



**Infectious Diseases Learning Experience:**

**Preceptor: Serina Tart, PharmD**

**Infectious Diseases Pharmacist Specialist**

**Antibiotic Stewardship Program (ASP) Coordinator**

**Office: Cape Fear Valley Medical Center, M4 Satellite**

1. **General Description**

The Infectious Diseases rotation is a required rotation at Cape Fear Valley Medical Center. The resident will work closely with the ID physicians and the ID Clinical Pharmacist/Antimicrobial Stewardship Program Coordinator. The goal of antimicrobial stewardship is to optimize antimicrobial therapy while minimizing antimicrobial resistance and adverse drug events. Up to 50% of antibiotic use is estimated to be unnecessary or incorrectly prescribed. Complications of inappropriate antibiotic prescribing include *Clostridium difficile* infection and development of antibiotic resistant organisms.

The antimicrobial stewardship clinical pharmacist is responsible for reviewing all intravenous antibiotics active on day three of administration. Antimicrobials are reviewed for appropriate drug, duration and route based upon chart review and laboratory results. The TheraDoc® data mining program from Premier is utilized to help identify agents for review based on duplications in coverage, duration of therapy, and bug-drug mismatches. Therapy interventions are left as recommendations written in the progress notes of the electronic chart. Interventions are reviewed the following day for acceptance and those outcomes are documented in the TheraDoc® system. Intervention outcomes and antibiotic use are reported quarterly to the ASP committee which functions as a subcommittee of P&T. This committee is also responsible for the antimicrobial formulary, both reviewing new agents and controlling use of current agents through a restriction process. The ASP pharmacist also works closely with the microbiology lab and infection prevention to monitor infection rates.

The pharmacy resident will be assigned patients to monitor and review daily for opportunities to optimize antimicrobial regimens. The resident will provide recommendations to improve antimicrobial therapies by leaving a note to providers in the progress notes section of the paper chart. Documentation of recommendation outcomes should be done within 48 hours in the TheraDoc® program. The resident will be responsible for writing an educational newsletter distributed electronically to providers. The resident will attend the bi-weekly infection prevention and control team meetings. The resident must be prepared to discuss assigned therapeutic discussion material and answer drug information questions as they arise during the rotation. If time permits, the resident will round with the ID consult service and participate in the outpatient HIV clinic.

Good written and verbal communication skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. **Disease States**

Common disease states the resident will be expected to gain proficiency in through literature review, topic discussions, and/or direct patient care experience including but not limited to:

1. Urinary tract infections (UTI)
2. Pneumonia
	1. CAP
	2. HAP
	3. HCAP
	4. VAP
3. Skin and soft tissue infections (SSTI)
4. Bone and joint infections
5. Central line associated blood stream infections (CLABSI)
6. Complicated intra-abdominal infections (cIAI)
7. Endocarditis
8. Meningitis
9. Clostridium difficile
10. **Goals and Objectives**

The goals selected to be taught and evaluated during this learning experience include:

R1.1.1 Interact effectively with health care teams to manage patients’ medication therapy

R1.1.3 Collect information on which to base safe and effective medication therapy

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate

R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement

1. **Preceptor Interaction**

Daily: 7:00am Obtain patient list and review plan for the day with preceptor

 10:30am Review patient specific data and recommendations for antibiotic therapy

 1:00pm Topic discussions, daily wrap up, feedback sessions

**5) Communication:**

1. Daily scheduled meeting times as listed above
2. E-mail: residents are expected to check email at least daily. This is appropriate for routine, non-patient related communication.
3. Office extension, cell phone or text: Appropriate for urgent questions pertaining to patient care, personal communication related to rotation

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

***(Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)***

Day 1: Preceptor will review the ID learning activities, rotation calendar, expectations and learning assignments with the resident.

Week 1: Resident will work up approximately ¼ of the ASP patients and present to preceptor daily. Preceptor will round with the resident and review any recommendations or orders written in the chart.

Week 2-3: Resident will work up approximately 1/3 to 1/2 of the ASP patients and present to preceptor daily. Resident will round on their own, writing progress note recommendations and bringing those back to the preceptor for review.

Week 4: Resident will work up approximately ¾ to all of the ASP patients and discuss patients and recommendations with preceptor daily. Resident is now working independently as the ASP pharmacist.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the midpoint performance evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | Midpoint |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |