ROTATION DESCRIPTION

ROTATION TITLE
Integrated Practice Rotation (PGY1, PCT)

PURPOSE
The purpose of the Integrated Practice Rotation (IPR) is for residents to gain an understanding of generalized pharmacy practice including technology, systems, and workflow and to develop the clinical knowledge necessary to competently oversee a broad range of patient populations and clinical initiatives within the pharmacy department of a large academic medical center. During this rotation, residents are expected to provide patient-care services within the department’s team-based pharmacy practice setting. The resident will be exposed to and expected to perform a variety of roles and responsibilities of a pharmacist practicing in this model. This may include, but is not limited to, the following: attending and actively participating in patient-care rounds with the multi-professional team, performing order review and verification for assigned patients, participating in risk-stratified disease state monitoring and other program-oriented services (e.g., anticoagulation, therapeutic drug monitoring, medication reconciliation, nutrition support and discharge counseling), performing duties related to medication distribution in the inpatient pharmacy, supervising pharmacy technicians, providing drug information and education, participating in patient safety initiatives, or performing any other functions expected of a pharmacist within their assigned teams.

LEARNING EXPERIENCE DESCRIPTION
This learning experience (2 months) is required for all PGY1 residents and will take place in one of the MUSC Medical Center hospitals – University Hospital, Ashley River Tower (ART), MUSC Children’s Hospital, or Institute of Psychiatry. Residents will be required to work 40 hours per week (Sunday through Saturday) during this rotation and will scheduled in a manner similar to clinical pharmacists by the coordinator/PIC of the respective pharmacy. Although pharmacist shifts vary depending on location, the resident can expect to work 8- or 10-hour shifts between the hours of 06:00 and 23:00. Shifts may include evenings, weekends, and holidays. The resident will not have additional staffing requirements during this rotation but may need to attend team meetings, work on projects, or complete other residency duties as needed.

This learning experience will take place in 2 one-month blocks, one month in the Fall and one month in the Spring. During the first month, the resident will build upon skills learned during orientation. Residents will be provided with an operational pharmacist training checklist that must be completed by the end of the first month. This is in addition to the clinical pharmacist training checklist that is completed during orientation. The second month will allow the resident to solidify his/her expertise as a general clinician and will facilitate growth as an independent practitioner. During this rotation, the resident will be responsible for performing the roles and responsibilities of a pharmacist practicing within the department’s team-based pharmacy practice initiative (as described above). Formal topic discussions will occur throughout the month. All interventions by the resident will be documented using pharmacy electronic databases. The resident will
also be responsible for completing other required documentation (e.g., therapeutic attachments) as designated in the orientation checklist. The resident should provide prompt feedback to the preceptor of topics not being properly explained and areas of improvement for the preceptor/team.

**LEARNING EXPERIENCE ACTIVITIES**
The following activities are required during the Integrated Practice Rotation for PGY1 residents. Activities directly related to Residency Learning System (RLS) objectives evaluated on this rotation are noted.

**OBJ R1.3.1** - Interpret the appropriateness of a medication order before preparing or permitting the distribution of the first dose.

- The resident will participate in the medication order verification process, which will require utilization of a variety of tools including, but not limited to MUSC Guidelines for Continuous Infusions, IV push Chart, Formulary, patient specific parameters including labs, microbiology, vital signs, age, sex, height, and weight, MUSC policies pertaining to medication administration, and order writing.

**OBJ R1.3.2** - Follow the organization's policies and procedures to maintain the accuracy of the patient’s medication profile.

- The resident will participate in clinical programs such as Medication Reconciliation and daily medication profile review.

**OBJ R1.3.3** - Prepare medication using appropriate techniques and following the organization's policies and procedures.

- The resident will work independently in the inpatient pharmacy areas, and will prepare medications as needed.

**OBJ R1.3.4** - Dispense medication products following the organization's policies and procedures.

- The resident will work independently in the inpatient pharmacy areas, and will dispense medications as needed.

**OBJ R3.1.1** - Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.

- The resident will complete a pre-rotation and post-rotation self-evaluation. The resident will have a midpoint evaluation to identify areas of opportunity and strengths.
- The resident will prepare a topic discussion in an area of needed improvement.
- The resident will participate in topic discussions, attend seminar and RITE sessions.
OBJ R3.1.3 - Act ethically in the conduct of all job-related activities

- The resident will be involved in decisions when providing patient care that may require ethical decisions including end-of-life discussions, compliance with Do Not Resuscitate orders, and providing care in accordance with family or patient requests.

OBJ R2.12.1 - Appropriately select direct patient-care activities for monitoring and documentation.

- The resident will participate in the clinical programs including, but not limited to anticoagulation (UHF, LMWH, warfarin, dabigatran, DTIs) monitoring, pharmacokinetics monitoring (aminoglycosides, vancomycin, and others as applicable), medication histories (medication reconciliation), patient counseling, and will document these activities as required.
- Other items for documentation may include, but are not limited to interventions made on patient-care rounds or when reviewing medication profiles and/or orders, conversions from non-formulary to formulary alternatives, dose adjustments, and order clarifications.

