

Faculty: Bowden PharmD, Ashley; Choudhary, Kavish

Site:

University of Utah Hospitals and Clinics

Status: Active

Required

Description:

Duration of rotation 12 months (longitudinal)

Overview of Learning Experience: Progressing into the PGY2, the resident will continue to staff in the inpatient setting at University Hospital. The resident will primarily staff in the central pharmacy and decentralized units where they are trained. The resident is expected to serve as a clinical pharmacist and operate independently. Residents will staff an operations or patient care area for the equivalent of four 8 hour shifts per month. Residents will be assigned a staffing preceptor that will be available to answer questions and evaluate the progress of the resident as an independent pharmacist practitioner in each area staffed. While staffing, the resident is expected to demonstrate leadership while caring for patients; specifically, the resident is expected to navigate clinical, workflow, personnel and other issues that may arise.

In addition, the resident will serve as the administrator on-call through the year. While assessed on other rotations, the resident will work with leadership to address open shifts, scheduling issues, as well as administrator on-call for the Department of Pharmacy Services. While staffing, it is expected that the resident to serve as a leader, and a liaison to management.

Site Description: University of Utah Hospitals & Clinics (UUHC) is comprised of 4 hospitals, 12 free standing clinics, 16 retail pharmacies, 4 infusion centers, ambulatory clinic services, home infusion service, and a comprehensive drug information service. University Hospital is a 490 bed, level 1 trauma center with strong critical care, emergency medicine, surgical services, obstetrics and gynecology, neonatal, internal medicine and subspecialties, neurosciences, and rehabilitation. The University Neuropsychiatric Institute is a 130 bed inpatient psychiatric facility. The Huntsman Cancer Institute consists of a 100 bed inpatient service including an intensive care unit, an ambulatory infusion suite, and extensive ambulatory cancer clinics, including bone marrow transplant. The University Orthopaedic Center provides mostly ambulatory care surgery services plus orthopaedic specific clinics. The ambulatory care network includes the Community Clinics located throughout the Salt Lake Valley and the four surrounding counties that provide both primary and specialty care, plus the specialty clinics and infusion room at University Hospital.

While on rotation, the resident will spend the majority of time at University Hospital and Huntsman Cancer Hospital.

Role of the pharmacist:

While staffing, the resident may serve as the Senior Director or Manager; both roles indicate that there may be a need to serve as a clinical pharmacist. Staffing as a clinical pharmacist, roles include addressing patient care needs and contributing to the organization's mission. In addition, the Senior Director or Manager will be called upon to serve as a leader in the department, with responsibilities including, but not limited to:

- Managing day to day operations
- Demonstrate strong problem solving skills. Examples of these situations include: Urgent, emergent and disaster situations; day to day activities; actions needed based on reported medication events; actions to improve and standardize processes; making strategic decisions on the use of personnel and resources.

Expectation of Learners:

As a clinical pharmacist, the experience will involve managing an assigned patient care area or pharmacy. The units are selected each year based on staffing needs, training, and volumes. Residents will learn to efficiently work up patients, handle questions from nurses, physicians and pharmacists, identify essential recommendations, make recommendations to medical/surgical staff, manage an intern, and manage their time and duties safely and effectively. The resident is expected to arrive at the rotation site early enough to work up all new patients and review essential changes overnight for old patients in order to have recommendations ready for rounding teams in the morning. The resident is expected to reconcile home medications with inpatient med orders and sign off med histories completed the night before. The resident is expected to search the literature, read articles, consult other pharmacists, and use electronic resources to identify safe and effective therapeutic recommendations for their patients. Recommendations must be made in a timely fashion to promote safe and effective use of medications.

The resident is expected to fulfill the role of a pharmacy administrator. At times, the resident may serve in an operations manager role, navigating workflow issues. The resident may even serve as a clinical manager, addressing issues that address staffing and patient care. At times, the resident may even serve as a Senior Director, navigating complex institutional issues that may come up. The resident is expected to utilize the management for support and back-up; however, they are expected to be able to act as an independent manager as the year progresses.

Pre-rotation preparation: none.

Readings and preparatory work: none.

Project or presentation description: none.

Typical daily, weekly and monthly activities: As a clinical pharmacist, the resident is expected to come in on time for the assigned shift and at a minimum stay through the scheduled time and perform an appropriate hand-off to the incoming pharmacist. While serving as an administrator on-call, the resident is expected to take the pager and assess what issues may occur during their time on-call and what resources they may need. In addition, when on-call, the resident is expected to be able to get to the main hospital campus in 60 minutes and be in condition to work.

Resident progression:

1. End of first quarter: be on pace to complete 25% of staffing shift requirements; serve as pharmacy administrator on-call for at least one week with preceptor serving as back-up.
2. End of second quarter: be on pace to complete 50% of staffing shift requirements; serve as pharmacy administrator on-call for at least one week with minimal back-up.
3. End of third quarter: be on pace to complete 75% of staffing shift requirements; serve as pharmacy administrator on-call for at least one week with minimal back-up.
4. End of fourth quarter: be on pace to complete 100% of staffing shift requirements; serve as pharmacy administrator on-call for at least one week without back-up.

Evaluation: The resident will receive informal feedback on a regular basis regarding their progress on staffing and on-call. They will sit with the preceptor for quarterly reviews that will be recorded in PharmAcademic.

		Activities	
Goal R1.2	Manage the medication distribution process in all locations within the health system where drugs reside.		
OBJ R1.2.1	(Evaluation) Based on one's own assessment of the pharmacy's drug control systems, contribute any needed recommendations for improvement.	Taught and Evaluated	Suggest improvements.

Goal R1.3	Manage a pharmacy's direct patient care services.		
OBJ R1.3.1	(Evaluation) Based on one's own assessment of the scope of the pharmacy's current services for its capacity to meet the needs of all patients served by the health system, identify any needed services.	Taught and Evaluated	Suggest improvements.
Goal R1.4	Participate in the development and coordination of medication-use policy initiatives.		
OBJ R1.4.1	(Synthesis) Participate in oversight of the formulary management process.	Taught and Evaluated	Staff to support inpatient pharmacy.
Goal R3.1	Develop an overall plan for the organization and staffing of the pharmacy.		
OBJ R3.1.1	(Analysis) Determine the minimum staff requirements that match the department's scope of services.	Taught and Evaluated	Suggest improvements.
Goal R3.3	Participate in the departmental performance management system.		
OBJ R3.3.1	(Evaluation) Effectively supervise the work of pharmacy personnel.	Taught and Evaluated	Staff to support inpatient pharmacy.

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
Management Rotations	All Preceptors	Each Resident Taking this Learning Experience	25.00%
Management Rotations	All Preceptors	Each Resident Taking this Learning Experience	50.00%
Management Rotations	All Preceptors	Each Resident Taking this Learning Experience	75.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed