



Making the Most of Day 1 APPEs

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Residency Club
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APPE rotations

1. **Why did you sign up for the rotation?** What are your expectations
 - a. For required acute care and ambulatory rotations
 - b. Elective rotations
 - c. Do you plan on doing a residency? If so, you will need great evaluations to be competitive.
2. **Are you prepared** for the challenges of the rotation?
 - a. Working with multidisciplinary teams
 - b. Interacting directly with providers
 - c. Interacting with your preceptor and multiple other pharmacists
 - d. Expect that you will work harder and put in more hours on site or reading at home than stated in the rotation description to maximize learning curve
3. **Go into the rotation with the intention of gaining insight** into the practice site as part of larger pharmacy practice (not an inclusive list)
 - a. Leadership and organizational structure
 - b. Clinical knowledge
 - c. Pharmacy initiatives
 - d. Layered learning model (pharmacist, resident, student)
 - e. Communication between pharmacists (for example, transitions of care)
 - f. Technician involvement
 - g. Pharmacy benefits, drug policy, access to medications
 - h. Guideline development
 - i. Publications, research, policy
4. **Prior to a specific rotation**
 - a. Review requirements, deadlines as stated in clerkship manual
5. **During initial few days of rotation**
 - a. Meeting with preceptor
 - i. You should supply (if applicable)
 1. Work obligations, family obligations
 2. Professional days
 - ii. Preceptor should discuss
 1. Work schedule as available
 2. Overview of when major clerkship assignments will be due
 3. Discuss how often preceptor and student will meet (should be minimum weekly)
 4. Preferred way to communicate
 5. Orientation to site and required site-specific meetings, etc

How to be successful during the rotation, with focus on acute care practice

1. Organization and time management

- a. Set specific deadlines for assignments, then keep on track and keep preceptor posted on your progress
- b. Make weekly goals and communicate with preceptor
- c. Be proactive (example: questions for clinical inquiries, required case presentation, projects)

2. Clinical knowledge base and learning curve

- a. There is no easy prep for a rotation – the 3 years preceding DPH-4 is your preparation for rotations, so learn as much as you can prior to 4th year
- b. Applying this knowledge in real time will be more difficult than you expect
 - i. Rounding in the acute care setting can be challenging (could just as easily use any other rotation example in place of “rounds”)
 1. Are you prepared for rounds?
 2. Can you give a concise and accurate post-rounds report to the staff pharmacist?
 3. Can you follow up on issues in a timely manner?
 4. Are your recommendations evidence based, using internal or external guidelines or literature support?
 - ii. Can you appropriately counsel patients and recognize barriers to medication access?
 - iii. Can you apply knowledge that you recently learned?
 1. Example SOAP notes for Gen Med UW required rotation expect the student to find literature support for information included in SOAP note. Student spend a lot of time looking up information but then can't apply it later to another patient in the same situation – why does this happen?
 - iv. In pharmacy school you gain the “tip of the iceberg” portion of knowledge compared to the actual depth of learning needed to practice at the highest level
 1. It can become initially overwhelming once you realize what you really don't know and how much more you need to learn – turn this into motivation to work harder to increase your knowledge
- c. Remembering (or looking up) basic pharmacology and pharmacokinetic principles – these areas of study underpin most of pharmacy practice
- d. Learning to recognize the significance of objective and subjective data
 - i. Recognizing adverse effects presumes having baseline knowledge of the most common side effects and using that knowledge to link the subjective or objective data to a drug effect
 - ii. Recognizing when the disease state is improving and being prepared to recommend a change in therapy if no improvement
 - iii. Do you understand the lab data and ordered procedures, scans, etc

3. Intellectual curiosity and self-directed learning – this says it all

- a. All rotations provide an opportunity for learning
- b. Use a journal or log to record areas for further study
- c. Set goals on reading outside rotation hours
- d. If you can't find an interesting patient to discuss with your preceptor (“everyone is boring - they just have pneumonia”), then think about why “just pneumonia” is not very interesting to you when it is interesting to pulmonologists, internists, ID specialists, microbiologists, etc.

4. Be kind, considerate and polite to everyone. Be professional and an example of clinical pharmacy to mid-level and physician providers, nurses and all others.

5. Medication safety in action

- i. What systems are in place to ensure med safety?
 - 1. Technology
 - 2. Guidelines
 - 3. Communication
- ii. What systems are in place to screen for drug interactions and how are these handled?

6. Feedback

- a. Ask for timely feedback from your preceptor
 - i. Weekly meetings at a minimum
- b. Set specific date/times for midpoint and final evaluation
- c. If working often with pharmacists other than your preceptor, solicit feedback when able

AND – HAVE FUN!