Rotation Name: General Medicine - Inpatient Acute Care

Rotation Category: General Medicine

Rotation Site:
- University of Michigan Health System
- 1500 E. Medical Center Drive, Ann Arbor, MI 48109
- [http://www.med.umich.edu/i/](http://www.med.umich.edu/i/)

Rotation Preceptor:
Students will be assigned to one of the following preceptors prior to the start of their rotation.

<table>
<thead>
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Revised May 2019.
Objectives of Rotation

The objective of the Inpatient Clinical Rotation is to give the student a thorough understanding of the role of a decentralized clinical generalist pharmacist in an academic medical center setting. The student will learn the strategies required to provide and coordinate pharmacy services within and across the system as they relate to acute care, ambulatory care and home care, with the main focus being on the acute care setting. The student will actively participate in the decision making processes that support continuity of pharmacy care across the system and assist in the coordination of management of resources within the department to accomplish tasks. Objectives of this rotation will be completed by working on assigned projects, attending rounds and participating in other patient care activities (e.g., patient education and counseling, management of anticoagulation therapy, assessment and management of medication dosing, pharmacokinetics, and parenteral nutrition) and various interdisciplinary/administrative meetings.

Rotation Site and Pharmacy Services Description

This rotation site is at the University of Michigan Hospital, part of the University of Michigan Health System (UMHS). The University of Michigan Hospital is a 990 bed facility, including 99 adult ICU beds, 40 neonatal ICU beds, 31 pediatric ICU beds, 41 maternity beds and 36 psychiatry beds. The hospital campus is comprised of University Hospital, C & W (a.k.a. “Mott”) Hospital, the Cardiovascular Center, the Cancer Center, and Taubman Center outpatient clinics. UM Hospital annually has over 44,000 inpatient discharges and completes about 17,000 inpatient surgeries. UMHS employs over 21,000 people.

The University of Michigan Department of Pharmacy Services works to support the mission, vision, values and goals of UMHS and the UM College of Pharmacy.

Mission

Revised May 2019.
The University of Michigan Department of Pharmacy Services strives to attain the highest level of services in patient care, education, and research. It is our intention to utilize available resources in an efficient manner to achieve the following goals:

- **Patient Care**: To provide rational, progressive pharmacotherapy in a safe, efficient, and compassionate manner to enhance the quality of life for all patients we serve.
- **Research**: To provide a leadership role in the evolution of knowledge through the development and support of investigations to benefit the advancement of health care.
- **Education**: To provide current and innovative pharmaceutical information and instruction to health professionals, healthcare students and the general public.

**Department of Pharmacy Services Specific Goals**

- To meet the University of Michigan Health Systems mission, vision, values, and goals.
- To assure that pharmaceutical care is of the highest quality, meeting or exceeding community and national standards.
- To identify pharmaceutical care issues, trends, and opportunities for improvement related to the systems that support that care.
- To assure that pharmaceutical care, practice and professional performance are regularly, validly, and reliably evaluated.
- To assure that procedures, methods, and systems are cost effective and demonstrate effective impact.
- To conduct research and create new knowledge related to medications and pharmacy services in patients.
- To participate in the education of pharmacy students, post-graduate pharmacists (residents and fellows), as well as other health professionals.

The Department is responsible for pharmaceutical care daily for an average inpatient population of 800 patients between the University and Mott Hospitals and the Cardiovascular Center combined. Additional services are provided to support the Emergency Department and other outpatient and clinic settings. The Inpatient Pharmacy performs a wide range of duties 24 hours per day, 7 days per week. These include but are not limited to: prescription order entry, IV dosage and filling, chemotherapy admixtures, sterile lab and bulk drug compounding and packaging, filling of unit based medication cabinets, provide drug information to physicians and nurses and participation on the Cardiac Arrest Team. The inpatient pharmacists, including clinical generalist and clinical specialist pharmacists, function as integral members of health care teams. Our pharmacists provide a variety of clinical services such as aminoglycoside and vancomycin kinetic dosing, renal dose adjustments, therapeutic interchanges, IV to PO conversion, antimicrobial management, parenteral nutrition management, and anticoagulation management. The Department also participates in many educational initiatives including the training of
pharmacy residents, pharmacy students, pharmacy technician students, and participate in our international pharmacy exchange programs.

Rotation Ability-Based Outcomes

CAPE Domain: FOUNDATIONAL KNOWLEDGE

• Describe pharmacokinetic and pharmacodynamic principles that must be considered when defining and modifying a dosage regimen in an individual patient 1.1.3
• Describe the pathophysiology and therapeutic principles required to solve therapeutic problems, provide patient-centered care, and advance population health 1.1.4
• Retrieve, analyze, and interpret scientific literature to provide drug information to patients, caregivers, and other healthcare providers 1.1.6
• Apply the tenets of professionalism and ethical behavior. 1.1.8

CAPE Domain: ESSENTIALS FOR PRACTICE AND CARE

Domain 2.1: Provide patient-centered care as the medication expert across the continuum of care (caregiver)

• Gather, organize, and interpret relevant patient specific data 2.1.1
• Identify pharmacotherapy problems 2.1.2
• Formulate and implement focused evidence-guided care plans, assessments, and recommendations based on individualized data 2.1.3
• Monitor treatment outcomes and modify therapeutic plan as needed 2.1.4

Domain 2.2: Manage patient health care needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems (manager)

• Comply with all legal, ethical, and professional standards 2.2.1.4
• Integrate technology, automation, and processes to improve medication use for the purposes of improving health outcomes for patients 2.2.2.1
• Promote efficient and cost-effective resource utilization 2.2.3.1
• Apply standards, guidelines, best practices, established processes and quality improvement strategies to optimize outcomes 2.2.3.2
• Utilize medication-use criteria, medication use review and risk reduction strategies to minimize medication misadventures 2.2.3.3

Domain 2.3: Design prevention, intervention, and educational strategies for individuals and communities to manage chronic diseases and improve health and wellness (promoter):

• Evaluate personal, social, economic, and environmental conditions to maximize health and wellness 2.3.1

Domain 2.4: Describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices (provider):

Revised May 2019.
• Explain evidence-based approaches that consider the cost, care, access, and satisfaction of targeted patient populations (e.g., institutional or managed-care recommendations for how a drug should be used)

**CAPE Domain: APPROACH TO PRACTICE AND CARE**  

**Domain 3.1: Identify problems in practice or care; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution (problem solver)**

- Identify problems related to practice or care, and systematically gather, analyze, and synthesize information using available methods and research tools to explore possible solutions
- Organize, prioritize, and defend possible solutions and choose an appropriate course of action for a practice or care problem.
- Implement and monitor a solution and assess its effectiveness (intended and unintended consequences)

**Domain 3.2: Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding (educator)**

- Select the most effective techniques/strategies to educate a given learner or audience
- Ensure instructional content contains the most current information relevant for the intended audience
- Assess audience comprehension

**Domain 3.3: Assure that patients’ best interests are represented (advocate)**

- Encourage patients to take responsibility for, and control of, their health
- Advocate for and assist patients in obtaining the resources and care required

**Domain 3.4: Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs (collaborator)**

- Communicate and collaborate effectively with patients/caregivers and other healthcare professionals to engender a team approach (interprofessional education)
- Use active listening, gather input/feedback, value diverse opinions, and foster collaboration to help build consensus and enhance team functioning.
- Demonstrate professional skills, attitudes, and values and a sense of personal responsibility to patients, patient’s agents, and other health care providers.

**Domain 3.5: Recognize social determinants of health to diminish disparities and inequities in access to quality care (includer)**

- Demonstrate an attitude that is respectful of different cultures (cultural sensitivity) and consider cultural beliefs and practices when developing health and wellness care plans
- Assess the health literacy of patients and modify communication strategies to meet their needs

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Domain 3.6: Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization (communicator, oral and written)

- Interview patients using an organized, structured, specific question technique (e.g. motivational interviewing) with medical terminology adapted for the audience 3.6.1
- Use effective interpersonal skills (verbal and nonverbal communication) to establish rapport and demonstrate empathy 3.6.2
- Communicate assertively, persuasively, confidently, and clearly 3.6.3
- Document pharmaceutical care activities and associated outcomes 3.6.4

CAPE Domain: DEMONSTRATE PERSONAL AND PROFESSIONAL DEVELOPMENT 4

Domain 4.1: Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth (self-aware)

- Identify and reflect on personal knowledge, skills, abilities, beliefs, biases, motivations, and emotions 4.1.1
- Approach tasks with a desire to learn and demonstrate a willingness to recognize, correct, and learn from errors 4.1.2
- Create, implement, evaluate, and modify plans for personal and professional development for the purpose of individual growth 4.1.3

Domain 4.4: Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society (professionalism)

- Adopt personal and professional ethical principles that place the health and safety of patients above personal gain. 4.4.1
- Display preparation, initiative, and accountability consistent with a commitment to excellence. 4.4.2

Rotation Activities

For each skill listed below, the goal is for each APPE student to achieve a level of competence consistent with entry into pharmacy practice.

Required Activities (Objectives)

- Conduct direct patient care services for individual patients on a daily basis
  - The student is assigned specific patient cases to evaluate and review on a daily basis by preceptor.
  - Student “rounds” on these patient cases daily, either by self, with preceptor, or with other members of the health care team.
  - Student collects and organizes all relevant data on the patient cases assigned.
  - Student is allowed appropriate time to evaluate data and develop self-synthesized problem list and evidence-based care plan, with problems prioritized.
  - Student presents cases to preceptor after both initial assessment as well as part of daily follow up.
• Patients are monitored daily, with student adjusting care plans as needed.
• Preceptor provides direction to stimulate student’s critical thinking regarding pharmacotherapy issues.
• Student is assigned specific readings and research tasks on relevant clinical topics to be discussed with preceptor
• Student is responsible for finding relevant literature, reading and assessing the studies and reporting these findings to the preceptor.
• Student will verbally communicate drug therapy recommendations to the health care team after discussion and approval by preceptor.
• Student will write chart notes for patient recommendations to be reviewed by preceptor. Preceptor will establish the format regarding length and content of notes.
• Outcomes of student interventions will be documented by the student as a tool for both evaluative and educational purposes.

☐ Prepare and deliver at least one formal evidence-based presentation of at least 20 minutes duration, utilizing a written handout with references included.

☐ Prepare and deliver at least one formal journal club presentation of a primary literature article, including a handout.

☐ Discuss drug therapy issues with at least 3 patients, or a delegate/caregiver of that patient as assigned by preceptor.

☐ Serve as an advocate of pharmacy by identifying themselves to the health care team and patients/families.

☐ Practice in a legal and ethical manner, following the policies of the institution as well as the Public Health Code.

☐ Model preceptors’ endeavors to remain current on literature and to engage in newly developed standards of practice.

Other Activities

1.0 Organization of Patient Care Area

In order to help prepare the student to perform and solve problems while on the patient care unit, an orientation to the structure of the area and the functions of the personnel shall occur. The student should develop expertise in the following areas:

1.1 Orientation to the patient care environment with explanation of the unit layout, including review of the training manual pertinent for that area, review of team specific files, and familiarization with resources available on the unit, including computers and texts.
1.2 Discuss the dynamics of all members of the patient care team. This includes an understanding of the different roles of the unit personnel and of the staffing structure for medical, nursing, pharmacy, and other ancillary services.

1.3 Understand the scheduling process for admissions, discharges, procedures, surgeries, and follow-up visits.

2.0 Multidisciplinary Patient Care Activities

The student shall understand the purpose of multidisciplinary patient care rounds and committee meetings and be responsible for attendance as predetermined with the preceptor. The student shall contribute to patient care by making suggestions, implementing changes, enforcing appropriate medication prescribing, and providing drug information knowledge to the members of the health care team. It is necessary to optimize all multidisciplinary opportunities for collaborative problem solving and communication.

3.0 Communication with Patients

The student shall develop communication skills in order to interact and obtain medication-related information from patients, the families, or the caregiver. Proficient communication skills will be necessary to disseminate information and provide education regarding drug therapy. These may include:

3.1 Perform medication interview for applicable patients.
3.2 Discuss drug therapy changes and provide first-dose teaching with the patient and/or family. This process also includes consideration of the ability of the patient or family to comprehend the information to be provided, and the decision to use PDM’s (Patient Drug Monographs) and other supplemental educational materials when appropriate.
3.3 Continually educate patients regarding their drug therapy during hospitalization and at the time of discharge:
   3.3.1. Provide appropriate patient counseling on patient discharge medications.
   3.3.2. Prepare and provide educational material for patients to help improve medication knowledge and patient compliance.
   3.3.3. Provide follow-up as needed.
   3.3.4. Understand the resources available for patient education (online, pamphlets).

4.0 Communication Skills Development

The student will continually develop the ability and skills necessary to effectively communicate with peers and other health care professionals. Proficiency includes verbal, written and electronic communication skills. Electronic communication (e.g.,
e-mail, paging, or ANY other form of electronic communication) should NOT be the primary form of communicating with preceptors, coworkers, or other healthcare professionals; direct communication via the phone or in person is the preferred method of communication. There may be times or situations where sending an alpha-numeric page is necessary and more efficient (e.g., to request a return phone call to discuss an issue, confirm a meeting time/location, to send short bits of information if a phone call or face-to-face meeting is not possible), but it should not routinely be used to communicate extensive information about patient care/recommendations or other important information.

**Proper etiquette, professional courtesy, and proper grammar must be used in ALL forms of communication** (see below, also refer to the section on *Academic Integrity and Professionalism*).

4.1 Medical information knowledge

4.1.1. Become familiar with medical terminology pertinent to the patient care area.

4.2 Drug information resource

4.2.1. Provide drug information to all health care professionals, including students and others in training. 
4.2.2. Display assertiveness in contacting physicians and other health care professionals when clarifying drug therapy or making recommendations.

4.3 Written communication skills

4.3.1. Develop proficiency in use of the clinical monitoring form to document interventions and therapeutic plans. 
4.3.2. Clearly document information obtained during patient interviews in the patient record. 
4.3.3. Clearly document interactions with patients, including provision of first dose teaching and assessments of compliance with medication regimens.
4.3.4. Clearly document patient discharge counseling in medical record.

4.4 Electronic communication skills

4.4.1. Students will utilize appropriate etiquette when communicating via electronic media (e-mail, paging, or any other form), this includes:
   - use of proper titles/greetings (e.g., Hello Dr. ____)
   - including only necessary information in a concise manner
always including your name and a phone number AND pager number so the recipient can return the page (e.g., ...call with any questions, thank you –Mike Kraft, PharmD 7-4568 / pgr 30115)

4.4.2. The use of “text message” language and abbreviations within professional electronic communications is NOT appropriate and shall not be used; these are unapproved abbreviations and could lead to miscommunication/misinterpretation of information.

4.4.3. E-mail communication to preceptors, coworkers, and other healthcare professionals may be used in situations when the information being sent is not time-sensitive and does not contain patient identifiers or confidential information.

4.4.3.1. If the information is time-sensitive, then the communication should take place on the phone or in person.

4.4.3.2. E-mail communication should NOT contain any patient identifiers, confidential information, or information that is private/protected by policies and procedures of UMHS.

4.4.3.3. If it cannot be done in person, then e-mail may be acceptable to send follow-up information related to a specific question, inquiry, or issue (e.g., sending articles from a literature search related to a specific drug therapy question) as long as it does not contain confidential/patient information.

5.0 Monitoring and Documenting of Drug Therapy

The student shall develop skills and techniques necessary to appropriately monitor drug therapy and document activities and completed interventions. The student shall be able to utilize and integrate this clinical information on a daily basis in order to assure optimal clinical outcomes and optimal patient care.

5.1 Assess patients’ medication therapy and update medication profiles and clinical monitoring form.
5.2 Review patient medical records.
5.3 Observe and document patient response to drug therapy.
5.4 Document all adverse drug experiences and complete the online Patient Safety Report Form (RiskPro).
5.5 Document clinically significant drug interactions.
5.6 Document clinically significant drug allergies.
5.7 Monitor appropriate patient parameters (i.e., lab values, blood pressure, temperature, blood glucose) as applicable for drug therapy and document on clinical monitoring form.
5.8 Monitor fluid therapy.
5.9 Understand and evaluate the pharmacokinetics, action, dose, and route of medications being used.
5.10 Document medication errors.
5.11 Become familiar with and understand clinical and drug use guidelines and standards of practice.
6.0 Response to Emergency Situations

The student will attend all Code Blue calls with their preceptor for designated team areas. The student shall be CPR certified and trained and observe and/or demonstrate the skills necessary during a Code Blue to prepare emergency medications and monitor drug use.