OBJ E5.1.1 - Exercise skill as a team member in the management of medical emergencies as exhibited by certification in the American Heart Association Advanced Cardiac Life Support and, if applicable, Pediatric Advanced Life Support.

- The resident will respond to Rapid Sequence Intubations on the patient care floors and will also respond to May Day pages house-wide.

OBJ R1.2.1 - When presented with a real or hypothetical drug shortage, identify appropriate alternative medications.

- Drug Shortages and recalls occur frequently and often impact options for treatment. The resident will be exposed to the processes implemented for handling drug shortages, and determining alternative therapies.

OBJ R1.2.1 - When the needs of a particular patient warrant, determine if a non-formulary medication should be considered for therapy

- The resident will be trained in how to evaluate a non-formulary medication request, and be given the necessary tools to either convert to a formulary alternative or to begin therapy with a non-formulary agent.

OBJ R1.1.1 - Explain aspects of the preparation, distribution, and administration of medications unique to the patient population you are serving.

- The resident will become familiar with the medication-use cycle in the area in which they work.
OBJ R3.2.2 - Determine appropriate activities and documentation required to meet accreditation, legal, regulatory, and safety requirements for pharmacy.

- The resident will participate in topic discussions and complete readings regarding state and national regulations including, but not limited to USP 797, South Carolina Board of Pharmacy requirements, CMS Core Measures, and the Joint Commission medication management and patient safety regulations.

OBJ R1.5.6 – Provide appropriate responses to drug information questions that require the pharmacist to draw upon his or her knowledge base.

- The resident will interact with healthcare providers who request drug information, and the resident will need to utilize their experiences, knowledge, and literature searching skills to provide answers.

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

- Throughout the rotation, the resident will need to identify a method for establishing a relationship with healthcare providers that lends to a cooperative effort to provide care to patients.
- The resident will participate in a variety of types of patient care rounds throughout the rotation.

OBJ R2.2.1 – Choose and manage daily activities so they reflect a priority on the delivery of appropriate patient-centered care to each patient.

- The resident will be a member of the clinical pharmacist team, and will participate on a variety of pharmacy interdisciplinary care teams, as well as work in the inpatient pharmacy where they will have to prioritize their daily activities to provide care to patients.
- As a clinical pharmacist, the resident will have assigned responsibilities as well as patient care activities that will come up throughout the day. The resident will have to develop a method for prioritizing these patient care activities and will need to put these before their other residency requirements. Additional time will be allotted on their days off to complete other residency requirements.

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
Residents will be required to work 40 hours per week (Sunday through Saturday) during this rotation. The exact hours will depend on which shift the resident is scheduled to work, with pharmacist shifts varying depending on location. In general, the resident can expect to work 8- or 10-hour shifts between the hours of 06:00 and 23:00. Residents will
not be responsible for working overnight shifts. Residents will be scheduled to work a minimum of one weekend and a maximum of 2 weekends per month. A schedule will be provided at least 2 weeks in advance of starting this rotation. The resident will not have additional staffing requirements during this rotation. With the exception of required meetings, residents are not expected to be in the hospital on their days off. Because of this, residents will not be given additional project time during this rotation. If a resident needs to take days of sick leave, the resident must follow the appropriate procedures as outlined in the Residency Manual. If the resident calls in sick during a weekend or holiday shift, the resident must arrange to make up this time.

**Required meetings**
Regular meetings with preceptor
Monthly PGY1 meeting
Academician Preparation Program (APP) Seminar Series (for those residents participating in the program): schedule to be determined by APP Coordinator each Fall
Journal Club: schedule variable based on which Journal Club resident attends
Pharmacy Resident Seminar: Monday, 1:00 PM – 2:00 PM
Pharmacy RITE/Resident Discussion Series: Friday, 12:00 PM – 1:00 PM
Any other learning opportunity designated by the RPD or preceptor (e.g., Medicine Team Teaching)

*Residents are expected to attend required meetings (e.g., Seminar and RITE) even if these meetings do not fall within their scheduled shift. If possible, the resident should arrange to call in remotely for required meetings to minimize time away from the rotation.

**Required presentations**
In-service presentation (may be presented at monthly pharmacy staff meeting)

**Required readings**
As determined by individual preceptor

**ROTATION PRECEPTOR(S)**
*University Hospital*

*Ashley River Tower (ART)*

*MUSC Children’s Hospital*

*Institute of Psychiatry*

**METHOD OF EVALUATION**
Evaluation of residents will be based on the Residency Learning System (RLS) goals and objectives assigned by the Residency Program Director (RPD) in ResiTrak. The preceptor and resident will review the resident’s customized plan and the learning
experience introduction document (available in ResiTrak) on the first day of rotation. Feedback will include, but not be limited to, verbal and written formative mid-point and summative end-of-rotation evaluations. The resident will also complete a self-evaluation as well as evaluate the preceptor and the learning experience.