

# **PGY1 Staffing Rotation Description – Track A**

## **Preceptors:**

The preceptor and coach for this experience is the pharmacist who works most closely with the resident on their schedule staffing rotation every third weekend on acute care services including Surgery, Internal Medicine and Cardiovascular Medicine.

Surgery: David Cannan, PharmD, Daniel Lee, PharmD

Internal Medicine: Ashley Crosby, PharmD, BCPS; Kristine Ferreira, PharmD, BCPS, Amanda Gallegos, PharmD, BCPS, Adya Mishra, PharmD

Rehabilitation Medicine: Ashley Zabka-Cline, PharmD

## **Site Description:**

The University of Utah Hospital is a level I trauma center that serves critical and acute care patients in 488 beds, and is a referral hospital for a 6-state region. Over 120 FTEs of pharmacy staff serve the patients of University Hospital, and the residents are a part of patient care and multi-disciplinary teams. The residents will be assigned to an inpatient care unit to cover every third weekend (or equivalents part of their regular staffing pattern throughout the year). The resident must also pick up shifts in the central order verification area of the pharmacy to develop additional operational skills. Decentralized pharmacists are routinely responsible to work up all patients on their respective unit and make recommendations to improve patient therapy plans on weekends. Pharmacists also rotate through the central operations area to verify orders for all patients in the hospital and oversee the preparation and distribution of medications. Pharmacists also respond to drug information and policy questions.

## **Rotation Description:**

This experience will involve managing an assigned patient care area or pharmacy as the pharmacist staff person. The units are selected each year based on staffing needs and volumes. Residents will learn to efficiently work up approximately 36 acute care patients, handle questions from nurses, physicians and central pharmacists, identify essential recommendations, make recommendations to medical/surgical staff, manage an intern/technician, and manage their own time and duties safely and effectively. Residents will provide clinical staffing responsibilities in one decentralized acute care unit during the year, and in the central operations area.

## **Role of Pharmacist:**

Pharmacists in this role are clinical staff who work on the decentralized unit with the resident. The weekend pharmacists complete medication reconciliation, work up half of the team's patients, examine patient drug therapy for safety and efficacy, make therapy recommendations to interdisciplinary teams, respond to questions from the interdisciplinary patient care team and from the central pharmacy, review discharge medication lists for patient going to SNFs, coordinate with the discharge pharmacist/outpatient pharmacy, provide medication education to patients, and document pass off notes and medication reconciliation notes in the chart. Pharmacists occasionally rotate through the central pharmacy operations area where they verify orders, oversee the preparation and dispensing of medications, and provide drug information and therapy recommendations upon request for the whole hospital.

## **Expectations of Resident:**

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. For central operations shifts, residents are expected to show up at the assigned shift times and remain the duration of the shift, The resident is expected to reconcile home medications with

inpatient med orders and sign off medication 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. As the year progresses, the resident is expected to become increasingly efficient and independent in patient care tasks both on the assigned unit on weekend staffing. Residents are also expected to become proficient in staffing the central operations pharmacy as described in the Role of the Pharmacist above.

## Expected Progression

**Baseline:** The resident is expected to learn all required staffing tasks during orientation and staffing training. The resident should be able to provide a basic review of all assigned patient's medications and labs by the end of orientation, identifying recommendations related to organ function and acute care issues. The resident should be able to perform accurate verification of orders and accurate checking of specials in Central. The resident will be ACLS trained and ready to attend codes on weekends.

**Quarter 1:** Residents will be expected to learn how to work up patients and make therapeutic recommendations during the first 2 months of residency. Residents will be able to collect information on assigned patients independently by the end of July, with a target of identifying common therapeutic issues and following up on pass-off items from the previous shift independently. The resident will be able to verify orders and manage central operations workflow by the end of August with the help of a "staffing buddy." The resident will take on more and more independence in staffing requirements as this quarter evolves. The resident will know what they do and don't know and work independently to fix the gaps. Residents should document recommendations and follow-up needs for the next pharmacist shift. Residents are expected to work with their staffing buddy to ensure all critical issues are addressed before leaving.

**Quarter 2:** Residents will incorporate knowledge gained from rotations and previous staffing to increase efficiency and accuracy in identifying recommendations for patient treatments and monitoring. The resident should be able to complete assigned patient reviews during the work day. Documentation should be complete. The resident should increase their efficiency in finding answers to drug information questions.

**Quarter 3:** The resident should be able to independently problem solve for nurses and physicians on most issues. Residents should consult with their staffing buddy for unusual questions or uncommon policy or therapeutic issues as they arise. The resident is expected to write clear, relevant pass-off notes for clinical unit coverage, and provide oral pass-off when staffing central operations. Residents should be able to manage the daily work of decentralized interns and centralized interns and technicians.

