MOUNT SINAI HOSPITAL

PHARMACY DEPARTMENT

Hospital Pharmacy Residency Program (PGY1)

 Geriatric Medicine: Service Commitment

**Rotation Preceptor**:  Sharon See, Pharm.D., BCPS, FCCP

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**Rotation Website:** www.[drsharonsee.com](http://facpub.stjohns.edu/~sees/FMsite/index.shtm)

**Description of Rotation**:

This is a 4-6 week experiential rotation is on the MACE service with the Dept. of Geriatrics at Mount Sinai Hospital. MACE is a specialized, interdisciplinary service that includes an attending geriatrician, geriatrics fellow, nurse coordinator, pharmacist and social worker providing state-of-the-art care for frail elderly patients who are hospitalized with acute illnesses and complex needs. Other members include pharmacy and medical students. This experience is intended to expose the pharmacy resident to various aspects of clinical pharmacy practice and principles of geriatric medicine in the inpatient hospital setting. Under the direct guidance of Dr. See, the resident will help optimize drug therapy in our MACE patients using evidence based medicine and excellent drug information skills. They will conduct patient-specific assessments, evaluate patient drug therapy regimens, identify and resolve drug related problems, select drug therapy regimens, prospectively monitor therapy, and provide patient and health professional education.

**Disease States/Topics:**

The resident will gain proficiency in the following areas through literature review, topic discussion, and/or direct patient care experience including but not limited to:

1. Delirium
2. Dementia
3. Hazards of Hospitalization
4. Beer’s List
5. Cardiovascular-ACS, MI, Atrial Fibrillation, HTN, heart failure
6. Endocrine-Inpatient glycemic control
7. Anticoagulation-DVT/PE
8. ID-osteomyelitis, HIV, HAP, CAP, skin/soft tissue infections, UTI

5. Psych- depression, anxiety

6. Renal-Renal failure

**Resident Learning Goals & Activities**:

|  |  |
| --- | --- |
| **R1.1** | **In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process** |
|   | R1.1.1 | Interact effectively with health care teams to manage patients’ medication therapy* Introduce self to team, provide cell phone number for drug related problems, drug information questions
 | Applying |
|   | R1.1.2 | Interact effectively with patients, family members, and caregivers* Provide medication counseling to patient and/or family members, caregivers
 | Applying |
|   | R1.1.3 | Collect information on which to base safe and effective medication therapy* Resident will use PRISM, the medical record, medication reconciliation, and other pertinent information to learn all aspects of the patient’s medications and medical conditions. Before making any assessments they will be sure they have reviewed all available information.
 | Analyzing |
|   | R1.1.4 | Analyze and assess information on which to base safe and effective medication therapy* Monitor and review patient therapy for efficacy, appropriateness of therapy, and drug related problems for **all** patients on the family medicine service. Discuss pharmaceutical care plans with preceptor using organized patient monitoring sheets and verbal discussions with preceptor. Communicate recommendations to the team.
 | Analyzing |
|   | R1.1.5 | Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)* Answer patient-specific drug information questions resulting from rounds, patient contacts or assigned readings. Documentation: Submit drug information responses with references to preceptor or provider when applicable. After discussion with preceptor enter drug information responses into the pharmacy department database.
 | Creating |
|   | R1.1.6 | Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions* Follow up on interventions made the following day via monitoring labs, vital signs on PRISM
 | Applying |
|   | R1.1.7 | Document direct patient care activities appropriately in the medical record or where appropriate* Obtain drug histories by calling pharmacies and documenting in EPIC as a medication reconciliation pharmacotherapy note. Documentation: Write pharmacotherapy note in EPIC for drug histories, drug related problems
* Document all interventions in iVENT
 | Applying |
|   | R1.1.8 | Demonstrate responsibility to patients* Prioritize patient care where appropriate above journal club or case presentations.
 | Applying |
| **R1.2** | **Ensure continuity of care during patient transitions between care settings** |
|   | R1.2.1 | Manage transitions of care effectively* Ensure discharge medications are clear and communicated to the patient
* Call patient’s pharmacy prior to discharge to ensure availability of medications especially opiates, enoxaparin.
 | Applying |
| *Advancing Practice and Improving Patient Care* |
| **R2.1** | **Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization** |
|   | R2.1.1 | Prepare a drug class review, monograph, treatment guideline, or protocol* Create drug class review, monograph, treatment guideline, or protocol when appropriate for family medicine team
 | Creating |
|   | R2.1.4 | Participate in medication event reporting and monitoring* Report cases of adverse drug reactions. Documentation: Log ADRs in MERS.
 | Applying |
| *Leadership and Management* |
| **R3.1** | **Demonstrate leadership skills** |
|   | R3.1.1 | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership* Collaborate daily with MACE team. Be proactive! Ask team how you can help them from a pharmacy perspective. Mentor and be a role model for Pharm.D. students
 | Applying |
|   | R3.1.2 | Apply a process of on-going self-evaluation and personal performance improvement* Maintain and discuss weekly reflection of learning objectives, areas of improvement
 | Applying |
| R3.2 | Demonstrate management skills |
|   | R3.2.4 | Manages one’s own practice effectively* Maintain organized patient monitoring system
* Answer drug info questions in timely manner
* Manage patient care duties along with precepting, mentoring Pharm.D. students
 | Applying |
| *Teaching, Education, and Dissemination of Knowledge* |
| **R4.1** | **Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)** |
|   | R4.1.1 | Design effective educational activities* Review disease state topics with Pharm.D. students
* Delegate drug information questions to Pharm.D. students as they arise
* Provide in-services to MACE team on medication related topics when appropriate
 | Applying |
|   | R4.1.2 | Use effective presentation and teaching skills to deliver education* Provide in-services using bulleted, one page handouts with or without tables/charts when appropriate
 | Applying |
|   | R4.1.3 | Use effective written communication to disseminate knowledge* Write summaries of answers to drug information questions for distribution to MACE team when appropriate
 | Applying |
|   | R4.1.4 | Appropriately assess effectiveness of education* Complete self evaluation, pre and post rotation reflection, preceptor evaluation
 | Applying |
| **R4.2** | **Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals** |
|   | R4.2.1 | When engaged in teaching, select a preceptor role that meets learners’ educational needs* Daily interaction with pharmacy students and Dr.See
 | Analyzing |
|   | R4.2.2 | Effectively employ preceptor roles, as appropriate* Co-precept St. John’s University College of Pharmacy students under supervision of Dr. See
* Serve as junior faculty member
* Assess journal clubs, case presentations, student performance
 | Applying |

