

ROTATION DESCRIPTION

Rotation Title: Outpatient Transplant – Ambulatory Care

Site Description:

The Medical University of South Carolina Medical Center performed over 200 abdominal organ transplants in 2005. This clinical practice site will provide the pharmacy resident or student with the opportunity to develop the advanced patient-care management skills necessary to care for the complex medical issues associated with adult and pediatric transplant recipients. Outpatient transplant pharmacists provide medication education, disease-state management recommendations, and intervene to optimize the monitoring and medication adjustments necessary to provide long-term care in this patient population.

Upon successful completion of this rotation, the pharmacy student or resident should be able to:

- Understand the role of the pharmacist on a multidisciplinary team
- Communicate effectively with patients and other members of the multidisciplinary transplant team
- Effectively manage and monitor the care of outpatient transplant recipients
- Design patient care plans that provide optimal pharmacotherapy while accounting for disease-specific factors
- Ensure continuity of care from the outpatient ambulatory clinic to inpatient admission
- Critically evaluate transplant and ambulatory care literature to provide evidenced-based pharmacotherapy recommendations
- Document pharmaceutical care activities
- Describe the etiology and pathophysiology of common diseases that lead to end-stage kidney and liver disease necessitating transplantation
- Explain the specific pharmacotherapy requirements for solid organ transplant recipients and provide an outline of common drug-drug and disease-drug interactions
- Describe the pathophysiology and management of the following conditions:
 - Acute/chronic renal failure
 - Renal transplantation
 - Fulminant/chronic liver failure
 - Liver transplantation
 - Small bowel transplantation
 - Infections in the immunocompromised patients
 - Medical Complications in the immunocompromised patients

Rotation Preceptors:

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Rotation Responsibilities:

- The primary objective is to provide comprehensive clinical pharmacy services for outpatient transplant patients
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RLS Objective(s)	Resident Responsibilities
R 1.4	Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.
R 2.1	As appropriate, establish collaborative professional relationships with members of the health care team.
R2.4	Collect and analyze patient information.
R2.6	Design evidence-based therapeutics regimens.
R 2.7	Design evidence-based monitoring plans.
R2.8	Recommend or communicate regimens and monitoring plans.
R2.9	Implement regimens and monitoring plans.
R2.10	Evaluate patients' progress and redesign regimens and monitoring plans.
R2.11	Communicate ongoing patient information.
R2.12	Document direct patient care activities appropriately.
R5.1	Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

Activities:

Expected hours: 8 AM to 5:30PM, these times may vary depending on patient census and service requirements

Required meetings: Critical Care Journal Club, Transplant Surgery Journal Club, Ambulatory Care Group Pharmacotherapy Discussions and Bar and Grill (see www.musc.edu/amcare), Objective, Structured Clinical Exam (OSCEs), Transplant Patient Care Conferences, Other required College of Pharmacy Conferences

Required presentations: Transplant Discussion Group, Ambulatory Care Journal Club, Ambulatory Care Group Bar and Grill, OSCEs, patient case presentation at the end of the rotation to the transplant pharmacy staff

Required reading: Appropriate transplant and ambulatory care related readings will be assigned

Other: Transplant clinic project

Method of Evaluation:

Evaluation of students will be based on the P4 Acute Care Rotation Evaluation form.

Evaluation of residents will be based on the Resident Learning System. The RPD will identify the specific goals and objectives on which the resident will be evaluated and will give the evaluation form to the preceptor and resident by the first day of the rotation. The individualized evaluation tool will be reviewed by the resident and preceptor to guide the learning experiences of the resident within the scope of the service and required patient care. MONTHLY RLS WILL BE ATTACHED.

R 1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.

OBJ R1.4.1 (Characterization)
Display initiative in preventing, identifying, and resolving pharmacy-related patient-care problems.

R 2.1: As appropriate, establish collaborative professional relationships with members of the health care team.

OBJ R2.1.1 (Synthesis)
Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams

R2.4: Collect and analyze patient information.

OBJ R2.4.1 (Analysis)
Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team

OBJ R2.4.2 (Analysis)
Determine the presence of any of the following medication therapy problems in a patient's current medication therapy:

1. Medication used with no medical indication
2. Patient has medical conditions for which there is no medication prescribed
3. Medication prescribed inappropriately for a particular medical condition
4. Immunization regimen is incomplete
5. Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration)
6. There is therapeutic duplication
7. Medication to which the patient is allergic has been prescribed
8. There are adverse drug or device-related events or potential for such events
9. There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions
10. Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others
11. Patient not receiving full benefit of prescribed medication therapy
12. There are problems arising from the financial impact of medication therapy on the patient
13. Patient lacks understanding of medication therapy
14. Patient not adhering to medication regimen

OBJ R2.4.3 (Analysis)
Using an organized collection of patient-specific information, summarize patients' health care needs.

R2.6: Design evidence-based therapeutics regimens.

OBJ R2.6.1 (Synthesis)
Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations

OBJ R2.6.2 (Synthesis)
Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles

R 2.7: Design evidence-based monitoring plans.	
	<p>OBJ R2.7.1 (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.</p>
R2.8: Recommend or communicate regimens and monitoring plans.	
	<p>OBJ R2.8.1 (Application) Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient</p>
R2.9: Implement regimens and monitoring plans.	
	<p>OBJ R2.9.1 (Application) When appropriate, initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan for a patient according to the organization's policies and procedures.</p>
	<p>OBJ R2.9.2 (Application) Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.</p>
R2.10: Evaluate patients' progress and redesign regimens and monitoring plans.	
	<p>OBJ R2.10.1 (Evaluation) Accurately assess the patient's progress toward the therapeutic goal(s)</p>
	<p>OBJ R2.10.2 (Synthesis) Redesign a patient-centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.</p>
R2.11: Communicate ongoing patient information.	
	<p>OBJ R2.11.1 (Application) When given a patient who is transitioning from one health care setting to another, communicate pertinent pharmacotherapeutic information to the receiving health care professionals.</p>
R2.12: Document direct patient care activities appropriately.	
	<p>OBJ R2.12.1 (Analysis) Appropriately select direct patient-care activities for documentation.</p>
	<p>OBJ R2.12.2 (Application) Use effective communication practices when documenting a direct patient-care activity.</p>
R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.	
	<p>OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).</p>