**Kaiser Permanente Mid- Atlantic States (KPMAS) APPE Rotation Application**

A few items for students to take special note of:

* Students should read the My Clinical Exchange instruction sheet carefully, it will walk them through the process step by step and answer any questions they have along the way. They should not reach out with questions without reading the document first.
* All applications are due through the myClinicalExchange system by **Thursday, October 14.**
* Students may not get the exact location they request due to preceptor and site availability, but this system will help Dr. Fink to match them with the closest opportunity available to their ideal.
* If students choose a rotation in VA, they will need a VA intern license and if they choose a rotation in DC, they will need a DC intern license, Maryland does not require an intern license for rotation students.
* In order to be considered for rotation placement, the student will need to upload their **CV, Letter of Intent, and their original SOAP note based on the standardized case below,** to myClinicalExchange. Please note that we have more advanced community opportunities than clinical/ non- traditional opportunities. If the student is only interested in an advanced community rotation, they may submit their CV for a second time instead of the standardized case SOAP note. Any student who is interested in any rotation aside from advanced community must submit the standardized case SOAP note in order to be considered. The system will not allow them to submit a request without these documents, so they should have these on hand prior to starting their application.
* Students should submit a separate rotation request for each type of rotation they would like. Ie: If they would like both a nephrology rotation and an advanced community rotation, they should submit 2 separate requests.

**Standardized Patient Case**

SOAP Note Instructions:

Please review the information below to develop at SOAP note. Your note should prioritize the most important issues at the top that require attention/intervention.

HPI: JC is a 68yo AA female who is referred to the Pharmacy Primary Care Clinic for diabetes management.

PMH:

Atrial Fibrillation (newly diagnosed)

Heart Failure with Reduced Ejection Fraction, EF=38% (newly diagnosed)

Hypertension

Depression (PHQ-9 score in January 2019 was found to be 4)

Hyperlipidemia

MI (3/2006)

Type 2 Diabetes (diagnosed 8/2000)

Peripheral Neuropathy

SH:

Tobacco: currently smokes 1 PPD (not interested in quitting)

Alcohol: social drinker

Exercise: does not exercise

Diet: non-adherent to diabetic diet

ROS

Remarkable for fatigue, polyuria, nocturia, and polydipsia. Reports slight visual changes and complains of “needle like pain in legs and feet”. Also complains of dizziness and sweating on a couple occasions. Denies chest pain, behavioral changes or any other ADRs.

Medication Allergies: Lisinopril (cough)

Prescribed Medications:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication Name | Directions | MRAR | DSR |
| Atenolol 25mg | Take 1 tablet by mouth daily | 84 | 77 |
| Furosemide 40mg | Take 1 tablet by mouth daily | 66 | 83 |
| Gabapentin 600mg | Take 1 tablet by mouth twice daily | 83 | 15 |
| Actos 30mg | Take 1 tablet by mouth daily | 77 | 83 |
| Metformin 1000mg | Take 1 tablet by mouth twice daily | 55 | 10 |
| Multivitamin | Take 1 tablet by mouth once daily | -- | -- |
| Sertraline 50mg | Take 1 tablet by mouth once daily | 100 | 34 |
| Simvastatin 40mg | Take 1 tablet by mouth daily | 83 | 77 |
| Lantus Solostar Pen | Inject 84 units daily | -- | -- |

MRAR= Medication Refill Adherence Ration (adherence rate over the last 365 days)

DSR= Day Supply Remaining

Vitals:

|  |  |  |  |
| --- | --- | --- | --- |
| VITALS | 10/15/2018 | 12/11/2018 | 6/21/2019 |
| SYSTOLIC | 142 | 172 | 160 |
| DIASTOLIC | 88 | 68 | 61 |
| PULSE | 65 | 58 | 55 |
| TEMPERATURE | 97.8 | 98.1 | 97.9 |
| RESPIRATIONS | 18 |  | 16 |
| WEIGHT |  | 185 lb | 190 lb |
| HEIGHT |  | 5' 5" | 5' 5" |
| BMI |  | 30.79 | 31.62 |
| BSA |  | 1.96 | 1.99 |

Fasting Labs:

|  |  |  |
| --- | --- | --- |
|  | 06/21/2019 | 08/7/2019 |
| HgA1c | 7.7% | 9.2% |
| GLUCOSE, FASTING | 129 | 213 |
| CREATININE | 3.5 | 3.3 |
| eGFR | 22 | 24 |
| SODIUM | 136 | 137 |
| POTASSIUM | 5.1 | 4.9 |
| CHLORIDE | 104 | 101 |
| CO2 | 25 | 25 |
| BUN | 45 | 42 |
| MICROALBUMIN/CR | 189 | 340.6 |
| AST | 20 | 22 |
| ALT | 19 | 13 |
| TC | 233 | 229 |
| LDL | 176 | 159 |
| HDL | 33 | 34 |
| TG | 122 | 184 |
| VITAMIN D, 25-OH | 21 | 8 |

Vaccination History

Hepatitis B Vaccine (Series completed 9/20/1996)

Pneumovax (Administered 3/10/2006)

Most recent visit to Optometrist/Ophthalmologist: 10/18/2017

Most recent visit to Podiatrist: 11/18/2017

Patient Reported Blood Sugar readings:

|  |
| --- |
| AC Breakfast |
| 210 |
| 193 |
| 204 |
| 187 |