

PGY1 – Critical Care Unit (CCU) and Step-Down Learning Experience

Principal Preceptor: Janice Egan, Pharm.D.

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Associate Preceptors: Tim Smith, Pharm.D.; Kelsey Balcita, Pharm.D., BCPS; Sarah Gulino, Pharm.D., BCPS; Elizabeth DuPreez, Pharm.D.

Learning Coaches: Kevin Joy, Pharm.D., Tresa Scolaro, Pharm.D.

Hours: Generally, 0700 to 1730 M-F

Communication: Halo your preceptor directly

Communication

Meet daily with preceptor to discuss patient care

E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.

Office extension: Appropriate for urgent questions pertaining to patient care.

Halo: Residents to Halo the preceptor for urgent/emergency situations pertaining to patient care

General Description

The clinical pharmacist is responsible for all aspects of medication therapy management for patients in the intensive care units. Tasks include working with other members of the Intensive care team including physicians (hospitalists, surgeons, and other specialists), nurses, respiratory therapists, dietary and social services. The pharmacist is an established member of the team, and over the course of the rotation the resident is expected to establish themselves as a member of the team as well. The resident will comprehensively monitor medication use and proactively intervene to improve patient outcomes. The resident will be a resource to other health care professionals on the team for drug information related to patient care. The resident will actively participate in daily multi-disciplinary rounds. The resident will participate in all codes in the hospital utilizing BLS/ACLS protocols. The resident will serve as a co-preceptor for the PharmD students.

This experience should be taken after the Clinical Skills and the Medicine/Surgical experiences, building on what has been learned. It is expected that residents will be capable of staffing a CCU shift at ATRMC with little or no assistance by the end of their rotation.

Disease States

Common disease states in which the resident will be exposed to through direct patient care experience for common diseases including, but not limited to:

- General
 - VTE prophylaxis and treatment
 - Stress ulcer prophylaxis
 - ICU sedation, analgesia, and neuromuscular blockade
 - Pharmacokinetics
 - Pain control



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- Anticoagulation
- Parenteral Nutrition
- CNS
 - Acute drug overdose
 - Coma
 - Stroke
- Cardiovascular
 - Shock (all forms)
 - Acute decompensate heart failure
 - Arrhythmias
 - Hypertensive crisis/emergency
- Metabolic and Endocrine
 - DKA
 - Diabetes
 - Fluid and electrolyte balance
- Respiratory
 - ARDS
- Acute and chronic respiratory failure
- Arterial blood gas analysis
- Infectious Disease
 - Sepsis
 - Hospital acquired and opportunistic infections
 - Principles of antibiotic selection and dosing
- Renal
 - Fluid and electrolyte disturbances
 - Acute renal failure
 - Acid/base disorders
 - Drug dosing in renal failure
 - Dialysis
- Gastrointestinal
 - GI bleeding
 - Hepatic Failure

Topic discussions and reading key articles will be used to help develop the resident's patient care skills for common disease states or acquiring knowledge about disease seen infrequently on the service.

A self-assessment test will be given to the resident on the first day of rotation during orientation for the rotation. The resident will research and complete the self-assessment test throughout the rotation. The preceptor and resident will have reviewed and discussed all the answers by the last day of the rotation.

During these learning experiences the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume responsibility for all of the patients within the assigned unit. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

Expected Progression of resident responsibility on this learning experience

Day 1:

Preceptor to review learning activities and expectations with resident.

Week 1:

The resident is to work up several of the team's patients and discuss their care with preceptor prior to making recommendations. Residents will work to improve knowledge on areas of determined weakness.

Preceptor to attend and coach in team rounds with resident, modeling pharmacist’s role on the health care team.

Week 2:

The resident is to work up 1/4 of the team’s patients and discuss problems with preceptor daily. Preceptor to attend team rounds with resident, coaching the resident to take on more responsibilities as the pharmacist on the team.

Week 3:

The resident is to work up ½ of the team’s patients and discuss problems with preceptor daily. Preceptor will facilitate resident’s growth towards independent practice, and provide additional teaching, modeling, and coaching as needed. Resident is to be prepared to discuss all their patients at rounds.

Week 4-6:

Each week the resident is expected to take over the responsibility of working up more of the team’s patients, continuing to discuss problems with preceptor daily, so that by the end of the experience the resident is carrying the whole patient load.

Competency Area R1: Patient Care		
GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process.		
Objective Number	Objective	Associated Activities
R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> Analyze assigned patient-specific profiles, medication administration records, and pertinent clinical data / documentation records daily. Design, evaluate, recommend, implement and monitor patient-specific pharmacotherapy (stress ulcer prophylaxis, anti-hyperglycemic agents, pain therapy, sedation, pressors, kinetics and other therapies frequently encountered in critical care) Apply knowledge regarding the mechanism of action, pharmacokinetics, usual regimen (dose, schedule, route), indications, contraindications, interactions, adverse reactions, and therapeutics of medications used in the treatment of diseases commonly encountered Make appropriate recommendations for antimicrobial therapy optimization based on cultures, sensitivities, renal and hepatic function, and patient clinical condition Properly judge the reliability of data (e.g., collection timing or site, or differences in test sites)
1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and	<ul style="list-style-type: none"> Design, evaluate, recommend, implement and monitor patient-specific pharmacotherapy. Start patient on a dosing regimen designed to achieve target levels. Determine when levels or other appropriate labs need to be ordered then, revise drug regimen as necessary.



