



**Nephrology Learning Experience:**

**Preceptor: Susan Canady, PharmD**

**Nephrology/Surgical Decentral Pharmacist**

**Office: Cape Fear Valley Health**

1. **General Description**

The nephrology rotation is one of the elective options that may be selected as part of the PGYI residency. The rotation is a 4 week learning experience that will be appropriately scheduled within the 12 month residency program. The resident will be exposed to both inpatient and outpatient hemodialysis, and will observe patient-physician interaction in both of these settings.

The nephrology pharmacist is responsible for entering physician orders, monitoring patient profiles for appropriate renal dosing, and performing pharmaceutical dosing on medications upon the physician’s request. They actively participate in daily multidisciplinary rounds with others members of the healthcare team, and they provide drug information to nurses and physicians.

The resident will communicate daily with the VMA hospitalist covering the nephrology unit and actively participate in therapeutic decision making for patients on the nephrology service. The resident will review patient profiles for appropriateness of drug dosing and will become proficient in adjusting medication regimens in the renal population. In addition, the resident will provide pharmaceutical care by obtaining accurate medication histories, addressing drug information inquiries by physicians and nurses, attending multidisciplinary rounds, providing pertinent educational in services for unit staff, and offering discharge medication counseling to patients and their caregivers. They will independently manage the pharmacy department renal report, and will make adjustments to medication regimens if necessary. If scheduling allows, the resident will round with nephrologists in both the inpatient and outpatient settings.

Excellent communication skills are essential to success during this rotation, as residents will speak daily with members of the healthcare team. Good time management skills will be required to complete rotation responsibilities and projects.

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:

a. Acute Renal Failure

b. Chronic Renal Failure

c. Hypertension

d. Diabetes

e. Anemia

f. Hyperphosphatemia

g. Hypocalcemia

h. Hemodialysis

i. Peritoneal Dialysis

1. **Goals and Objectives**

The goals selected to be taught and evaluated during the Internal Medicine I learning experience include:

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’ 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

1. **Preceptor Interaction**

Daily: 7:30am Review pertinent data for vancomycin and other pharmacy-to-dose patients and make dose adjustments if needed. Evaluate renal report.

8:00am Pre-round on patients in preparation for multidisciplinary rounds.

 9:30am Observe in hemodialysis unit as patients complete their treatments and ensure that antibiotics and other medications are given appropriately.

 11:00am Meet with preceptor and discuss daily goals and ongoing assignments and projects. Communicate with physicians concerning patient specific matters. Make therapy changes based on renal report evaluation.

1:00pm Actively participate in multidisciplinary rounds and make recommendations and/or interventions as appropriate to facilitate patient discharge.

2:00pm Document recommendations and/or interventions made during rounds.

2:30pm Project time/reading time as needed.

**5) Communication:**

A resident schedule will be provided at the beginning of the rotation and will be updated as necessary.

1. Daily scheduled meeting times as listed above.
2. Constant contact with preceptor as office space is shared.
3. Email: Residents should check email daily for routine communication, schedule revisions, and other non-patient related interactions.
4. Office extension, personal cell phone or text: Residents will be able to contact preceptor for urgent patient matters or other communication related to the rotation.

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

Day 1: Preceptor will orient the resident to the rotation site, provide a tentative schedule, and review the goals and objectives for the rotation. Specific assignments and projects will be discussed at this time, and resident input will be incorporated as much as possible to ensure a meaningful learning experience.

Week 1: Preceptor will introduce resident to multidisciplinary rounds, and will assist resident in reviewing patient profiles. Observe daily interdisciplinary rounds and begin to investigate educational needs of nursing staff for mini- presentations later in the rotation. The resident will receive instruction on managing the pharmacy department renal report and the pharmacy-to-dose roster and will discuss findings daily with preceptor.

Weeks 2-3: Continue to round with multidisciplinary team, and begin to make recommendations during rounds. The resident should be an active participant in the discussion of patients during rounds. Resident will independently manage the pharmacy department renal report. Research and preparation begins for nursing mini-presentations to be given during the final two weeks of the rotation.

Week 4: Resident continues to round with multidisciplinary team, and will be the pharmacy representative during daily multidisciplinary rounds. Resident will round with nephrologists in both the inpatient and outpatient settings, if scheduling allows. Educational presentations are completed, and rotation projects are concluded.

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 |