

## PGY2 Critical Care Course Description

### Learning Experience Title: Critical Care I

#### Preceptor:

Abby Hughes, PharmD, BCCCP  
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

#### Description:

The 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, quality improvement, and safety initiatives 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.

#### Resident Responsibilities:

- 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

#### 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:

- Shock states
- ARDS

- Pain, agitation, and delirium
- Neuromuscular blocking agents and monitoring
- Hypertensive Emergency
- Acid Base disorders
- Diabetic Ketoacidosis
- Cardiac arrest

**Learning Experience Activities:**

Activity	Objectives Covered
Categorize patient information in a systems based approach and evaluate all medication therapies to determine if they are both safe and effective at the prescribed dose form, timing, and frequency.	R1.1.4
Design medication therapy plans and follow up plans for each patient's individual systems.	R1.1.5
The resident will follow-up daily with the medical team to ensure all plans have been appropriately implemented. This may include ordering labs, protocol, medications, or discontinuing tasks as appropriate.	R1.1.6
Independently use Cerner intervention/consult notes/tools to document patient care activities.	R1.1.7
Independently operate Cerner intervention tools to document important patient care information as well as person to person communication for when a patient transition to a different level of care.	R1.2.1
The resident will monitor all medication therapies for appropriateness on a daily basis and recommend adjustments when necessary.	R2.1.3
The resident will create an educational handout for medical residents on a critical care topic decided on by the fellow or attending on the critical care team.	R4.1.1

**Objectives selected to be evaluated during learning experience:**

R 1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.

R 1.1.5 (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans for critically ill patients.

R 1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans for critically ill patients by taking appropriate follow-up action.

R 1.1.7 (Applying) For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.

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

R 2.1.3 (Cognitive - Applying) Participate in the review of medication event reporting and monitoring related to care for critically ill patients.

R4.1.1 (Cognitive - Applying) Design effective educational activities 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 30 min case presentation or journal club to the pharmacy/medical staff unless otherwise stated by the preceptor and a handout and education session for the medical residents.

Required readings: Will be determined based off the resident's interests as well as prior learning experiences, and assigned readings.

**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 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: The Resident will work at least 75% 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. The preceptor may attend rounds with the resident. 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.

**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