

*Best Practices in Acute Care  
Precepting at the  
Sharp Chula Vista Medical  
Center Medicine Rotation*

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# Sharp Chula Vista Medical Center (SCVMC)

- Sharp HealthCare system includes 4 acute care hospitals, 3 specialty hospitals and 2 affiliated medical groups and a number of clinics
- Sharp Chula Vista Medical Center (SCVMC) is a acute care community hospital
- SCVMC is a 343-bed hospital providing services for the San Diego South Bay area

# Sharp Chula Vista Medical Center (SCVMC)

- SCVMC is the ASHP-accredited Sharp HealthCare PGY1 Residency “home base” site with 4 residents
- APPE rotation site rotating approximately 36 students annually from a number of schools. Rotations include:
  - Acute Care Medicine (2 students/rotation)
  - Hospital Practice
  - Acute Care Surgery
  - Skilled Nursing Facility
  - Outpatient Pharmacy Practice

# *Speaker Background*

- PharmD at Thomas J. Long School of Pharmacy 2002
- Residency at USC in Primary/Ambulatory care and Teaching 2003.
- Initial Training: Disease state clinics (including DM, HTN, dyslipidemia), classroom lecture, small group therapeutic discussions to pharmacy students, and on-site precepting of students on clinical clerkship.
- Currently: inpt management of DM, cardiology and on-site precepting of students plus residents in telemetry floor

*Best Practices in Acute Care Precepting at the  
SCVMC Medicine Rotation:  
Principles*

Principle #1:

Students are overwhelmed with the amount of new information and need help focusing on a limited list of inpatient disease states and drugs.

# *Focused List: Disease State Topics*

May Include:

- CAP or HAP (MRSA or PSA)
- HF
- A Fib
- Cellulitis
- COPD
- DM

## *Focused List: Medications Covered*

May Include:

- Coumadin
- Lovenox
- Levaquin
- Rocephin or Ancef
- Vanco
- Gent/Tobra/Amikacin
- Zosyn
- Phenytoin

## *Principles (Continued)*

### Principle #2:

Create tasks that allow exposure to these disease states/drugs and give specific guidance on how to evaluate patients.

### Principle #3:

Assignments should result in improved pt safety, clinical interventions, cost savings and reduction of your workload.



# *Student Tasks & Assignments*

- **Profile Review (M & F)**
  - Pt's identified from floor by Scr > 1.4
  - Includes medication reconciliation
  
- **Drug List (Wed)**
  - Pt's identified from floor by specific med report
  - Includes ID/Antibiotic Stewardship

## *Student Tasks - Profile Review*

- Write out medication Reconciliation list and inpatient Medication list and line up with current problems in H &P (transcription) and disease states listed in progress notes.
- Comment on what to reconcile (restart) and review sigs for accuracy.
- Determine if that med/disease state is being continued/managed as an inpatient.

## *Student Tasks - Profile Review (continued)*

- Calculate CrCl on all pts with Scr > 1.4 or state if pt on HD or PD.
- Determine the SCr trend (acute/chronic/end stage kidney failure, increasing, decreasing) by reviewing transcriptions and reviewing patient chart.
- Look up necessary renal adjustments prior to discussion (i.e. CrCl ranges to adjust at)

## *Student Tasks - Profile Review (continued)*

- List major drug-drug/disease state interactions (i.e. on ACE-I and currently hyperkalemic)
- List potential conversions from IV conversions to PO after 2-3 days of tx, improvement (decr WBC, afebrile), hemodynamically stable (no pressors) and functioning GI tract.
- Provide rationale for recommendations

## *Student Tasks - Drug List*

- Understand drug's MOA and dosage info
- Determine INDICATION for drug (DVT prophylaxis?, CAP/HAP? MRSA? PSA? Treatment or prophylaxis of seizures?) and suggestions for monitoring and renal adjustment.
- Need to review and state the GUIDELINE(S) you used as a reference.

## *Student Tasks - Drug List (continued)*

- Write down INRs results for 5-7days and warfarin doses given each day.
- Calculate and evaluate corrected phenytoin levels.
- Goal Peak/Trough for that specific indication.
- List major drug-drug and drug-disease state interactions.

## *Student Tasks - Drug List (continued)*

- If adjusting antibiotics, note microbiology, urinalysis, WBC, temp and MD notes (ID consult?). Determine the appropriate dose and DOT (day # out of \_\_\_\_).
- Is this the best abx for this disease/problem? Why? List most common organisms that cause this entity. Which abxs cover each organism?

## *Principles (Continued)*

### Principle #4:

Build on previous evaluation of pt (profile review & drug list) by SOAPing focused list of disease states.

### Principle #5:

Focus on quality and not quantity of pt work-up.

### Principle #6:

Try to maintain focus on medications when students miss diagnoses and other relevant info.