7.0 Drug Distribution Process

The student shall understand the drug distribution process as it relates to the requirements of the Joint Commission (TJC) and the American Society of Health System Pharmacists (ASHP) standards. The student shall understand drug distribution and control and the elements necessary to provide a safe and accurate system for the delivery of medication to patients. This should include:

7.1 Understand the medication-use process as described by TJC and a pharmacist’s responsibility throughout this process.
7.2 Understand and utilize the unit-dose system whenever possible.
7.3 Understand the process and procedure necessary to obtain medications through the Investigational Drug Service, through compassionate use protocols, and through special order circumstances.
7.4 Understand the appropriate process and points of contact for solving problems related to the drug distribution process.
7.5 Understand the administration of medications to patients.

8.0 Teaching/Continuing Education/Discussion Topics

The student shall participate in teaching opportunities available to improve the knowledge of others, and continually strive to enhance their own knowledge base. The student is responsible for scheduling times for discussion topics with the preceptor. The following topics will be reviewed over the course of the rotation, applied to the patients being monitored, and discussed with the rotation preceptor or other team pharmacists. Topics may be added in addition to those listed below if the student/preceptor determines a topic review is needed.

- ID and Stewardship
- Anticoagulation
- Pharmacokinetics
- Diabetes
- Cardiovascular Disease (HTN, CAD, CHF, Hyperlipidemia)
- Pain Management
- Surgical Care Improvement Project (SCIP) Initiatives
- “Effective Rounding”

*Revised May 2019.*
- Geriatric Pharmacodynamics
- HIV and Opportunistic Infections
- Renal Disease (ESRD, PD, HD)
- Gastrointestinal disorders (Crohn’s Disease, Ulcerative Colitis, Irritable Bowel Disease, GI bleeding)
- Liver Disease (Encephalopathy, Ascites, TIPS, Varices, Coagulopathy, Portal Hypertension)
- Pulmonary Disorders (Asthma, Cystic Fibrosis, COPD, Pneumonia)

8.1. Provide education to students, including pharmacy, medicine, and nursing.

8.2. Become familiar with the resource and educational materials located on the Pharmacy Homepage.

9.0 Clinical Project Coordination, Implementation, and Team Participation

9.1 Complete various patient-care related projects as requested.
9.2 Full team participation, including team meetings and staff meetings.
9.3 The student will read and complete the defined MLearning competencies.
9.4 Student is responsible for preparing a project presentation on a topic of their choice, a patient case, and a journal club and presenting these to pharmacy team members.

Patient Intervention Tracking

During WEEK 4 of all Inpatient Acute Care rotations, students are required to document information about the patients for whom they provide care. This is to ensure that, in compliance with ACPE Guidelines, students are exposed to a population that exhibits diversity in culture, medical conditions, gender and age.

Each student is required to document ALL ENCOUNTERS DURING WEEK 4 OF THEIR INPATIENT ACUTE CARE ROTATION in the Field Encounters module of CORE|ELMS (RXpreceptor). The Field Encounters must be submitted in CORE|ELMS (RXpreceptor) by Friday of Week 4. To do this, log in to CORE|ELMS (RXpreceptor) and complete the following steps:

1. Click on Field Encounters in the left-hand navigation. When the module opens, you will see the following screen that displays a list of disease state categories:
2. Click on Add beside the disease state category corresponding to the patient's primary diagnosis. This should be the diagnosis that prompted the hospital admission, the most significant diagnosis being managed by you, or the condition for which the patient is being seen by you in the ambulatory care setting. The following table should help you categorize the patient's primary diagnosis; please note that the table is not all-inclusive.

