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

**Learning Experience Title: Metabolic Support**

**Preceptor:**

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**Description:**

The PGY2 Metabolic Support learning experience at Truman Medical Center is an elective 2-4 week rotation that will introduce residents to the care of Metabolic Support patients during acute illness. The pharmacist in this practice setting rounds with an Metabolic Support interdisciplinary team on a daily basis, completing patient profile reviews and providing medication related information. They also provide pharmacy services, drug information and patient education for Metabolic Support patients. This experience will allow the resident to further develop their clinical skills, knowledge base, and communication with various healthcare providers. They will also serve as the primary source of drug related information for their healthcare team.

**Learning Experience Responsibilities:**

* Attend multidisciplinary rounds daily at 8:00am. Meet in the Metabolic Support services office on the 3rd floor.
* Provide accurate, evidence based metabolic support recommendations and drug information to the healthcare team
* Document all clinical interventions
* Participate in and/or lead topic discussions with preceptor and/or PharmD student
* Attend all pharmacy student/resident presentations
* Present formal case/disease state presentation during last week of rotation to pharmacy personnel or work on a project of the preceptor’s choice
* Supervise PharmD students when applicable

**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 focusing on PN patients first, then tube feed 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 2-4: The Resident will work up all of the team’s patients and discuss patient problems with the preceptor daily. During this time, the preceptor will attend and participate in rounds alongside the resident. The Resident will make recommendations during rounds with feedback after rounds from the Preceptor.

**Types of Nutrition:**

The types of Nutrition commonly encountered during this experience that the resident will be expected to review, discuss, and apply include but are not limited to:

* Parenteral Nutrition
* Enteral Nutrition
* Oral Supplements

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

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| Activity | Objectives Covered |
| Round with MSS to interact effectively with health care teams to manage critically ill patients’ medication therapy related to nutrition. | R1.1.1 |
| Educate and answer MSS/pharmacy related questions to interact effectively with patients, family members, and caregivers. | R1.1.2 |
| Collect information regarding medications, Enteral and Parenteral Nutrition on which to base safe and effective medication therapy for critically ill patients. | R1.1.3 |
| Make decisions based on information collected regarding medications, Enteral and Parenteral Nutrition to maintain safe and effective medication therapy for critically ill patients. | R1.1.4 |
| Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) regarding medications, Enteral and Parenteral Nutrition for critically ill patients. | R1.1.5 |
| Follow up on recommendations regarding medications, Enteral and Parenteral Nutrition for critically ill patients. | R1.1.6 |
| Help coordinate and make recommendations regarding medications, Enteral and Parenteral Nutrition for transition of care for critically ill patients. | R1.2.1 |
| Document appropriately in the medical record any pharmacy interventions or recommendations/communications regarding medications, Enteral and Parenteral Nutrition for critically ill patients. | R1.1.7 |
| Demonstrate responsibility to critically ill patients regarding outcomes of medications, Enteral and Parenteral Nutrition. | R1.1.8 |
| Manage one’s own practice effectively regarding medications, Enteral and Parenteral Nutrition for critically ill. | R3.2.2 |
| Be able to prepare and dispense medications for critically ill patients regarding medications, Enteral and Parenteral Nutrition following best practices and the organization’s policies and procedures. | R1.3.1 |
| Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership while on the MSS team and in pharmacy practice for critically ill. | R3.1.1 |
| Use written communication effectively to provide information regarding medications, Enteral and Parenteral Nutrition and related to critical care pharmacy. | R4.1.3 |
| While on the MSS team and in pharmacy practice, be an effective preceptor anytime it’s necessary especially related to critical care. | R4.2.2 |

**Requirements of Learning Experience:**

Expected hours:

* 0700-1600, times may vary based on patient care requirements

Required presentations:

* Determined by the preceptor but may include a patient case presentation, journel club, or other project

Required readings: Guidelines and any other resources the preceptor feels will be helpful.

Preceptor interaction:

07:30 Pre-round with resident

08:00 Rounds with resident and internal medicine team

Afternoon Topic discussions, patient updates, patient education, and self-directed work

Communication:

* Daily scheduled meeting times – resident is to prioritize questions and problems to discuss during scheduled meeting times
* E-mail – at a minimum, residents are expected to read email at the beginning, middle, and end of each day to facilitate communication.
* Office extension – this is appropriate for urgent questions pertaining to patient care.
* Pager – this is appropriate for urgent/emergent situations pertaining to patient care.

**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