**Quarter 4:** The resident should be functioning fully independently on weekend staffing shifts with occasional support/facilitation by the staffing buddy on the floors or in Central Pharmacy. In decentralized locations, the resident should be able to work up all new patients before noon, and complete clinical tasks by the end of the shift. Residents should be able to quickly evaluate the literature and other online resources to answer drug information questions accurately.

## RLS Objectives

R1.1.1	Applying	Interact effectively with health care teams to manage patients' medication therapy
R1.1.4	Analyzing	Analyze and assess information on which to base safe and effective medication therapy
R1.1.6	Applying	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
R1.1.7	Applying	Document direct patient care activities appropriately in the medical record or where appropriate
R1.1.8	Applying	Demonstrate responsibility to patients
R1.3.1	Applying	Prepare and dispense medications following best practices and the organization's policies and procedures

R1.3.2	Applying	Manage aspects of the medication-use process related to formulary management
R1.3.3	Applying	Manage aspects of the medication-use process related to oversight of dispensing

### Activities Evaluated:

Longitudinal Experience Activities	RLS Goal	Teaching Methods
Contact other health professionals to gather information or make recommendations. Provide drug information and other education to patient care teams as needed to support exceptional patient care and implementing safe/effective drug therapy. Interact with all pharmacy staff members or health care team to ensure safe and effective medication therapy by proactively problem solving.	R1.1.1	Coaching, Facilitation
The resident will work efficiently through all the pending problems passed off from the previous pharmacist or another shift. He or she will review medications in a way that shows initiative in identifying and correcting patient care problems and ensuring safe and effective drug therapy. The resident will use Etreby and Epic to identify pertinent information, along with patient-provided information, to ensure safe and effective therapy. Accurately use patient data to assess medication profiles and plan for medication adjustments. Use pass off data, current clinical information, and policies to make therapeutic plans for each patient.	R1.1.4	Modeling, Facilitation
Make clear, evidence-based recommendations to the team and document outcomes in Epic. Quickly and accurately select the correct provider to contact to make recommendations. Use pass off data, current clinical information, and policies to make therapeutic plans for each patient.	R1.1.6	Coaching, Facilitation
Clearly and completely document pass off notes in Epic as appropriate for safe continuity of care. Make clear, evidence-based recommendations to the team and document outcomes in Epic.	1.1.7	Coaching, Facilitation
Clearly and completely document pass off notes in Epic as appropriate for safe continuity of care. Review and provide care to all patients assigned during one shift. Show ability to prioritize patient care issues and complete work prior to leaving.	1.1.8	Coaching, Facilitation
Be able to perform all operational tasks including finding and checking/labeling medications in operational or clinical shifts.	1.3.1	Coaching, Facilitation
Be able to perform all operational tasks including finding and checking/labeling medications in operational or clinical shifts. Be able to use policies and guidelines to ensure safe patient care (eg, non-formulary, therapeutic interchange, etc.)	1.3.2	Coaching, Facilitation
Show ability to manage technician work flow to maximize the safe and efficient dispensing of medications and coordinating preparation and deliveries of medications.	1.3.3	Coaching, Facilitation

### Readings and Preparatory Work:

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. They are expected to review all UofU Health Policies and Procedures to ensure recommendations follow hospital regulations and P&T guidelines. Whenever possible, the resident should check in with the previous unit pharmacist for pass-off in addition to reading pass-off notes in Epic.

### **Typical Shift Activities:**

The resident will arrive by 7AM to prepare patient recommendations for the day when staffing decentralized areas. They will look at pass-off notes and make a plan for the day. They will use electronic applications appropriately (eg, Epic, Pharmacy Help Book, DIRC, etc.) to identify key patient care issues and correct them during the day. They will perform medication reconciliation, pharmacokinetics, patient education (ie, anticoagulation education), intern/time management, product procurement, order verification, SmartWeb recommendations, and exceptional pass-off. The shift ends at 3:30pm, so the goal of the resident is to complete all patient care tasks by the end of their shift, and the resident does not leave until critical patient care tasks are completed. Central operations shifts start at 7AM, 2PM or 3PM depending on the shift, and the resident should plan to be on shift for 8 hours or until the next pharmacist arrives for duty. Central activities include order verification, dispense checks, answering drug information questions, problem solving using available policies, procedures, literature, databases, floor pharmacists as available, and supervising technician and intern staff members.

### **Evaluation:**

The resident will receive oral and email feedback from preceptors as they work a shift or when issues are discovered after the shift. The resident will have four summative evaluations during the year at 3, 6, 9 and 12 months during the residency. These summative evaluations will be recorded in PharmAcademic. The resident will evaluate themselves, the preceptor and the learning experience at the end of the residency year in PharmAcademic.