<table>
<thead>
<tr>
<th>Disease State Category</th>
<th>Examples of Diseases Within the Category</th>
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<tbody>
<tr>
<td>Behavioral/Psychiatric Disorders</td>
<td>Depression, Anxiety Disorder, Bipolar Disorder, Schizophrenia, Dementia, Attention Deficit Disorder, Substance Abuse</td>
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<tr>
<td>Cardiovascular</td>
<td>Heart Failure, Ischemic Heart Disease, Arrhythmia, Hypertension, Acute Myocardial Infarction, Dyslipidemia, Stroke/Transient Ischemic Attack, DVT/PE, CABG, Valve Disease/Replacement</td>
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<tr>
<td>Dermatologic Disorders</td>
<td>Acne, Psoriasis, Atopic Dermatitis, Pemphigus, Pityriasis Rosacea, Stevens-Johnson Syndrome</td>
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<tr>
<td>Endocrine</td>
<td>Diabetes Mellitus, Thyroid Disease</td>
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<tr>
<td>Eye Diseases</td>
<td>Glaucoma, Retinal Disease</td>
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<tr>
<td>Gastrointestinal, Nutrition</td>
<td>Nutrition, Inflammatory Bowel Disease, GERD, Liver Disease</td>
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<tr>
<td>Hematology, Oncology</td>
<td>Anemia, Malignancy/Cancer, Hematologic Disorder</td>
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<tr>
<td>Immune Disorders</td>
<td>Transplant, Immunocompromised Patient, Autoimmune Disorders</td>
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<tr>
<td>Infectious Diseases</td>
<td>Skin/Soft Tissue Infection, Antimicrobial Prophylaxis, Sexually Transmitted Disease, Tuberculosis, Urinary Tract Infection, Pneumonia, Osteomyelitis, Sepsis, Endocarditis, Diabetic Foot, HIV/AIDS, Systemic Fungal Infections</td>
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<tr>
<td>Musculoskeletal Disorders</td>
<td>Arthritis</td>
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<tr>
<td>Neurology Disorders</td>
<td>Epilepsy, Movement Disorders, Parkinson's Disease</td>
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<tr>
<td>Pain Management</td>
<td>Pain Management</td>
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<tr>
<td>Renal Diseases</td>
<td>Acute Kidney Injury, Chronic Kidney Disease, Nephrotic Syndrome, Drug Induced Kidney Injury</td>
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<tr>
<td>Respiratory</td>
<td>Asthma, COPD, Severe Allergic Rhinitis</td>
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<tr>
<td>Toxicology/Overdose</td>
<td>Specify</td>
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<td>Other</td>
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Revised May 2019.
3. When the **Add Encounter Log** page opens (see below), use the drop-down menus or free text fields, enter the Preceptor/Site, Age of the Patient, Sex of the Patient, Ethnicity of the Patient, and date of the entry.

4. In the **Comments** box, type in the following information:

   a. The primary diagnosis (e.g., anemia; diabetes; etc.)
   b. The type of Intervention you made in providing care to the patient. Interventions may include:

   - Medication added
   - Agent Changed
   - Dosage Changed
   - Route Changed
   - Medication Discontinued
   - ADR Identified/Treated/Minimize
   - Drug Interaction Identified/Minimized
   - Noncompliance Resolved
   - Medication Counseling
   - Self-Care Counseling
   - Medication History
   - Drug Information Provided
   - Medication Reconciliation
   - Other (specify)
5. Once you have completed all entries, click **Submit Log** to enter the data into the system.

**Preceptor-Student Interaction:**
Students will meet with the preceptor in the morning of the first day of rotation to discuss the orientation, receive patient assignments, and then will have the remainder of the day to work up patients, complete readings, and work on topic presentations.

The preceptor will round with students daily at the beginning of the rotation, but gradually students will be expected to round independently with teams as the month progresses. The preceptor will meet daily with students to discuss patients and topics.

Midpoint evaluations will be conducted on the Friday of the 2nd week of rotation, or Monday of the 3rd week of rotation. Final evaluations will be conducted on Thursday or Friday of the final week of rotation.

**Academic Integrity and Professionalism:**
*Academic Integrity*- Students are expected to abide by the College of Pharmacy Code of Conduct as it relates to all aspects of academic integrity.

Each student will be given a pager. If it is lost or broken due to misuse the student is required to replace it at their own expense.

*Professionalism* - Students are expected to abide by the College of Pharmacy Code of Conduct as it relates to all aspects of professionalism. This includes communication in ALL forms (verbal, written, and electronic). Students are expected to use appropriate etiquette, courtesy, and grammar in ALL interactions and forms of communication. This includes communications with (but not limited to) preceptors, pharmacy staff, colleagues, coworkers, other healthcare professionals, hospital staff, patients, families, and guests.

**Rotation Work Areas Available for Students:**
Students are welcome to work in the B2 hotel space, out on the nursing units, in the cafeteria, and from their team conference room (space permitting). Students are asked not to work from the 4th or 5th floor pharmacy break room and satellites without direct permission from their preceptor, only at limited amounts of time, and when the other areas are not an option.

