

Welcome to
Acute Care Preceptors Conference
October 27th 2009



UC San Diego
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AND PHARMACEUTICAL SCIENCES

Agenda

- Welcome
- Follow up from last conference
- Online training opportunities via SSPPS website
- Therapeutics
- Best practice in acute care series
- Hospital operations
- Open table discussions
- Wrap Up

Therapeutics



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Therapeutics Series

- Three cumulative courses (fall, winter, spring)
- During the third year
- On therapeutic management of disease
- Around 120 lectures
- Around 25 conferences
- Many volunteer faculty are involved

Goal of Therapeutics Series (and other core courses)

- Prepare students for the 4th year
- Students should know:
 - The pathophysiology of major disease states
 - The pharmacology of drugs used to treat these disease states
 - Critically analyze the decision process
 - Create and implement therapeutic plans
 - Individualized plan
 - Therapeutic monitoring
 - Toxic monitoring

Other Core Courses

- Laboratory medicine
 - Second year
- Current topics in pharmacology series
 - Concurrent with therapeutics series
 - Third year (3 quarters)
- Microbiology & infectious disease series
 - Third year (2 quarters)
- Applied pharmacoeconomics
- Etc.

General Principles

- Clinical pharmacokinetics
- Fluid and electrolyte disorders
- Acid-base disorders
- Pain management (acute and chronic)

Cardiovascular Disorders

- Dyslipidemias & coronary heart disease
- Essential hypertension; hypertensive crises
- Ischemic heart disease & myocardial infarction
- Heart failure
- Cardiac arrhythmias & pharmacokinetics
- Stroke
- Anticoagulation (PE; DVT; A-Fib)

Endocrinologic Disorders

- Diabetes Mellitus
- Adrenal gland disorders
- Thyroid disorders
- Contraception

Gastrointestinal Disorders

- Peptic ulcer disease
- Gastro-esophageal reflux disease
- Liver disease
- Drug induced liver disease
- Drug dosing in liver failure
- Parenteral nutrition

Renal Disorders

- Acute renal failure
- Chronic kidney disease
- Renal replacement therapy
 - Intermittent dialysis
 - Continuous dialysis
 - Peritoneal dialysis
- Renal and dialysis drug dosing

Psychiatric Disorders

- Attention deficit hyperactivity disorder
- Alzheimer disease
- Anxiety disorders
- Bipolar disorder & Lithium pharmacokinetics
- Depressive disorders
- Headache
- Schizophrenia
- Sleep disorders
- Substance abuse (including alcohol)

Oncologic Disorders

- Chemotherapeutic principles
- Complications of Chemotherapy
- Breast cancer
- Hodgkin's & non-Hodgkin's
- Bone marrow transplant
- Cancer pain

Other Disease States

- Anemia
- Asthma and COPD; allergic rhinitis
- BPH, ED
- Convulsive disorders, PK of anticonvulsants
- Dermatology
- Glaucoma
- Menopause
- Parkinson's disease
- Rheumatoid arthritis & osteoarthritis
- Osteoporosis
- Obesity
- Solid organ transplantation

Therapeutics conferences

- Eight groups (7 or 8 students)
- Student leaders (2 assigned per week)
- Conference facilitators (PGY1 or PGY2 residents)
 - Write two cases, reviewed by lecturer
 - Discussed during preconference
- Two patient cases per week
 - One has seen the case
 - Second case is given during the conference
- SOAP format

SOAP Format for Each Problem

- Subjective and Objectives
 - Current medications
- Assessment:
 - Etiology
 - Evaluate need for therapy, evaluate current therapy or new therapy
- Plan:
 - Recommend drug treatment, drugs to be avoided, further tests if needed
 - Goals and monitoring parameters
 - Patient education

Best Practices in Acute Care Medicine Precepting

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UCSD Medical Center

October 27, 2009

Outline

- What are best practices?
- Effective clinical preceptors
- The Alice/Kelli model
- What works/why
- Implementation

Best practice?

