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**Site:**

Highpoint Health

**Status:** Active

Required

**Description:**

Critical Care is a required 10-12 week learning experience at Highpoint Health. The focus of this learning experience is critical care, perioperative care, and emergency medicine. The role of the pharmacist includes rounding, clinical consults, drug information, emergency response, and transitions of care. The resident will build on previous experiences while rounding in the ICU, surgical settings, and working with the emergency department team. The resident will respond to code situations making use of their ACLS and PALS training. The resident will also work with perioperative personnel learning when and where various techniques and agents are used throughout the facility.

Activities:

Pharmacy Consultation Services

Drug Information Services

Critical Care Rounding

Code Team Participant

Perioperative Team Participant

Transitions of Care

Emergency Medicine

Topic Discussions

Complete the required reading list

Topics and Disease States:

Sedation and Paralytics

Anticonvulsants

Shock

GI Bleed

DKA

Acid Base Disorders

TPN Management

Withdrawal Protocols

SCIP Guidelines

Malignant Hyperthermia

Respiratory Failure

Cardiac Rhythm and Rate Management

**Expectation of Learners:**

Day 1: Preceptor to review the learning experience description and evaluation strategy with the resident. Baseline self-assessment of the resident will be completed.

Week 1-2: The preceptor will model the role of the ICU pharmacist with patient care reviews for multidisciplinary rounding. The resident will start rounding on patients that are not new admissions and transition to new admissions during week 2. The resident will have a topic discussion to present to the ICU pharmacist and the ICU nursing staff each week. The resident will respond to code situations.

Week 3-4: The preceptor will coach the resident on rounding skills during week three. Week 4, the resident is expected to transition to the facilitation phase with rounding. The resident will maintain a presence in the ICU throughout the day, while managing new orders, consults, and consult follow-ups. The resident will observe nursing with new admissions, intubations, rapid assessments, and all other learning experiences on the unit. The resident will carry the ICU phone and address all drug information questions. The resident will respond to codes. Weekly topic discussion presentations will continue.

Week 5-6: The resident will continue to round without the assistance of the preceptor and maintain a presence in the ICU throughout the day, while managing new orders, consults, and consult follow-ups. The resident will begin working side by side with the ICU nursing and physician team during admissions, intubations, rapid assessments and all other learning experiences. The resident is expected to step in and assist with medication dosing, retrieval, and preparation. The resident will continue to carry the ICU phone and respond to codes. Weekly topic discussion presentations will continue.

Week 7-8: The resident will practice as the ICU pharmacist. The focus of weeks 7 and 8 are for the resident to transition from learning to teaching. The expectation is for the resident to begin teaching the ICU nursing and physician team while becoming a confident practitioner. The resident will continue to maintain order verification, consults, weekly topic discussion presentations, and other tasks as stated previously.

Week 9: The resident will switch to a perioperative learning environment during week 9. This is after the resident is comfortable with intensive care and emergency response. The resident will work with perioperative staff to follow patient care from arrival to discharge. The resident is expected to track medication usage, appropriateness, and safety with the movement of the patient through the levels of care.

Week 10-12: The resident will move to the emergency department to wrap-up the critical care experience. At this time, the resident will be able to confidently handle emergent and highly intense situations. The resident is expected to become a part of the emergency department team by actively participating in patient care.

			<b>Activities</b>
<b>Goal R1.1</b>	<b>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</b>		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy	Taught and Evaluated	Continue role for evidence-based medication therapy recommendations on rounds utilizing formulary products currently available or appropriate substitutions. Review patient's medical reconciliation and evaluate any problems with patient's current health status. Follow up with prescriber to resolve any issues before the patient is discharged.
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy	Taught and Evaluated	Analyze patient's medication profile, MAR, lab and radiology reports and give input to the medical rounding team when pertinent to the patient's case. Question new orders if perceived issues with appropriateness for patient - i.e. correct dose, route, frequency.
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Taught and Evaluated	Create dosing regimens for "Pharmacy to Dose" orders, utilizing patient's current medical status that are both safe and effective for the patient. This includes ordering proper monitoring parameters and dosing adjustment.
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Taught and Evaluated	Discuss recommendations for changes in medication therapy on rounds and verify that agreed upon changes have been ordered or followup with hospitalist or intensivist if not ordered correctly. Document recommended changes to regimens and monitoring plans in the electronic medical record and discuss with clinical staff when a more immediate change needs implemented.
<b>Goal R2.2</b>	<b>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system</b>		
OBJ R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system	Taught and Evaluated	Collect relevant data for project, implement any changes proposed in pilot program after obtaining proper approval. Develop medication education program for patients/caregivers and nursing personnel.
OBJ R2.2.4	(Evaluating) Assess changes made to improve patient care or the medication-use system	Taught and Evaluated	Evaluate project of relevance to standard of care and possible formulary drug changes.
<b>Goal R4.1</b>	<b>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)</b>		
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education	Taught and Evaluated	Follow-up with the critical care team after topic discussions. Ask questions to ensure understanding of information presented. Use the teach back method when educating patients and family members.

**Evaluations:**

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Beginning
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	50.00%