At least one goal must be selected for evaluation.

**Resident requirements:**

1. Attendance and participation in daily medical rounds with MACE team.
2. Review journals and pertinent literature relevant to adult medicine Documentation: Journal club presentation and/or conduct discussions with preceptor, students when appropriate
3. Provide in-service lecture(s) to pharmacy students, nursing staff, or medical team when requested. Documentation: Submit outline and lecture handouts
4. Attend all departmental and interdepartmental educational functions including lectures, grand rounds, and journal clubs. Documentation: As per preceptor
5. Document all interventions, ADRs, in-services, drug information questions in IVENT and MERS system.

**Preceptor Interaction:**

8am-9am: Pre-rounding, chart check

9am to 12noon: Rounds with interdisciplinary MACE/Concurrent team (with preceptor on most days)

Afternoons: F/U patient care issues, meet with preceptor and Pharm.D. students for journal clubs, case presentations, geriatric and pharmacy didactics

**Communication:**

A. Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.

B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.

C. Cureatr app. The MACE team communicates with each other using the Cureatr app. Please register and obtain log in and pw.

D. Office extension: #43815 For urgent questions pertaining to patient care.

E. Personal phone number: Provided to resident at time of learning experience for emergency/patient care issues.

**Expected progression of resident responsibility on this learning experience:**

Weeks 1-4: Respond to Drug Information Questions with appropriate documentation in a timely manner

Day 1:Orientation: EPIC, meet team, schedule, expectations, contract; Pick up 1-2 new patients; Watch hierarchy of medication video (on my website)

Week 1: Resident is expected to work up new admissions and focus on CrCl, Drug Dosing, Med Recs. Complete readings on Geriatric syndromes (on website)

Week 2: Resident is expected to know all patients on the MACE/Concurrent service and be prepared to discuss cases with preceptor and students. Resident is able to assess appropriateness of medications.

Week 3-4: Resident is expected to work independently and give in-services to the MACE/Concurrent team; lead disease state/case discussions with preceptor and students; assume more responsibility on rounds and takes on the role of a junior faculty member; continue to work on all aspects of medication hierarchy.

**Evaluation:**

* Residents will be evaluated on their interactions with the multidisciplinary team, professionalism and professional growth, daily presentation of patients, topic discussions, journal club/case presentation, their mentoring of pharmacy students and feedback from MACE team members.
* The preceptor will provide ongoing verbal feedback to the resident throughout the rotation including an oral midpoint evaluation.
* At the end of the rotation:
	+ Preceptor will complete the evaluation of the resident using PharmAcademic
	+ Resident will complete self-evaluation using PharmAcademic
	+ Resident will complete an evaluation of the preceptor and rotation experience in PharmAcademic