**PGY 2 Critical Care Pharmacy Residency Course Description**

**Learning Experience Title: Staffing**

**Preceptor:**

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**Purpose:**

The staffing learning experience is a longitudinal experience where the resident will be scheduled to staff two days each month in the ICU satellite pharmacy. Upon completion of their Emergency Medicine learning experience, the resident may choose to staff in either the ICU satellite two days per month or one evening per week in the Emergency Department. The resident will also staff every third weekend alternating central pharmacy and ICU decentralized shifts. Lastly, the resident will provide lunch coverage to central pharmacy every Friday.

The primary role of the pharmacist in the ICU and ED is to ensure the appropriate pharmacotherapeutic management of critically ill patients. In addition, the resident will respond to all trauma activations, medical codes, and medical resuscitations.

The role of the central pharmacist is the process all missing dose requests, verify all IV admixtures, oral compounds. In addition the central pharmacist will work alongside other pharmacist to verify all medication orders, check PYXIS fill, and complete all consults/interventions. The resident will interact with other staff pharmacists, pharmacy technicians/interns, attending physicians, resident physicians, and medical residents and nursing staff. It is the goal of this learning experience that the resident will demonstrate their ability to be a competent and confident practitioner in the area of critical care medicine.

**Learning Experience Responsibilities:**

* Prioritize duties on the weekend such that focus is given to caring for ICU patients
* Complete all ICU consults if not completed prior to arriving
* Weekend decentralized ICU shifts should follow the workflow outlined and available in G-drive
* Attend and participate all *Code Blue’s* on the floors\*\*
* Attend and participate in all Codes, Medical Resuscitations, and Traumas in the ED\*
* Verify all ICU patient orders and orders for patients in the ED that will be admitted to the ICU\*
* Document all interventions using the pharmacy’s electronic intervention tool
* Perform all operational duties expect of others when staffing on the weekend including but not restricted to:
  + Answering phones and assisting the caller with questions they may have
  + Processing missing dose requests
  + Check PYXIS fill
  + Check IV admixtures and oral doses
  + Serve as a double check on all NSY/NICU orders
* Complete resident/pharmacist staffing evaluation at conclusion of shifts

\**Required for weeknight staffing and satellite staffing*

*\*\*Optional for weekend staffing as dependent upon workload and staffing coverage*

**Resident progression:**

Weeknight staffing:

* Resident must have completed at least 50% of their Emergency Medicine learning experience and demonstrate competency as an independent practitioner through feedback from the ED pharmacist prior to staffing out of the ED

Weekend staffing:

* Resident must complete their orientation month prior to staffing the weekends

**Resident Progression:**

By the completion of the experience, the resident should gain a foundational understanding of pharmacy operations, strategy, and leadership. The resident should be able to effectively and professionally staff central pharmacy as well as satellite office and other areas of critical care.

**Goals and Objectives to be covered and evaluated:**

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| **Activity** | **Objectives** |
| Independently complete all quarterly evaluations that include commentary regarding self-reflection, areas for improvement and plans to achieve desired goals | R3.1.2 |
| Provide patient care independently during situations where rapid decisions/actions are necessary such as RSI, “code blue,” trauma activations | R1.1.8 |
| Independently develop a process to triage duties in order to provide appropriate and timely patient care | R1.3.3 |
| Independently use electronic medical records as well as patients or their family to efficiently and effectively identify patient specific data, prior to rounds, and collect all information needed to provide patient specific medication therapy. | R1.1.3 |

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| Independently utilize Cerner to access and evaluate drug related problems in order to effectively design a therapeutic medication regimen. Actively question orders in real time to determine appropriateness of orders including dose, route, and frequency, rate of administration, interactions, allergies, cost and compliance. | R1.3.1 |
| Independently review all patients on service and prioritize the needs for interventions based on their level of importance and present this information to the preceptor and/or medical team in an organized-logical order along with recommendations in changes to medication therapy. | R1.1.8 |
| Independently analyze all patients’ health care needs on a daily basis prior to rounds or when staffing and prioritize based on importance and need for interventions | R1.1.8 |
| Independently use Cerner to order therapeutic regimens based on the systems policy and procedures. Summarize important patient facts to preceptor and/or medical team during pre- or bedside rounds | R1.3.2 |
| Independently assess patient’s progress toward goals using pertinent lab data, setting eyes on the patient personally and through progress notes from physicians and consult services. | R1.1.5 |
| Communicate with other nursing, pharmacy, and medical staff when necessary to ensure effective transitions of care. Provide counseling and/or medication reconciliation when needed. | R1.2.1 |
| Maintain BLS and ACLS certification and independently participate in all medical emergencies in the ICUs. | R1.1.8 |
| Independently use Cerner’s intervention tool to document all interventions made throughout each day. | R1.1.7 |
| Identify departmental needs (staffing, education, etc.), and actively participate in implementing change to workflow when needed. | R3.2.1 |
| Independently process orders, missing dose requests and check IV/PO admixtures, complete consults/interventions. | R3.2.2 |
| Independently utilize PYXIS, the medication carousel and the narcotic vault. | R3.2.2 |
| Work alongside pharmacy staff members and actively practice making IVs using aseptic technique as well as gain experience checking the work of technicians and interns. Actively engaged those technicians and interns that are interested in the work you are doing, ie allowing them to review with your direct oversight, the IV to PO report, antibiotic dosing and renal dosing. | R3.2.2 |

**Requirements of Learning Experience:**

Expected hours

* Hours will vary depending on the shift

Preceptor interaction

* Preceptor will be available to answer questions and help direct the resident. If the preceptor is not on site, they may be contacted via email, pager, or by phone.

Communication

* The resident is expected to call in to the AM and PM pharmacy team huddle
* The resident is expected to pass-off pertinent information to evening staff, pharmacy buyer, and/or management as appropriate
* The resident is expected to reserve use of instant messenger for “on-the-fly” communication with a preference to email and phone for all other communication
* The resident is expected to be reachable during the rotation. This includes:
  + Wearing personal pager daily
  + Ability to communicate to preceptor via text or instant messenger
* The use of personal electronic devices while in patient care areas should be reserved solely for patient care related activities

**Method of evaluation**:

Evaluation of the resident will be based on the ASHP activity learning experiences listed above. Each learning activity has a corresponding code following the experience which corresponds to the activity learning experience listed in PharmAcademic®. During the orientation to the learning experience, the preceptor and the resident will review all the material contained in this learning experience description and sign a copy to be retained in the residents file.

The preceptor will provide feedback verbally (formative) throughout the course of the learning experience and electronically (summative) via PharmAcademic® at the conclusion of the experience. Once the resident is finished with all of the requirements for the experience, the preceptor and the resident will discuss the learning experience as a whole both formally and informally. The resident will also be responsible for providing both formative and summative feedback at the conclusion of the experience. All evaluations must be submitted by the conclusion of the learning experience.

*I have read and acknowledged the responsibilities of the learning experience.*

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Pharmacy Resident Primary Preceptor