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

**Learning Experience Title: Critical Care I**

**Preceptor:**

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**Purpose:**

The 6 week Critical Care learning experience is one in which residents will be introduced to the

Intensive Care Unit and caring for critically ill patients. The role of the critical care pharmacist includes participation in multidisciplinary rounds, bed-side patient rounds, medication profile review and therapeutic optimization, therapeutic drug monitoring as well as resident and student education. During the learning experience, residents will further develop their pharmacotherapeutic skills and broaden their knowledge base within the area of Critical Care. It is the goal that by the end of the learning experience resident will serve as the clinical pharmacist for the Medical Critical Care team.

**Learning Experience Responsibilities:**

* While rounding, the resident is expected to verify all orders entered by their team.
* Attend and actively participate in all Code Blue’s in the ICU
* Provide timely, evidence based drug therapy recommendations and information
* Design evidence based therapeutic regimen and monitoring plan when pharmacy is requested to dose medications
* Document all interventions using the pharmacy’s electronic intervention tool
* Function as a liaison between the Critical Care Service and the Department of Pharmacy
* Actively participate in /or lead topic discussions with PharmD students and/or PGY1 pharmacy practice residents, and preceptor
* Supervise PharmD students and/or PGY1 pharmacy residents (if applicable)
* Actively participate in all mid-point and final evaluations of PharmD students and/or
  + PGY1 pharmacy practice residents
* Complete other duties as assigned by preceptor

**Resident Progression:**

Expected progression of the resident on this learning experience will be personalized based on

the resident’s abilities and timing of the learning experience.

Week 1: The Resident will work at least 50% all of the team’s patients and present patient problems to the preceptor daily. During this time, the preceptor will attend and participate in

rounds alongside the resident while modeling how to make recommendations and coaching them

on their recommendations.

Week 2: The resident will work up all of the team’s patients and discuss patient problems with the preceptor. During this time, the preceptor will attend and participate in rounds alongside the resident while coaching them on their approach to making recommendations. In addition the preceptor will coach and help facilitate the resident becoming the lead pharmacist on that team.

Weeks 3-6: Resident will be responsible for working up all patients on the service and discuss patient problems with the preceptor daily. The preceptor will no longer attend rounds with the resident but continue to facilitate the resident’s role as the lead pharmacist on the team.

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

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| Activity | Objectives Covered |
| Persuade the critical care team to provide pharmacist-driven treatment  options before, during, and after rounds. Topics that require negotiation should occur during rounds and involve the fellow or staff physician. | R1.2.1 |
| Function independently on patient care rounds, providing medication  related guidance and recommendations. | R1.3.1 |
| Display empathy/caring attitude when providing direct patient care or  during any and all family meetings. | R1.3.3 |
| The preceptor will introduce the resident to members of the team they  will be working with. The resident will independently work up patients prior to rounds and may contact physicians regarding any medication therapy issues that are time sensitive. The resident will collaborate daily with the medical residents/fellows as it pertains to medication therapy and optimizing care of the patient. | R2.1.1 |
| Introduce yourself to the family of critically ill patients when you  enter the room. Explain the role of the pharmacist to the family, answer family questions related to medication issues. | R2.3.1 |
| 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. | R2.4.3 |
| 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 | R2.8.1 |
| Independently use Cerner to order therapeutic regimens based on the  systems policy and procedures. | R2.8.2 |
| 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. | R2.9.1 |
| Independently collect patient specific outcomes data from the  electronic medical record including pertinent lab data and through progress notes from physicians and consult services. | R2.9.3 |
| Independently use Cerner intervention/consult notes and person to  person discussions to communicate transitions of care related pharmacy pertinent information. | R2.10.1 |
| Independently use Cerner’s intervention tool to document all  interventions made throughout each day. | R2.11.1 |

**Requirements of Learning Experience:**

Expected Hours: 0600-1530 (times may vary depending on patient census and service requirements)

Required presentations: A 30min case presentation to the pharmacy/medical staff unless otherwise stated by the preceptor

Required readings: Will be determined based off the residents interests as well as prior learning experiences, and assigned readings

Misc. Projects: As assigned by the preceptor. Projects may include but are not limited to, orderset development, drafting a policy or providing education to medical/pharmacy staff.

Preceptor interaction

* The resident is expected to interact with the preceptor daily regarding all patient care related activities
* The resident is expected to utilize time with the preceptor as a higher learning experience by researching questions prior to meeting

Communication

* The resident should have a means of communication (office communicator, pager, and phone) with pharmacy staff at all times while rounding.
* The resident should respond to all communication in a timely manner.
* The resident is expected to communicate all patient care related information to the preceptor daily
* 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

**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