

Patient Care III

Preceptor: Shirley Heyob, Pharm.D., CACP

Description:

Patient Care III is a required 10 week learning experience at Dearborn County Hospital. The focus of this learning experience is critical care, surgical rotation and an expanding role in antibiotic stewardship. The resident will build on their previous experiences with rounding in the ICU and surgical settings including wound clinic, PACU and OR. The resident will respond to code situations making use of their ACLS and BLS training. The resident will also shadow anesthesiology personnel learning when and where various techniques and agents used throughout the facility.

Activities:

Pharmacy Consultation and Drug Information Services
TPN Dosing and Monitoring
Critical Care Rounding
Post-Op Rounding
Wound Clinic Rounding
Code Team Participant
Anesthesia Rounding in the OR/OB/PACU
Topic Discussions with Application to Patient Cases

Disease States:

The PGY1 resident will round in the 8 bed ICU and be prepared to give pertinent input to the medical team for each patient. They will develop a FASTHUG checklist for each patient and will make suggestions for improved drug use when necessary. This will entail being knowledgeable about sedation/paralytics, anticonvulsants, shock, GI bleed, DKA, acid-base disorders and withdrawal protocols. They will progress to rounding on the Surgical Floor following patient from the OR to PACU to surgical floor. They will be familiar with SCIP guidelines and the implementation of these guidelines in the OR and in the post-op setting. They will know the signs/symptoms of malignant hyperthermia and its treatment and which patients are most likely to be susceptible. They will review ASPEN/ASHP guidelines for TPN dosing and monitoring in both the ICU and on SF.

Expectation of Residents:

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

Week 1-2: The resident will review each patient in the ICU daily. They will develop a FASTHUG checklist for each patient prior to rounds and present it to their preceptor before rounds for

discussion and review. They will round with their preceptor the first two weeks. They will prepare a weekly presentation on a patient or condition. The resident will respond to all code situations throughout this rotation.

Week 3-4: They will continue the activities from Week 1 and 2 but round without their preceptor. They will be the pharmacy presence in the ICU and expand their role in antibiotic stewardship for the various patients and disease states. They will continue a daily updated FASTHUG checklist for each patient.

Week 5: Mid-term evaluation of the resident and the preceptor.

Week 6-7: Patient will follow anesthesia personnel in the OR and transition with the patient through the PACU and to the post-op setting. They will round with patients on the Surgical Floor setting.

Week 8-9: The resident will round in the various affiliated post-op clinics. This will include the wound clinic i.e. diabetic foot infections, the burn clinic and vascular clinic. They will be know the current guidelines for the treatment of diabetic ulcers, current outpatient MRSA treatment guidelines and other treatment considerations.

Week 10: Final presentation and evaluations will be done.

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