

PGY2 Critical Care Course Description

Learning Experience Title: Pain Management

Preceptor:

Sarah Young, Pharm.D., BCPS
University Health Truman Medical Center
2301 Holmes St
Kansas City, MO 64108
Phone: (816) 404-4416
Pager: (816) 374-1373
Mobile: (816) 284-0583
Email: sarah.young@uhkc.org

Description:

The PGY2 Pain Management learning experience at University Health is an elective 4 week rotation that will expose residents to the management of pain during both acute and chronic illness. The role of the pharmacist in this practice setting provides services for patients on the inpatient pain management consult service as well as patients identified through use of targeted medication reports. They also provide ambulatory care services in an outpatient pain management clinic. They complete patient chart reviews and face-to-face interviews, and provide medication related information and education to healthcare providers and the public. This experience will allow the resident to further develop their clinical skills, knowledge base, and professional and lay communication. They will also serve as the primary source of drug related information for the pain management consult service.

Resident Responsibilities:

- Provide pharmaceutical care and patient education for all patients on the inpatient pain management consult service and outpatient pain management clinic
- Attend Corporate Pain Management Committee and P&T Committee monthly meetings
- Provide accurate, evidence based drug therapy recommendations and drug information to healthcare providers
- Document all clinical interventions
- Participate in and/or lead topic discussions
- Precept Pharm.D. students and PGY1 residents assigned to this experience
- Attend all pharmacy student/resident presentations
- Provide education to providers, students, and patient
- Perform a formulary review, DUE, or alternative performance improvement project
 - A formal case/disease state presentation may be presented in lieu of a formal project (use at least 2 sources of primary literature to answer a clinical question)
 - An alternative project may be assigned depending on other activities throughout the month

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:

- Gastrointestinal
 - Pancreatitis
 - End Stage Liver Disease
- Hematology/Oncology
 - Sickle Cell Disease
 - Cancer Pain

- Neurology
 - Fibromyalgia
 - Neuropathic Pain
 - Functional Pain Disorders
 - Headache
- Palliative Care
 - End of life
- Psychiatry
 - Opioid Dependence and Addiction
- Other
 - Post-operative Pain
 - Musculoskeletal Pain

Learning Experience Activities:

Activity	Objectives Covered
Provide accurate and complete recommendations for drug therapy and monitoring parameters using evidence based medicine	R1.1.1
Perform thorough patient interviews using appropriate open-ended dialogue, validated pain assessment scales, and the teach-back method when providing education	R1.1.2
Gather, organize, and analyze patient care information from all sources (patient interview, electronic chart, discussion with primary team) in order to develop a complete pharmacotherapeutic plan	R1.1.3
Document pain management consult notes appropriately within Powerchart and document pain management interventions appropriately through Medication Manager	R1.1.7
Advocate for the patients success. Prioritize work in a manner that places patient activities first	R1.1.8
Ensure continuity in the treatment care plan with all teams caring for the patient. Create a unified plan using knowledge of available options within the healthcare system	R1.2.1
Demonstrate effective communication not only with members of the healthcare team, but also with patients and other members of the healthcare community	R3.1.1
Present formal case/disease state presentation (20 minutes) during last week of rotation to pharmacy personnel	R4.1.2

Objectives selected to be evaluated during learning experience:

R1.1.2 (Applying) Interact effectively with critically ill patients, family members, and care givers

R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy 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

R1.1.8 (Applying) Demonstrate responsibility to critically ill patients for patient outcomes

R1.2.1 (Applying) Manage transitions of care effectively for critically ill patients

Requirements of Learning Experience:

Expected hours: 0700-1500, times may vary based on patient care requirements

Required readings

- Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. MMWR Recomm Rep 2016; 65:1-49.
- Other readings will be assigned throughout the learning experience

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
- E-mail – at a minimum, residents are expected to read email at the beginning, middle, and end of each day to facilitate communication.
- Office extension – this is appropriate for urgent questions pertaining to patient care.
- Pager – this is appropriate for urgent/emergent situations pertaining to patient care.

Expected progression of resident on this learning experience:

Day 1 – Preceptor will review pain management learning activities and expectations, as well as general calendar and monthly activities with resident.

Week 1 – Resident will be responsible for working up approximately half of the service's patients and present to preceptor daily. Preceptor will round with resident and model pharmacist's role for the service. Towards end of week, preceptor will coach the resident to take on more responsibilities as the pharmacist for the service. Topic for case presentation or project idea should be identified by the midpoint.

Thereafter – Resident will be expected to take on more responsibility for the pain management service, continuing to discuss patients on a daily basis with the preceptor and independently rounding on these patients to complete assessments. Preceptor will no longer round with resident. Resident will also be responsible for reviewing targeted drug reports on a daily basis to identify additional high risk patients. Residents will facilitate learning with Pharm.D. students when applicable. Draft of presentation or project will be presented to preceptor several days before due date for review and edits.

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