

PGY 2 Critical Care Course Description

Learning Experience Title: Critical Care II

Preceptor:

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Description:

The Critical Care II rotation is a 4 week learning experience in which residents will expand on the knowledge and skillset they gained during the Critical Care I learning experience. Residents may not complete this learning experience prior to completing the first experience.

The role of the critical care pharmacist includes participation in multidisciplinary rounds, bedside patient rounds, medication profile review and therapeutic optimization, therapeutic drug monitoring as well as resident and student education. It is the goal of this learning experience that the resident will demonstrate their ability to be a competent and confident independent practitioner in the area of critical care medicine as well as an effective preceptor to both PharmD students and PGY1 residents.

Resident Responsibilities:

- While rounding, the resident is expected to verify all orders entered by their team and help verify all other ICU orders as able.
- Attend and actively participate in all Code Blue's in the ICU
- Serve as the primary pharmacist for all patients under the critical care medicine service
- Provide timely, evidence based drug therapy recommendations and information
- Design evidence based therapeutic regimen and monitoring plan when pharmacy is requested to dose medications
- Lead all topic discussions with PharmD students and/or PGY1 pharmacy practice residents, and preceptor
- Serve as primary preceptor to PharmD students and/or PGY1 pharmacy practice residents (if applicable)
- Monitor all patient consults for those on the critical care medicine service and those not covered by the surgery/trauma service
- 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 all mid-point and final evaluations of Pharm.D. students and/or PGY1 pharmacy practice residents (if applicable)
- Complete other duties as assigned by preceptor

Disease States:

Disease states commonly encountered during this experience that the resident will be expected to review, discuss, and apply include but are not limited to:

- Pain, agitation and delirium
- Use and monitoring of neuromuscular blocking agents
- Septic Shock
- ACLS/Targeted temperature management
- DKA
- Acid/base disorders
- ARDS
- CAP/ HAP
- Liver cirrhosis
- Stoke
- Acute PE

*Other topics will be discussed on a case-by-case basis and/or upon area(s) of interest

Learning Experience Activities:

Activity	Objectives Covered
Collaborate daily with the medical residents/fellows as it pertains to medication therapy and optimizing care of the patient.	R1.1.1
Collect and document medication histories from patients or family members in order to provide the best possible medication therapy for patients.	R1.1.2
Communicate with the pharmacist covering a patient that is being stepped down to PCU or floor status, sharing important information regarding disease state progression and medication therapies.	R1.2.1
Attend and participate in all medical emergencies that occur on rotation, effectively recommend and provide medication therapies during emergencies.	R3.1.1
Design an educational handout at the level of a medical resident that will help them understand indicated medication therapy for a specific disease state.	R4.1.1
Present one journal club, case presentation, or project as assigned by the preceptor pertaining to critical care pharmacy.	R4.1.2

Objectives selected to be evaluated during learning experience:

R 1.1.1: (Applying) Interact effectively with health care teams to manage critically ill patients' medication therapy

R 1.1.2: (Applying) Interact effectively with critically ill patients, family members, and caregivers.

R 1.2.1: (Applying) Manage transitions of care effectively for critically ill patients

R 3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients

R4.1.1 (Cognitive - Applying) Design effective educational activities related to critical care pharmacy

R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to critical care pharmacy

Requirements of Learning Experience:

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

Required presentations: A 30min case presentation or journal club 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 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 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 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

Expected progression of resident on this learning experience:

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 1-2: Resident will work up all of the team’s patients and present problems to the preceptor daily. The preceptor will not attend rounds with the resident but continue to facilitate the resident’s role as the lead pharmacist on the team.

Week 3-4: Resident will work up all of the team’s patients. The resident will not be required to discuss patient problems with the preceptor, however the preceptor will be available should the resident wish to do so on a case by case basis.

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