## *Student Tasks & Assignments (Continued)*

- **Mini-SOAPs (Tu & F)**
  - 1 disease state presented informally to residents for feedback
- **Case-SOAPs (q2wk)**
  - Mini-SOAP's 1 disease state + 1 new disease state presented formally to main preceptor

## *SOAP Instructions: Current Problem*

- The 2 disease states are the most significant current problems of clinical relevance that are actively being treated.
- These are not necessarily the problems they were admitted for or that are stated in the ER MD dictation. Problems that the pt is being pharmacologically treated for and the appropriate exams, labs, tests have been done in order to assess.
- For example, do not choose anemia on a pt with normal H/H currently but decreased H/H during the hospital stay w/o an iron panel or iron replacement. Or HF w/o edema, EF, and BNP results.

# *SOAP Instructions: Subjective/Objective*

- **Subjective:** Symptoms the pt can express.
- **Objective:**
  - Corrected drug levels
  - Calc CrCl
  - BP + HR when HTN
  - BG + time + dose + type of insulin given when DM
  - WBC + temp + C&S + imaging when infection
  - List of meds specifically being used to tx or are closely related to disease (i.e. BG when infection, topical wound care when cellulitis)

## ***SOAP Instructions: Assessment***

- **Assessment:** YOUR analysis of the patient status not the physicians. See if it makes sense and suggest what to improve on.
  - 1. Etiology —Is it drug-related? What are the risk factors and predisposing factors? Tell me why. (i.e. obesity, noncompliance, PAD)
  - 2. Evaluate the need for drug therapy.
  - 3. Non drug therapy options and adjunctive therapies (i.e. decr alcohol intake, APAP for fever, neb tx for SOB)

## *SOAP Instructions: Assessment (Continued)*

- 4. Assess the current therapy:

Give pro and cons of med or therapeutic class; why or why not to use based on this pt's specific characteristics and contraindications. (i.e. SFU not effective when pt requiring high doses of insulin)

Do not type out MOA and guideline recommendations—this is background info incorporated into plan.

Cite the guideline (i.e. COPD—Gold, DM—ADA) and treatment goals (i.e. LDL < 100, BG < 140)

## *SOAP Instructions: Assessment (Continued)*

- Is this the best possible therapy for this pt considering guidelines, drug-disease interactions, drug-drug interactions? Reasons why this drug was chosen over all others (i.e. core measures)
- Drug of choice for the treatment of this disease or problem. (i.e anticholinergics in COPD) Why?
- List most common organisms that cause this entity. Which abxs cover each organism? Consider most effective, least SE, most narrow spectrum, cost and compliance issues.

# *SOAP Instructions: Plan*

- **Plan of Care:**
  - Including meds prior to admit, current meds and meds for future discharge (d/c, new, continue, restart meds)
  - Drugs to be avoided
  - Correct dose (based on age, wt, renal, hepatic function), frequency and DOT.

# ***SOAP Instructions: Monitoring/Education***

- **Monitoring :**
  - Labs to order that pertain to disease state, meds and that measure improvement.
  
- **Education:**
  - Patient education, compliance, lifestyle modifications, special instructions, use of medications, side effects.
  - What could be done to prevent readmission or exacerbation of the same condition? (i.e. hand washing, flu/pneumococcal vaccines)



## *Principles (Continued)*

Principle #7:

Be specific in feedback to improvement.

## *Feedback for Improvement: Examples*

*Student must sign feedback document kept by site coordinator:*

*“I understand that during my Medicine rotation at Sharp Chula Vista, I have received the following evaluation comments from my preceptors:”*

Examples of specific feedback for Improvement:

- ❑ Comes unprepared for discussion despite being advised of what to read/review/research
- ❑ Unable to answer most questions asked
- ❑ Not interested in the majority of the discussion
- ❑ Does not try to come up with answers to questions
- ❑ Indifferent about the rotation
- ❑ Does not follow up on questions within 24-48hrs or without being reminded
- ❑ Do not provide mini-soap topic by 1630 the day before (Mon/Wed)
- ❑ Knowledge base seemed limited

# *Feedback for Improvement: Examples (continued)*

Additional Examples of specific feedback for Improvement:

- ❑ Lacks respect for preceptors
- ❑ Profile review and Drug List work-up is inadequate
- ❑ Does not seem prepared when presenting patients to preceptor
- ❑ Does not review guidelines and base recommendations on guidelines or reference them accordingly
- ❑ Habit of being late
- ❑ Not motivated or proactive
- ❑ Doesn't care about the quality of work
- ❑ Has not changed despite preceptors discussing discontent

*“I agree to work on the following items and will be held accountable to make a change.”*

# *Principles*

- 1) Focus on a limited list of inpatient disease states and drugs
- 2) Create tasks that allow exposure to these disease states/drugs and give specific guidance on how to evaluate patients.
- 3) Assignments should result in improved pt safety, clinical interventions, cost savings and reduction of your workload.
- 4) Build on previous evaluation of pt SOAPing focused list of disease states.
- 5) Focus on quality and not quantity of pt work-up
- 6) Try to maintain focus on medications
- 7) Be specific in feedback to improvement