



**Cardiology Learning Experience:**

**Preceptor: Dustin Bryan, PharmD, BCPS**

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**Hours: 7am – 3:30pm, Monday - Friday**

1. **General Description**

The Cardiology Rotation is a clinical elective four week learning experience offered at Cape Fear Valley Medical Center. Cape Fear Valley houses a Heart and Vascular Center located in the Valley Pavilion tower. Outside of the Heart and Vascular Center, Cape Fear Valley has an 11 Bed Cardiac Surgery Intensive Care Unit and two Cardiac Surgery operating rooms. The hospital also possesses 30 other ICU beds which may receive cardiac patients. Private practice cardiologists and their mid level practitioners offer cardiac care within the hospital setting. The institution currently employs 2 cardiac surgeons within a hospital owned surgery practice. Other health care professionals that impact care of cardiac patients include but are not limited to nurses, pharmacists, respiratory technicians, registered dieticians, physical and occupational therapists, radiology imaging personnel, and case managers/social workers.

The satellite pharmacist is responsible for providing pharmaceutical care to patients housed on the CPCU (chest pain care unit), CVRU (cardiovascular recovery unit), 3VPS (3 Valley Pavilion South – progressive care unit, ICU stepdown), and CSICU (cardiac surgery intensive care unit). Activities include MUE, medication order entry, verification of computerized physician order entry, participation in multidisciplinary rounds, drug allergy assessment, pharmacokinetic dosing of target medications, renal dosing of target medications, drug interaction assessment, adverse drug reaction monitoring and reporting, order duplication monitoring, IV to PO protocol conversions, patient own medication identification and monitoring, medication cycle issue resolution, and providing drug information to health care professionals. In addition, the pharmacist will provide training to pharmacy students, newly hired pharmacists, and pharmacy residents as assigned.

The pharmacy resident is responsible for providing pharmaceutical care to patients housed in the same nursing units as listed for the pharmacist above. Activities for the resident include but are not limited to pharmacokinetic dosing, anticoagulation dosing and monitoring, therapeutic drug regimen review, participating in multidisciplinary rounds, HQI, patient counseling (when feasible) and rounding with licensed independent practitioners. The resident will have the opportunity to view cardiac procedures/surgeries. When scheduled, the pharmacy resident will also precept pharmacy students as assigned.

Strong communication and interpersonal skills are required for this rotation. In addition, efficient work flow management will be critical to a successful completion of this rotation.

1. **Disease States**

Disease states that the resident will be expected to achieve proficiency in by topic discussion, literature review, guideline study, and patient care include but are not limited to:

1. Hypertension
2. Atrial fibrillation
3. Acute Coronary Syndromes
4. Thromboembolic Disease Management
5. Dyslipidemia
6. Heart Failure
7. **Goals and Objectives**

The goals and objectives that will be educated and evaluated are as follows:

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.

R1.2.1: Manage transitions of care effectively

1. **Preceptor Interaction**

Daily: 7:00am-3:30pm

Resident may be assigned to activities outside of the pharmacy satellite. As the preceptor may work additional shifts necessitating days off during the week, the resident may be assigned to staff the pharmacy satellite independently or with another pharmacist depending on the pharmacy resident’s progress. Final evaluation – last day of rotation.

**5) Communication:**

1. Face to face interaction each morning at beginning of the work day.
2. Email should be checked by pharmacy resident at the beginning, middle, and end of shift at a minimum for ongoing communication.
3. Satellite extension/preceptor pager for urgent communication needs.
4. Personal phone number will be provided at the beginning of the rotation
5. **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: Review of schedule, expectations, goals, and assignments

Week 1: Focus on PTD/Renal dosing. Perform order entry as able. Review disease state and guidelines as assigned.

Week 2: Complete PTD/Renal dosing, order entry, disease state/guideline review as assigned. Potential for shadowing/observation/rounding opportunities. Guideline presentation.

Week 3: Complete PTD/Renal dosing, order entry, patient medication profile reviews, report review, disease state/guideline review as assigned. Potential for shadowing/observation/rounding opportunities.

Week 4: Complete PTD/Renal dosing, order entry, report review, disease state/guideline review as assigned. Potential for shadowing/observation/rounding opportunities. Case or topic presentation.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete 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 |
| 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 |