

## Interprofessional Patient Rounds

The concept and practice of rounds is to efficiently and systematically evaluate a patient's response to a therapeutic intervention, make future plans and communicate them to the patient. During rounds the team gathers subjective data from the patient and objective data from physical examination, laboratory/diagnostic tests and provider notes. As student pharmacists attending rounds allows direct patient observation and information gathering which is used to monitor a patient's medication therapy, plan admission and discharge counseling and prioritize your daily workload and contribute to a patients successful discharge from the facility.

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The data is analyzed and discussed and a care/treatment plan is formulated. This can happen once or multiple times a day. You may literally be walking around and meeting the patients and interacting with other members of the interprofessional team. Other approaches include 1) sit down rounds with the attending physician, medical residents, and non-physician disciplines to discuss patient care, 2) pharmacy rounds led by a pharmacist, or 3) team meetings of professional disciplines without physician representation. During your rotation, you may experience one of these or another patient-focused format intended to promote team management of the patients on your service.

By design rounds is unlikely a forum for extensive discussion of any given topic though may prompt ideas for follow up conversations.

### Objectives

By attending rounds, the student pharmacist should be able to:

1. Identify and gather subjective and objective data necessary to monitor medication therapy for efficacy and safety.
2. Establish a prospective therapeutic management plan that includes therapeutic endpoints, monitoring parameters, individualization of dosages and patient counseling.
3. Communicate effectively with other members of the health care team on topics such as therapeutics, drug information, policies and procedures, and patient planning needs.
4. Assess patient medication teaching needs and follow up to communicate medication information to the patient, including why drug changes are made, and when they should expect to notice results from therapy changes (efficacy and safety).
5. Resolve questionable or unclear medication orders and explain any medication errors such as missed doses, incorrect dose or drug, etc.

6. Prioritize daily workload based on information obtained during rounds.
7. Develop a formal working relationship with the interprofessional health care team.
8. Assess patient medication needs upon discharge, solving problems such as drug and dosage discrepancies, where Rx should be filled, and when the patient might be leaving.

## **Activities**

1. Review patient medication therapy regularly before rounds considering indication, dosage, route, duration, efficacy and safety. Look for drug related problems that have or might occur.
2. Attend rounds on a consistent basis and communicate with others about the following:
  - a. Drug related problems (DRP).
  - b. Significant variations to prescribed therapy--inconsistent dose, missed or refused doses, IV infiltration, late doses, etc.
  - c. Observed subjective or objective signs of efficacy or toxicity.
  - d. Drug distribution concerns--non-formulary status, home medications not ordered for patient.
  - e. Prospective therapeutic management plans for patient problems--i.e. change of therapy, d/c drug, change pain medication, use of prophylactic antibiotics, identify therapeutic alternatives.
3. Attend rounds and gather the following information:
  - a. Subjective and objective data for monitoring a patient's medication therapy.
  - b. Changes in patient status; critical, improved, discharge date, surgery, diagnostic procedures planned and results of procedures.
  - c. Changes in nondrug therapy, dietary, socio-economic, PT, OT, Respiratory Therapy and how that might influence progress toward successful discharge.
  - d. Changes in medication therapy: new orders (why starting), discontinued orders (why stopping), change in dose, route, duration. When chemotherapy, pre-ops, IV solutions needed.
  - e. Patient's understanding of medication, name, strength, expected benefit or toxicities.
  - f. Anticipated discharge, including any special teaching needs: home antibiotics or TPN, who should participate in the teaching and how should they be included.
4. Communicate to the unit pharmacist, a summary if they are unable to attend all or part of rounds.
5. Educate staff about pharmacy policies and procedures.

## Tips for Rounds

1. Introduce yourself to the interprofessional team if you haven't met each other yet. Do this any time new members join the group.
2. Be prepared to answer and ask questions. Support any information with literature/ references as appropriate.
3. If you are unable to answer a question, please say so, and add that you will try to find out. Do this in a timely fashion. If you are stumped or otherwise unable to do so, communicate the question to another person who can follow up.
4. Obtain the relevant monitoring parameters such as vital signs, lab tests, etc. before rounds. This might mean coming in early to allow time to organize yourself.
5. Before rounds, review the medication record (MAR)—notice which PRN meds are being used (when and how often), check for any missed doses, etc.
6. Share your expertise when discussing therapeutic management.
7. Voice disagreements in a calm, courteous manner with rationale for disagreement. Good ways to introduce this are “Another consideration... an alternative approach...” Sometimes not agreeing with your idea today turns into overnight reconsideration and tomorrow may become the plan.
8. Be consistent. By attending daily and for the entire rounds, if possible, your team can look to rely on you.
9. Anticipate medication orders, especially discharge prescriptions. Ways to do this include looking at anticipated discharge dates in the patient record or especially social work/discharge planner notes.
10. Tools for success- some people find a clipboard helpful to have a good writing surface. At minimum consider printing out the patient list to take notes on. If you plan to use your own devices be sure to ask your instructor what can be saved.

Self-Assessment for Rounding	Yes	No
1. Do you know the names of the members of the team?		
2. Do the members of the team know your name?		
3. Have you introduced yourself to your patients and let them know you are their student pharmacist?		
4. Do you actively participate on rounds most of the time?		
5. Do members of the team ask you therapeutic questions?		
6. Do you respond to questions in an accurate and timely manner?		
7. Do you communicate in a courteous manner with members of the team?		
8. Do you know the patients' medical problems?		
9. Do you know the rationale for all of the patients' medications?		
10. Do you ask questions concerning therapeutic rationale that you are unable to figure out on your own?		
11. Do you ask questions about diagnostic or exam information as related to drug therapy?		
12. Do you attend all of the rounds?		
13. Do you remind the service to write discharge meds, pre-ops, and other tasks that facilitate timely care?		

14. What percent of time are you asked prospectively (asked before the medication is ordered) therapeutic questions? (Circle One)

0%    10%    30%    60%    90%    100%

**If you answered 'no' to any of the above questions, you have identified areas for possible improvement.**