

PGY2 Course Description

Learning Experience Title: Neurosciences Intensive Care

Preceptor:

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Description:

The critical care specialty elective experience will focus on the foundational concepts of neuroscience intensive care medicine. The resident will be expected to progress in the rotation to mimic an independent clinical pharmacist, and continue to expand on clinical topics and expertise. The resident will round with patient care teams, but will focus specifically on patients suffering from neurological and neurotrauma injuries.

Roles of the Pharmacist in the Practice Area:

The pharmacist is responsible for rounding with the trauma service, neurocritical care intensivist, and the pulmonary multi-disciplinary team on a daily basis. Interventions are made to the teams as appropriate, and any geriatric medication evaluation consults will be completed as requested. The pharmacist is responsible for addressing Vigilanz alerts for the appropriate census based on their assigned unit that day. The pharmacist will respond to all code strokes from outside the facility presenting to the emergency department and will meet inpatient code strokes and the corresponding team members in the CT suite to evaluate for IV thrombolytic candidacy. The pharmacist will be readily available to the ICU providers and nursing staff for practical and drug information related questions throughout their shift.

Resident Responsibilities:

- Provide a review of medication regimens for critically ill patients
- Provide timely, evidence-based drug therapy recommendations and information
- Design evidence-based therapeutic regimens and monitoring plans
- Document all therapeutic interventions in VigiLanz (clinical database)
- Attend trauma, neuro, and multidisciplinary rounds daily
- Lead at least one topic discussion
- Assist with development of ICU improvement plan, if opportunity presents itself
- Participate in topic discussions with preceptor
- 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:

- Acute ischemic stroke

- Subarachnoid hemorrhage
- Intracranial hemorrhage
- Traumatic Brain Injury
- Paroxysmal sympathetic hyperactivity
- Neuromuscular blockade (NBM)
- Management of acute thromboembolic emergencies
- Status epilepticus
- Seizure prophylaxis in the neuro ICU
- Acute treatment of Cerebral Edema
- Spinal cord injuries

Learning Experience Activities:

Activity	Objectives Covered
Patient Care	
The resident will identify problems related to drug therapy, including those not found by VigiLanz monitoring service and discuss any identified issues with preceptor prior to rounds and/or the rounding team during multidisciplinary rounds.	R1.1.4
The resident will follow up after rounds to ensure recommended changes are made and ensure all parties are aware. Preceptors will assess this daily.	R1.1.6
Independently prepare bedside emergency medications (i.e. TNK, KCentra), in the ED, ICU, and floor as needed. This includes the ability to assess appropriateness of therapy, determine dose, and nurse instructions on how to administer bolus and drip as necessary.	R1.3.1
Leadership and Management	
The resident will arrive to rotation at a time conducive to conducting a thorough patient work-up prior to rounds. The resident will be prepared for topic discussions and complete all work before the end of the work day as appropriate.	R3.2.2
The resident will recognize areas for personal improvement and seek additional guidance and feedback as needed.	R3.1.2

Objectives selected to be evaluated during learning experience:

R1.1.4 – (Analyze) Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.

R1.1.6 - (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

R1.3.1 - (Applying) Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.

R3.2.2 - (Applying) Manages one's own practice effectively.

R3.1.2 - (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.

Requirements of Learning Experience:

Expected hours: 160 hrs per month

Required presentations: None

Required readings: Provided in separate location. Electronic versions available in topic discussions folders. Will provide on first day of rotation.

Preceptor interaction: The resident will have daily interactions with the preceptor that consist of patient care discussions, educational discussion on various disease states, and in-the-moment learning following emergent situations. As the rotation progresses, the autonomy granted to the resident will increase, but the preceptor will always be available to assist if needed.

Communication: The resident and preceptor will communicate frequently throughout the day. The preceptor will provide in-the-moment feedback as well as a midpoint and final evaluation. The resident will be expected to corroborate with the evaluation process including self-evaluations and evaluation of the preceptor and rotation itself. Throughout the rotation, all forms of communication will occur between pharmacists, providers, and nurses in the intensive care unit.

Expected progression of resident on this learning experience:

Length of time preceptor spends in each of the phases will be personalized based upon resident's abilities and timing of the learning experience during the residency training year.

Day 1: Orientation

The resident will be given a tour of the hospital and the neuro ICU unit. The resident will be instructed on the basics of Research Medical Center's EMR system, Meditech, as well as the clinical pharmacy surveillance system, VigiLanz. The resident will be shown how to obtain and print patient lists, as well as how to structure patient information (based on a system-based approach) for patient presentations prior to multidisciplinary rounds.

Day 2-3: The Resident will thoroughly work up three of the team's patients and present patients to the preceptor daily based on a system-based approach. 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.

Day 4-6: The resident will continue to thoroughly work up the team's patients (increasing in the number of patients daily) and discuss patient problems with the

preceptor. During this time, the preceptor will attend and participate in rounds alongside the resident while coaching them on their approach to making recommendations. In addition, the preceptor will coach and help facilitate the resident becoming the lead pharmacist on that team.

Week 2-4: Resident will be responsible for thoroughly working up all of patients on the service and discuss patient problems with the preceptor daily. The preceptor will no longer attend rounds but will 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