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

**Learning Experience Title: Emergency Medicine 2**

**Preceptor:**

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**Purpose**

Emergency medicine is an elective six week learning experience at Truman Medical Center. The Emergency Department (ED) consists of 34 primary patient care beds, 3 trauma beds, 7 “specials” beds in a locked unit, and 7 fast track/urgent care beds. In the event there are no available inpatient beds, admitted patients may be boarded in the ED until beds become available. Boarded patients, once inpatient orders have been written, are no longer considered ED patients and care is transferred to the admitting team. The primary role of the pharmacist in the

ED is to ensure the appropriate pharmacotherapeutic management of critically ill patients. The pharmacist is expected to have working knowledge of a wide spectrum of disease states, specifically the treatment of such disease states, and will be relied upon to develop appropriate treatment plans in conjunction with other members of the health care team. The expectation is that the pharmacist will facilitate the expeditious treatment of acutely ill patients and will enhance efficiency in this fast paced environment.

This rotation is structured to build upon the resident’s first experience in the ED in order to provide the skills necessary to become an expert provider of emergency care. At the end of the rotation the resident should be able to independently function as the pharmacist in charge in the emergency department with the ability to execute advanced treatment plans in all scenarios, including (but not limited to): trauma, medical resuscitation, cardiac arrest, procedural sedation, and rapid sequence intubation.

The focus of this second ED experience will be to prepare the resident to function as an independent, attending- level emergency practitioner. As such, emphasis will be placed upon the autonomous functioning of the resident. The preceptor will be available for consults, and clinical instruction, but the responsibilities of patient care will be that of the resident.

**Learning Experience Responsibilities:**

• The resident will be expected to act as the lead Emergency Medicine pharmacist, directing pharmacotherapeutic care during medical emergencies such as (but not limited to): medical resuscitations, traumas, medical codes, and procedural sedations.

• Provide Pharmacy review of medication orders prior to administration, when available and appropriate

• Serve as co-primary preceptor for doctoral (PharmD) students and clinical pharmacy residents (when applicable)

• Attend any presentations that the emergency department holds.

o Grand Rounds (schedule variable, will provide calendar at beginning of rotation)

o Faculty Lecture Series (as appropriate)

o Trauma Conference (as appropriate)

• Provide one case presentation to the pharmacy staff at the conclusion of the rotation regarding medical/pharmacological management of an emergently ill patient.

• Identify and complete one quality improvement project directed at enhancing delivery of care in the ED

**Resident Progression:**

Residents will be expected to demonstrate increased proficiency in regards to the practice of emergency medicine at both the midpoint and the final evaluations, and this enhanced proficiency must be evident when compared to the PGY2’s first Emergency Department rotation. Evidence of proficiency may include, but is not limited to, ability to recall previously learned material and apply it in a patient specific manner; enhanced comfort in serving as the primary pharmacy provider during trauma, medical resuscitation, and/or medical code activations; and, skill in precepting APPE and IPPE students (if applicable, i.e., if students concurrently on rotation); etc. The resident will also be expected to demonstrate improvement in regards to the development of patient-specific differential diagnoses and the ability to triage patients.

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

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| **Activity** | **Objectives**  **Covered** |
| Develop a daily routine that demonstrates the prioritization of care for critically ill patients. Be aware of changes in patient condition throughout the day. Develop ability to incorporate appropriate primary literature results and patient data into a daily plan that maximizes appropriate pharmaceutical care to the emergency department patient population. | 2.2.1 |
| • Upon arriving to the ED, triage patient care activities according to patient acuity and formulate treatment plans accordingly  • Provide prompt, evidence based pharmaceutical recommendations and drug information.  • Provide Pharmacy review of medication orders prior to administration, when available and appropriate  • Establish appropriate inter-professional and inter-patient relationships in the  ED. | R2.5.2 |
| Present one journal club/topic discussion/educational session on an emergency medicine topic of interest to emergency department staff and/or students  Precept Pharm.D. students and/or PGY1 pharmacy practice residents (if applicable). | 3.1.4 |
| Direct therapeutic treatment plan development during medical emergencies.  • Exercise skill as a team member in the management of medical emergencies as exhibited by certification in the American Heart Association Advanced  Cardiac Life Support | R5.1 |

**Requirements of Learning Experience:**

Expected hours: 0800-1700; these times may vary depending on presentation of medical resuscitation or trauma patients. Opportunity would also exist to work swing shift hours (1500-2300; 1800-0200) if desired.

Required assignments: One topic presentation to pharmacy staff, emergency medicine/disease state management topic discussions with the ED staff, one formal presentation to pharmacy staff on emergency medicine related topic.

Preceptor interaction

Daily\*: 0900 Beginning of shift briefing, patient overview

1300-1400 Topic discussions, review patient progress, etc.

\*Times of interactions may vary depending upon department acuity level, i.e., presentation of traumas, resuscitations, cardiac arrests, or other emergent patients.

Required meetings

Emergency Grand Rounds, Faculty Lecture Series, Trauma Conference, Trauma M&M (dates and times are variable, calendar will be provided at beginning of rotation)

**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