PGY1 Course Description

Learning Experience Title: Critical Care 1

Preceptor:
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Description:
The Critical Care I rotation is a required 4-week core learning experience 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 as well as resident and student education. During the rotation, residents will begin to develop their pharmacotherapeutic skills, broaden their knowledge base, and serve as a clinical resource for the Critical Care team.

Learning Experience Responsibilities:
- Attend all Code Blue's in the ICU with preceptor
- 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 preceptor
- Supervise PharmD students (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:
- Pain, agitation and delirium
- Use and monitoring of neuromuscular blocking agents
- Septic Shock
- ACLS/Targeted temperature management
- DKA
- Acid/base disorders

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

Goal and objectives to be covered:

- Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
    - Obj R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.
    - Obj R 1.1.2: (Applycing) Interact effectively with patients, family members and caregivers.
    - Obj R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
    - Obj R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
    - Obj R1.1.7: Document direct patient care activities appropriately in the medical record or where applicable.
- Goal R3.2: Demonstrate management skills.
    - Obj R3.2.4: (Applying) Manage one's own practice effectively.
- Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
    - Obj R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Objectives to be evaluated:

Activity	Objectives
The resident will collaborate daily with the medical residents/fellows as it pertains to medication therapy and optimizing care of the patient. Persuade the critical care team to provide pharmacist-driven treatment options before, during, and after rounds. Topics that require negotiation should occur during rounds and involve the fellow or staff physician.	1.1.1
Display empathy/caring attitude when providing direct patient care or during any and all family meetings. Introduce yourself to the patient and family when you enter the room. Explain the role of the pharmacist to the family, answer family questions related to medication issues.	1.1.2
Independently review patients medication history, reason for admission, pertinent labs/cultures when developing a medication treatment plan	1.1.3
The resident will actively participate in rounds, taking note of medication therapy changes to be implemented that day. The resident will then independently follow-up on all changes and/or monitoring plans have been implemented.	1.1.6
The resident will enter all interventions using the department's electronic intervention tool. This will include any new consults, rejected orders, or orders levels follow-up.	1.1.7
The resident will develop a plan that allows them to meet all the responsibilities of the learning experience, set realistic deadlines to meet.	3.2.4

The resident should continuously self-reflect and identify areas of success and areas for improvement along with a plan to reach their goal	
The resident will deliver a presentation that is at the appropriate level of the learner as well as implement strategies to engage the audience such as questions to the audience. The resident will deliver a presentation that is well thought out and rehearsed as to allow for smooth transitions, decreased use of filler words and increased poise while presenting.	4.1.2

Requirements of Learning Experience:
Expected Hours: 0600-1530 (times may vary depending on patient census and service requirements)
Required presentations: A 30min case presentation 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 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 50% all of the team's patients and present patient 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 at least 75% all of the team's patients 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 when recommendations and interacting with the team. In addition the preceptor will coach and help facilitate the resident becoming the lead pharmacist on that team.

Weeks 3-4: 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 by 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