliation). The average census is 12 to 14 patients. After rounds the resident will follow up on labs and cultures, create problem lists for each patient, and counsel patients as needed. In addition, the residents will use afternoon time to meet with the preceptor to discuss patient care issues and have formalized topic discussions. There will be between 6-8 formalized discussions each month (Appendix A) where the resident should be well prepared to discuss the topic selected. The resident should provide feedback to the preceptor if there are questions regarding orientation, patient care, or discussion topics. In addition, the resident should suggest areas of improvement for the rotation at the end of the month.

LEARNING EXPERIENCE ACTIVITIES
- Utilize a monitoring system to collect all pertinent data that will be needed to make appropriate medication management recommendations
  (R.2.4.1; R.2.4.2; R2.4.3)

- Review each patient's pharmacotherapy regimen daily to assess the appropriateness of each medication including reviewing indication, dosage, drug interactions, and patient specific factors such as age and liver/renal dysfunction (R1.4.1; R2.4.2)

- Create drug therapy regimens to help meet patient specific pharmacotherapy goals (R2.6.1; R2.6.2)

- Develop a monitoring plan for each medication that the patient is receiving and adjust therapies as needed
  (R2.4.2; R2.7.1; R2.10.1; R2.10.2)

- Create a problem list for each patient to be presented in a clear and organized manner to the preceptor

- Communicate recommendations/pertinent patient information to other health care professionals in an effective manner
  (R2.1.1; R2.8.1; R2.11.1; R2.11.2)

- Effectively perform medication histories and provide discharge counseling as needed to patients
  (R2.9.2)

- Evaluate the medicine literature and utilize evidence-based treatment guidelines for each of the disease states encountered
  (R.2.6.1; R2.6.2; R2.7.1)

- Provide a 15-20 minute in-service to the pulmonary team on a medication management related topic
  (R5.1.3)

- Follow hospital policies and procedures in regard to medication management (R2.9.1)
- Provide drug therapy recommendations and assist in medication preparation during medical emergencies
  (E5.1.1)
- Lead six to eight topic discussions with the preceptor and students – topics to be determined at the beginning of the rotation
  (R5.1.3)

- Utilize effective time-management strategies to complete all rotation related activities on time
  (R2.11.2)

- Document a minimum of 25 patient care interventions a week in the HMM system. Document adverse drug reactions/medication errors in Patient Safety Net.

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

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
7:00 AM to 5:30 PM
As patient care requires, the above listed times may vary.

Required meetings
Daily meeting with preceptor in am and pm
Pulmonary Conference, Mondays and Fridays (if no RITE) at noon

Internal Medicine Journal Club, 1st and 2nd Wednesday of the month at 3pm
Resident Interactive Teaching Experience, Fridays at noon
Resident Seminar, Mondays at 1pm

Required presentations
One 15 minute presentations to Pulmonary House Staff on topic of your choice

Required readings
Please see Appendix A of suggested topics to be shared with the resident

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:
Potential topics to be reviewed during Pulmonary Rotation:

- Acid/Base
- Pulmonary function testing
- Cystic fibrosis
- Pulmonary hypertension
- The spectrum of aspergillis
- Pulmonary embolism – acute and chronic treatment
- Asthma – acute and chronic care
- COPD – acute and chronic care
- Sarcoidosis
- The appropriate use of antimicrobials
- Pneumonia (CAP, HAP, HCAP)
- Bronchiectasis
- Pneumothorax
- Empyema
- Palliative care