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	<p>monitoring plans (care plans).</p>	<ul style="list-style-type: none"> • Discuss recommendations for addressing medication therapy issues with preceptor prior to rounds with the interdisciplinary team using evidence-based, measurable, achievable therapeutic goals.
<p>1.1.6</p>	<p>(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</p>	<ul style="list-style-type: none"> • Recommend or communicate patients’ regimens and associated monitoring plans to members of the healthcare team via face-to-face, Doc Halo, or telephone. The recommendation should convey expertise, be persuasive but not aggressive and based on studies to back up your point. • Ensures recommended regimens are implemented effectively for the patient. The therapy should be clear, concise and timely, complies with the Asante policies and procedures, and any lab tests needed reflect on the recommended therapy. • Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. • Respond appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.). • Provide written or verbal education to patients, and caregivers including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. • Identify and resolve medication related problems then implement a plan for solving those problems. • Report and prevent adverse drug reactions • Apply IV to PO protocols and renal dosing protocols • Complete physician consultations for patient specific medication therapy management • Provide antimicrobial stewardship (72-hour time out, de-escalation, drug shortage, drug-bug mismatch, drug-indication mismatch, drug-lab mismatch, duplicate therapy, days of therapy, protected antibiotics, etc) • Initiate parenteral nutrition regimens and monitoring plans for patients upon consult • Design, evaluate, recommend then implement pharmacokinetic drug monitoring and regimen adjustments based on evidence for disease states being treated and patient clinical condition.

1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> • Documentation for direct care patient activities will be clear, concise and written in time to be useful. It will follow Asante policies and procedures, will include pertinent subjective and objective data and will reflect an accurate interpretation of that data. • Open relevant iVents that includes appropriate information required for follow-up. • Chart all clinical interventions, therapeutic recommendations, patient-specific pharmacotherapy and progress notes
Competency Area R2: Advancing Practice and Improving Patient Care		
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.		
Objective Number	Objective	Associated Activities
2.1.4	(Applying) Participate in medication event reporting and monitoring.	<ul style="list-style-type: none"> • Use currently available technology and automation that supports a safe medication-use process. • Investigate, report, track and trend adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs
Competency Area R3: Leadership and Management		
Goal R3.2: Demonstrate Management Skills		
Objective Number	Objective	Associated Activities
3.2.4	(Applying) Manage one’s own practice effectively	<ul style="list-style-type: none"> • Needed work was accomplished in the time available. • Accurately assesses successes and areas for improvement in managing one’s own practice. • Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks. • Regularly integrates new learning into subsequent performances of a task until expectations are met (i.e. iterative improvement). • Routinely seeks applicable new learning opportunities when performance does not meet expectations. • Demonstrates effective workload management and time management skills. • Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g. patient care, project, management meetings). • Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions (emotional intelligence). • Demonstrates enthusiasm, self-motivation, and “can-do” approach. • Maintains healthy work-life balance.

		<ul style="list-style-type: none"> Works collaboratively within the organization’s political and decision-making structure.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge		
Goal R4.2 Effectively employes appropriate preceptors’ roles when engaged in teaching		
Objective Number	Objective	Associated Activities
4.2.1	(Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs	<ul style="list-style-type: none"> Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating): <ul style="list-style-type: none"> Selects direct instruction (e.g. conveyance of fundamental information) when learners need background content. Identifies appropriate level of information and method of conveyance based upon each unique situation (e.g. direct instruction of an inexperienced pharmacy student differs from direct instruction of a PGY1 resident) Selects modeling (e.g. demonstration of a skill or process) when learners have sufficient background knowledge (e.g. fundamental information) to understand the skill being modeled (e.g. learner observes as resident explains his/her thought process while developing a medication therapy plan) Selects coaching (e.g. provides feedback while learner demonstrates a modeled skill) when learners are prepared to perform a skill under supervision. Feedback must be specific and criteria-based (e.g. feedback must inform the learner how they are performing in relation to a specified criteria) Selects facilitating (e.g. allowing learner to perform independently while remaining available for assistance and debriefings) when learners have performed a skill satisfactorily under coaching. Assigns progressively more complex patients as learner advances (e.g. development of therapy plans for patients who have CAP versus development of therapy plans for patients who have HAP/VAP). Conversely, identifies when a learner requires a reduction in preceptor role (e.g. preceptor assigns articles to a learner had many fundamental questions regarding a modeled process)
4.2.2	(Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> Appropriately instructs fundamental information (e.g. explaining a mechanism of action to a novice student versus directing a resident to the correct guideline) Appropriately models skills (e.g. “thinking out loud” as student observes the development of a medication therapy plan, verbally)

		<p>explaining the step-by-step process as a fellow resident observes the assembly of a code cart Abboject, verbally explaining the proper technique to donning sterile gloves as a technician observes)</p> <ul style="list-style-type: none"> • Appropriately coaches and provides specific and criteria-based feedback (e.g. verbal explanation is provided to a student regarding what he/she is performing correctly/incorrectly regarding a specific task) • Appropriately facilitates independent learners (e.g. responding to a student’s question who is independently performing a task, debriefing with a student who has completed medication therapy plans for a group of assigned patients)
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Evaluation Strategy

The preceptor will provide verbal formative feedback during the course of the rotation. Written feedback will be provided at the end of the 4-week rotation.

Pharm Academic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). The resident and preceptor will independently complete the evaluations. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and resident self-assessment skills. Following discussion, preceptor will provide documentation of the discussion and correlation of resident self-assessment on the preceptor evaluation prior to submitting evaluation in Pharm Academic. Evaluations will be completed no later than due date specified below.

What	Who	When
Summative	Preceptor	End of week 6
Summative Self-evaluation	Resident	End of week 6
Preceptor/Learning Experience Evaluation	Resident	End of week 6