- A **best practice** is a technique, method, process, activity, incentive or reward that is believed to be more effective at delivering a particular outcome than any other technique, method, process, etc.
- most **efficient** (least amount of effort) and **effective** (best results) way of accomplishing a task
- best-practice is considered by some as a business buzzword used to describe the process of developing and following a standard way of doing things that multiple organizations can use
- There is, however, no practice that is best for everyone or in every situation, and no best practice remains best for very long as people keep on finding better ways of doing things

http://en.wikipedia.org/wiki/Best_practice

<http://www.businessdictionary.com/definition/best-practice.html>

The Effective Clinical Preceptor

- Basic needs of adult learners
 - Acknowledgement of past experiences and prior knowledge
 - Active involvement in learning
 - Affiliation
- Environment
 - Friendly, helpful, accepting, caring

The Effective Clinical Preceptor, 2nd edition, 2007 Department of Clinical Pharmacy, UCSF School of Pharmacy

The Effective Clinical Preceptor

- Effective and efficient precepting
 - Plan ahead and plan for the unexpected
 - Integrate teaching into the day
 - Encourage collaborative learning
 - Provide feedback

The Effective Clinical Preceptor, 2nd edition, 2007 Department of Clinical Pharmacy, UCSF School of Pharmacy

My Effective Clinical Preceptors

- TIME
- Enthusiasm
- Encouragement
- Challenge
- Intellect
- Consistency

“Alice and Kelli” Practice

- 7 on / 7 off
 - 0800 – 1930
 - Continuity
- A time for everything...
 - 0800-0900 e-mail, PK list, follow up
 - 0900-1300 satellite
 - 1300-1400 lunch
 - 1400-1630 student/clinical time
 - 1630-1930 satellite

Precepting

- 2 students
- Each student is assigned to a medicine team
- Daily responsibilities
 - Pre-rounding, rounding, follow up
 - Pharmacokinetics
 - Warfarin counseling
 - Patient presentations

Responsibilities

- Thursday afternoon presentations
 - Two disease state presentations
 - One patient case presentation (30-45 minutes)
 - One journal club presentation
- Morning Report presentation
- Quizzes/competencies

Competencies

- PK
- Warfarin
- Chemotherapy
- Antibiotics
- Anti-coagulation/digoxin loading
- TPN
- Neuro-psych

The all important calendar

- Pharmacists like structure and consistency
- Students like it even more
- 6 week calendar outlines goals for rotation
 - Quizzes
 - Topic discussions
 - Thursday presentations
- Holds *everyone* accountable

Why it works

- Team Thornton
 - We are *primary* preceptors, but not *solitary* preceptors
 - Students have their pick of pharmacists...
 - Pharmacists have their pick of students...

Why it works

- Expectations are clearly outlined up front
 - Demanding rotation
 - High expectations
- Flexibility
 - This is healthcare after all
 - Students' interests

Why it works

- Preceptors' work hours are conducive to teaching
 - Dedicated afternoon time to students, available by pager rest of day
 - On-site 365 days/year
- Students' hours are conducive to learning
 - Long days but with minimal down time and waiting around
 - *Variety of responsibilities*

How we manage

- Dynamic, yet structured
- Yes we get tired...that's why we take a week off!
- E-mail sign out at least q week
- Dinner meetings at least 2x/rotation to go over student evals together

Implementation

- Make teaching a priority
 - Dedicate time each day
 - Delegate
- Calendar
 - Simple but effective
 - Rough outline
- Competencies/quizzes
 - Consistency each block
 - Ensures everything is covered

Implementation

- Enlist support of co-workers
 - Co-precept and collaborate when possible
 - Encourage students to do the same
- Remember, we lead by example

Hospital Pharmacy Operations



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Hospital Practice Rotation

- We only have 5 sites
- 25 available spots this year
- Offered as an elective
- Future expansion
- If we can offer it to all 60 students
 - Can perhaps become a required rotation

Hospital Pharmacy Operations

- Medication management
- Information systems
- Regulatory requirements
 - Safety
 - Effectiveness
- Clinical services
- Quality assurance
- Business administration
 - Inventory control

Medication Management

- Procurement
- Prescribing/order entry
- Dispensing
- Administering
- Monitoring
- Education
- Outcomes

One of APPE Objectives

- Students will be able to understand the hospital pharmacy operations that support clinical services. These operations include but are not limited to pharmacy computer system, automated dispensing system, narcotics monitoring system, quality assurance process, aseptic technique monitoring system, and discharge medication process.

Clerkship Activities

- Students will participate in the hospital pharmacy operations as assigned by their preceptors.

Pilot Project at UCSD sites

- One of weekly conferences
 - Hospital pharmacy operations
- Students are instructed to observe various activities during their rotations
- Preceptors are encouraged to allow students to shadow a Technician/pharmacist for few hours
- We are hoping to expand to other sites

Comments and Recommendations

- Is appreciated
- Is this feasible at your site?
- How can we implement/expand to all sites by next year?
- Please let us know by next preceptors conference
- fjahansouz@ucsd.edu

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Thank You All, We Will See You
Next Time!



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