**Rotation Work Hours and Absences:**
As described above, students are expected at the rotation site Monday through Friday for the hours necessary to complete patient care and the required activities. If a student will be absent, he/she must notify the preceptor as far in advance as possible (e.g., the first day of rotation). If a student is ill and will not be able to come to rotation that day, he/she must notify the preceptor as soon as possible by pager and/or e-mail. If a student has an

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emergency situation arise (e.g., family emergency), he/she must notify the preceptor as soon as possible.

When students have prior commitments or meetings (e.g., P-4 Seminar, meetings with Pharm.D. Investigations Preceptors), the student is still expected to attend rotation and complete all necessary activities. This may require coming in early, staying late, and/or returning to the rotation site after the meeting/event.

In general, students are only allowed to miss 2 days of rotation. If the student will miss more than 2 days of rotation, this must be discussed with and approved by the preceptor and the Experiential Training Office at the College of Pharmacy. ALL absences from rotation must be made up at the discretion of the preceptor, in order to meet the ACPE requirements for APPE hours. Activities to make up absences may include an additional formal presentation, or working a weekend day.
Dental Learner/Pharmacy Learner IPE Activity in a Hospital Setting

Instructions for P4 Students

Description of Activity: During the general Medicine APPE rotation at Michigan Medicine, dental learners (post-graduate general practice dental residents (GPRs), D4 dental students) and P4 pharmacy students will collaboratively interact at least once to provide patient care. These interactions are expected to occur mainly in the Hospital Dentistry Outpatient Clinic (Med Inn Building), as well as inpatient treatment rooms of the hospital, and most commonly will involve reconciliation of medication issues and shadow experience, but may also include drug information inquiries/requests, patient medication education or other medication-related patient care services.

1. P4 On-call Responsibility. Development of an on-call schedule will be facilitated by the onsite preceptor. Unless directed otherwise by the preceptor, a P4 student will be available by pager Monday-Thursday from 8 am – 5 pm and on Fridays from 8 am – 12 pm. There will be no coverage available on day 1 of each P4 APPE rotation and on any University of Michigan recognized holidays.

   **HOW TO COVER THE CONSULT/ON-CALL PAGER**
   a) From a Campus Phone, dial 6-6268; from a Non-Campus Phone, dial 734-936-6268
   b) When asked, enter the Pharmacy GPS Consult 1 pager number: #30376.
   c) You will hear: “To Change Your Status, Dial 1. To Change Your Covering, Dial 2.” Select “2”.
   d) Coverage Changes: Forwarding or un-forwarding your pager to another
   To Change Your Covering, Dial 1 - select this option to add your pager number to cover the Pharmacy GPS Consult 1 pager
   e) To Delete Your Covering, Dial 2 - select this option to remove your pager number from covering the Pharmacy GPS Consult 1 pager

2. GPRs may contact by pager (#30376) the on call P4 to request a consult.

3. **P4 STUDENTS SHOULD PAGE THE ON-CALL DENTAL RESIDENT DAILY.** The on-call P4 should page the on-call dental learner each morning of the assigned coverage simply to remind the GRP/D4, “I’m available to help with medication related issues that you may encounter with your patients today”.

   **HOW TO PAGE THE ON-CALL DENTAL LEARNER**
   The on-call dentistry resident can be identified by using the “Michigan Medicine On Call Schedule by Department” feature on the Internal Home Paging System webpage. A search by “Dentistry” will identify the pager number for the “DAY CALL RESIDENT” in Dentistry.

4. **P4 STUDENTS ARE EXPECTED TO ARRANGE A ONE-TIME, ONE-HOUR SHADOW EXPERIENCE** with the on call GPR/D4. This one-hour

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collaboration/observation session/ face-to-face interaction with the on call GPR should facilitate a meaningful working relationship between learners and help achieve the interprofessional objectives.

5. Note: Dental learners have been instructed about the activity by their faculty, should be aware that you will be contacting them, and be amenable to the consultation and interactions.

6. Following each interaction with dentistry, **P4 STUDENTS MUST DOCUMENT ALL INTERACTIONS** with dental learners using the on-line documentation form (https://docs.google.com/a/umich.edu/forms/d/e/1FAIpQLSd3csLi3hzQ-65XQdksBLg_x1yK9hhazoCwib0T7YYsE_6JBw/viewform).