

## **PGY2 Critical Care Course Description**

### **Learning Experience Title: Trauma and Surgical Intensive Care I**

#### **Preceptor:**

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#### **Description:**

The purpose of this 6-week learning experience is to introduce pharmacy residents to a general surgical service with highlights involving trauma critical care. Throughout the experience, the resident should develop their ability to appropriately manage a surgical patient while serving as the primary pharmacist for the trauma/surgery team. The trauma/surgical intensive care pharmacist functions as an integral member of the surgical team. A pharmacist in this role has daily responsibilities that include: participation in rounds, development and implementation of evidence-based therapeutic recommendations, providing education to providers, students, and patients, management of a clinical unit (order verification, renal dosing, antibiotic monitoring), and participation in traumas.

#### **Resident Responsibilities:**

- Attend trauma and SICU rounds daily\*
- Attend 0800 SICU interdisciplinary rounds daily
- Work in SICU daily
- Perform pharmaceutical care monitoring for all patients on the assigned surgery service
  - Trauma surgery
  - General Surgery A/B
  - Neurosurgery
  - Vascular surgery
  - Thoracic surgery
  - Oral maxillofacial surgery (OMFS)
- Document recommendations and interactions within the medical record as appropriate
- Actively participate in all topic discussions
  - Lead topic discussions, as appropriate
- Provide education to providers, students, and patients
- Participate in all traumas and codes with the preceptor
- Precept Pharm.D. candidates and PGY-1 residents assigned during the experience

***\* In the case formal rounds with the presence of an attending do not occur, it is the resident's responsibility to work with the surgery resident regarding all pharmacy related interventions.***

#### **Disease States/Conditions:**

Common disease states in which the resident will be expected to gain proficiency through self-directed literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Neurology
  - Pain management
  - Traumatic brain injury
  - Subarachnoid and intracerebral hemorrhage
  - ICP management
  - SIADH
  - Cerebral salt wasting
  - Central DI
  - Spinal cord injury
- Cardiovascular
  - Fluid resuscitation
  - Hemorrhagic shock
  - Viscoelastic hemostatic assays
  - Aortic dissection
  - Anticoagulation
    - DVT prophylaxis
    - Pericardial effusion
    - TEVAR
- Pulmonary
  - Hemothorax/pneumothorax
  - Chest tube management
- Infectious Diseases
  - SCIP antibiotics
  - Sepsis/septic shock
  - Complicated intra-abdominal infections
- Gastrointestinal
  - Post-operative ileus
  - Post-operative nutritional support
  - Fistula management
  - Acute pancreatitis
- Miscellaneous
  - Rapid sequence intubation
- Musculoskeletal
  - Open fracture management

**Learning Experience Activities:**

Activity	Objectives Covered
Actively participate on daily rounds. Empower patients and family members regarding patient's well-being by coaching learners through obtaining medication histories when applicable.	R1.1.2
Collect and organize all pertinent patient information from the medical record daily prior to rounds.	R 1.1.3

Provide pertinent patient information during preceptor pre-rounds, identifying medical problems and solutions based on evidence-based guidelines, verifying therapeutic monitoring on a daily basis.	R1.1.4
Complete a medication use evaluation to present to the preceptor and department regarding a medication used commonly in the ICU with the goal of optimizing pharmacy processes.	R2.1.2
Document at minimum one patient safety event (PSE) that includes assessment of event with potential resolution of concern.	R2.1.3
Provide at least one professional development goal to accomplish weekly.	R3.1.1

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

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

R 1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy for critically ill patients.

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

R 2.1.2 (Evaluating) Participate in a medication-use evaluation related to care for critically ill patients

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

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

### **Requirements of Learning Experience:**

#### Expected Hours:

- 0700 – 1600; times may vary depending on service requirements. The resident is expected to arrive earlier if needed to ensure all patients are reviewed according to “expected progression of the resident” as outlined.

#### Required presentations:

- One patient case and/or grand rounds presentation to pharmacy and/or medical staff
- The topic should be a therapeutic controversy, change in practice, or discussed and approved by preceptor prior to beginning
- Project may be substituted for formal presentation at preceptors discretion

#### Required readings:

- Readings will be assigned throughout the learning experience

#### Misc. Projects:

- Other projects may be assigned per preceptor requests and will be completed by the end of the learning experience

#### Attire

- Scrubs allowed in trauma bay and emergency department
- Business casual with white coat during formal presentation and/or limited access to patient care areas

#### 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 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
  - Response to email is expected EOB
- The resident is expected to be reachable during rounds. 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:

The resident is expected to progress in a linear fashion with the goal of safely and effectively managing general surgery and trauma patients. This will be demonstrated through the residents’ ability to identify pertinent medical and pharmacy related issues on each individual patient on a daily basis; successfully recommend and implement pharmacy interventions daily; and provide evidence-based information to nursing and medical staff.

By midpoint, appropriate progression also includes the ability to round independently with the medical team; precept pharmacy students and PGY-1 residents (if applicable); and actively lead a topic discussion. By the completing the learning experience, the resident should be able to perform the activities listed above as an independent practitioner.

### **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.*

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Pharmacy Resident

Primary Preceptor