

PGY 2 Critical Care Pharmacy Residency Course Description

Learning Experience Title: Staffing

Preceptors:

Abby Hughes, PharmD, BCCCP (primary)
University Health Truman Medical Center
2301 Holmes St
Kansas City, MO 64108
Phone: 816-404-6008
Pager: 816-374-8403
Mobile: 913-972-1091
Email: Abigail.hughes@uhkc.org

Paige Melling, Pharm.D., BCPS, BCSCP
Phone: (816) 404-4191
Pager: (816) 374-1747
Mobile: (816) 305-9756
Email: paige.melling@uhkc.org

Description:

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 (7:00 AM to 3:30 PM) as well as one evening per week in the main pharmacy (3:30 – 7:30PM). Upon completion of their Emergency Medicine learning experience the resident may staff their evening shift in the ED rather than in main pharmacy, if approved by the RPD. The resident will also staff every fifth weekend alternating central pharmacy and ICU decentralized shifts. Lastly, the resident will provide lunch coverage in central pharmacy once a week on average (12:00 – 1:15PM).

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 to process all missing dose requests and verify all IV admixtures and oral compounds. In addition, the central pharmacist will work alongside other pharmacists 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.

Resident 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*

Disease States/Conditions:

- The resident can expect to be exposed to all previous disease states covered during the course of their residency.

Learning Experience Activities:

Activity	Objectives
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
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
Independently use Cerner's intervention tool to document all interventions made throughout each day.	R1.1.7
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
When staffing, evaluate missing medications requests and appropriately review status and location of medications. Ensure appropriate communication occurs between nursing and central pharmacy to facilitate medication delivery occurs in a timely fashion.	R1.3.1
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 develop a process to triage duties in order to provide appropriate and timely patient care	R1.3.3
Develop relationships with physicians, nurses, co-workers, and students you interact with during the learning experience	R3.1.1
Demonstrate continuous self-reflection by determining areas for self-improvement during each evaluation.	R3.1.2
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

Objectives selected to be evaluated during learning experience:

- R1.1.5 (Creating) Design, or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients
- R1.1.7 (Applying) For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.
- R1.2.1 (Applying) Manage transitions of care effectively for critically ill patients.
- R1.3.1: (Applying) Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.
- R1.3.2 (Applying) Manage aspects of the medication-use process related to formulary management for critically ill patients.
- R1.3.3 (Applying) Facilitate aspects of the medication-use process for critically ill patients.
- R3.1.1 (Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients.
- R3.2.1 (Applying) Contribute to critical care pharmacy departmental management.
- R3.2.2 (Applying) Manage one's own critical care practice effectively.

Requirements of Learning Experience:

Expected hours

- 1200-1315 on scheduled weekday lunch coverage
- 1530-1930 on scheduled evening shifts
- Variable on scheduled weekend shifts, every 5th weekend

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

Expected progression of resident on this learning experience:

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.

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 within seven days from the conclusion of the learning experience.

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

Pharmacy Resident

Primary Preceptor