

## **Anticoagulation Clinic**

**Preceptor:** Shirley Heyob, Pharm.D., CACP

### **Description:**

The Anticoagulation Clinic rotation will be ongoing throughout the residents PGY1 experience at Dearborn County Hospital. The resident will become familiar with current guidelines and anticoagulants by reviewing the AC Forum's published guidelines for VTE management. The resident will also review the recently published NATF guidelines on the management of anticoagulation for atrial fibrillation. He or she will adjust anticoagulant doses for inpatients and also carry a patient load in the DCH Anticoagulation Clinic.

### **Activities:**

- They will enroll in the fall session of the USI's anticoagulant certificate course and complete and pass it in the 6 weeks allowed. They will be using Ansell's Managing Oral Anticoagulation Therapy among other references for this course
- They will develop various teaching methods for different patient subsets, from the knowledgeable, involved patient to the patient with limited reading skills.
- They will observe various pharmacists in the DCH Anticoagulation Clinic and become familiar with the Standing Stone program. They will develop their own strategies to best teach and serve the AC patient.
- They will be expected to develop bridging plans for interruption in anticoagulant therapy based on risks, costs and patient ability to afford and follow the bridging plan.
- They will eventually carry a patient load in the AC clinic one day every other week.
- They will be familiar with current Chest Guidelines for anticoagulation. They will know the MOA of all of the available LMWH, Heparin, DOACs and VKA that are currently available and their pharmacology, especially their metabolic pathways. They will be familiar with common coagulopathies and how they affect lab values such as INR, etc.
- They will look for ways to improve the existing AC clinic. They will review the AC Forum's Centers of Excellence program and make suggestions for changes in the clinic and the implementation of these changes.

### **Disease States:**

- VTE
- VTE prophylaxis peri-procedure
- Atrial Fibrillation
- Heart Valves
- Hypercoagulable States

## **Expectation of Residents:**

Day 1: Preceptor to review the learning description and evaluation strategy with the resident. Baseline self-assessments of the resident will be completed.

Stage One: Resident will become proficient on the use of Standing Stone and become familiar with the clinic guidelines for scheduling patients, adjusting warfarin doses, beginning therapy, etc. They will enroll in the USI Anticoagulation program and complete assignments for the course. They will observe various pharmacists in the ACC and then will be coached by them as they take over his or her own patient load. The resident will present interesting cases for discussion to their preceptors. Evaluations will be completed at the midpoint and the end of the experience.

Stage Two: Resident will continue to carry his or her own patient load in the DCH ACC clinic one day every other week. They will finish up the USI Anticoagulation program if they have not already done so. They will add to their knowledge base as different patients, problems present in the clinic. Using the AC Forum's Centers for Excellence program, the resident will brainstorm possible improvements of the AC Clinic and present the ideas to the ACC staff for discussion. They will continue to have evaluations at midpoint and at the end of the experience.

Stage Three: The resident will continue to see patients in the ACC. The resident will work with the ACC pharmacists to create a process improvement project. By the end of this stage, the resident will formally present the process improvement plan to be implemented.

Stage Four: The resident will continue to manage patients in the ACC. The resident will spend the last stage implementing the process improvement project.