

## Patient Care II

**Preceptor:** Hannah Schleicher, Pharm.D.

### **Description:**

Patient Care II is a required, 10 week learning experience at Dearborn County Hospital. The resident will continue to expand on the skills and experiences acquired in patient care I. The primary focus of patient care II is internal medicine and infectious disease. The resident will spend the majority of their time on the Med-Surg and O'Brien (general medicine) units and may follow patients in other patient care locations if applicable. Throughout patient care II, the resident will collaborate with various members of the health care team including: hospitalists, specialists, nurses, respiratory therapists, dieticians, pharmacy technicians and students to provide safe and effective pharmaceutical care.

Residents will review patient profiles daily evaluating medication regimens for appropriateness and resolving any medication related problems and/or omissions. Other routine patient care responsibilities will include: completion of pharmacy consults, therapeutic drug monitoring, anticoagulation management and discharge counseling. Residents will also provide drug information to fellow healthcare providers and provide education to patients, caregivers and staff members. In addition, residents will be introduced to the code team. Initially, residents will respond to codes in the presence of a preceptor. The preceptor will model the role of the pharmacist on the code team. As the resident gains code team experience he/she will begin serving as the pharmacist on the team. The preceptor will continue to be available to provide feedback and coaching as necessary.

### Activities:

Pharmacy Consultation and Drug Information Services  
Rounding on Internal Medicine patients  
Anticoagulation Transfer of Care  
Antimicrobial Stewardship  
Introduction to Code Team  
Topic Discussions with application to patient cases

### Disease States:

The resident is expected to gain proficiency in the disease states listed below through direct patient care experiences. Topic discussions and literature review will be used to expand the resident's knowledge of disease states. Each topic will be presented with application to a patient case, when possible. Other topics will be researched and discussed as applicable.

- Hypertension
- Diabetes mellitus
- Infectious Disease: UTI, bacteremia/endocarditis, skin and soft tissue infections, intraabdominal infections, clostridium difficile colitis
- Gastrointestinal disorders: pancreatitis, diverticulitis, ulcerative colitis
- Anticoagulation Management

### **Expectation of Residents:**

The resident will serve as the pharmacy contact and information source during rounds. He/she will be expected to know the DCH antibiotic formulary and suggest appropriate antimicrobial agents and dosing regimens for individual patients. He/she will also be expected to make appropriate medication regimen recommendations for patients with infectious diseases, cardiovascular, pulmonary, and endocrine disorders.

Day 1: The preceptor will review the learning experience description and evaluation strategy with the resident. Baseline self-assessment of the resident will be completed.

Week 1: The resident will attend patient care rounds on the Med-Surg unit. The preceptor will complete patient care rounds, modeling the duties of the clinical pharmacist, and evaluate the appropriate role to precept the student. The resident will continue to complete pharmacy consults and drug information inquiries. In addition, the resident will be required to participate in a topic discussion related to a patient case.

Week 2-3: The resident will lead patient care rounds on the Med-Surg unit. The preceptor will provide feedback and coach the resident as needed. Pharmacy consults and drug information inquiries will be completed by the resident. Each week the resident will present a patient case, referencing clinical guidelines with a topic discussion.

Week 4-6: The resident will complete patient care rounding on the Med-Surg unit independently. The preceptor will be available for questions and will facilitate the resident's progress. In addition, the resident will begin rounding on a telemetry unit. The preceptor will provide feedback and coach the resident as needed. All pharmacy consults and drug information inquiries will continue to be the responsibility of the resident. The resident will again lead a topic discussion related to a patient case each week.

Week 7-10: The resident will complete patient care rounding in various locations throughout the hospital. In addition, the resident will be responsible for pharmacy consults and drug information inquiries. The preceptor will be available for questions and will continue to facilitate the resident's progress. The resident will continue to lead a weekly topic discussion related to a patient case.