Surgical Intensive Care Rotation Description PGY1

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Learning Experience Description
The purpose of the surgical intensive care rotation is to allow the PGY1 resident to enhance his/her knowledge base and develop the pharmacotherapeutic skills required for the provision of care to critically ill surgical patients. The resident will become familiar with pharmacotherapy for critically ill surgical patients, review key guidelines and landmark trials, and begin to assume patient care responsibility.

The primary focus of patient care on the SICU is related to any major surgical intervention and procedures that negatively impact normal hemodynamic stability. The secondary focus of patient care on the SICU is to act as a hospital resource to treat patients who have experienced a life-threatening or life-altering condition when other critical care beds may be limited. This primary focus of care includes, but is not limited to the immediate post-operative care. It may also include diagnostic, pre-operative, and extended post-operative phases-of-care. The focus will also include care for the patient following an episodic event resulting in an urgent or emergent surgical intervention causing hemodynamic instability or following a planned surgical intervention resulting in hemodynamic instability. The Surgical ICU is a 21 bed ICU that serves a diverse group of patients including critically ill general, vascular, oncologic, transplant, thoracic, orthopedic, plastic, urologic, and head and neck surgical patients. The SICU team consists of critical care physician team (attending, fellow, resident, interns, & students), clinical pharmacist, critical care nursing, respiratory therapy, and clinical dietary working collaboratively with the primary service for the patient.

Common disease states/therapeutic issues of which the resident will be expected to gain understanding through literature review, topic discussion, and direct patient experience include:

- Prophylaxis and management of DVT/PE
- Gastrointestinal stress ulcer prophylaxis
- Intensive glucose management
- Analgesia, sedation, and neuromuscular blockade for critically-ill patients
- Adrenal Insufficiency in critically-ill patients
- Severe Sepsis
- Hemodynamic instability / Shock syndromes
- Management of selected infectious diseases
- Arrhythmias / ACLS guidelines
- Acid-base management
- Fluid and electrolyte management
- Principles of mechanical ventilation

Learning Experience Goals
R1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.
R1.5: Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and healthcare providers.
R2.1: As appropriate, establish collaborative professional relationships with members of the health care team.
R2.2: Place practice priority on the delivery of patient-centered care to patients.
R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships
R2.4: Collect and analyze patient information.
R2.5: When necessary, make and follow up on patient referrals
R2.6: Design evidence-based therapeutic regimens.
R2.7: Design evidence-based monitoring plans.
R2.8: Recommend or communicate regimens and monitoring plans.
R2.9: Implement regimens and monitoring plans.
R2.10: Evaluate patients’ progress and redesign regimens and monitoring plans.
R2.11: Communicate ongoing patient information
R2.12: Document direct patient care activities appropriately
R3.1: Exhibit essential personal skills of a practice leader.
R6.1: Utilize medical informatics
E6.1: Identify a core library, including electronic media appropriate for the practice setting
E2.5: Resolves conflicts through negotiation.
E7.2: Communicates effectively
E7.3: Balance obligations to one-self, relationships; and work in a way that minimizes stress
E7.4: Manage time to effectively fulfill practice responsibilities.

Daily Schedule
The team begins at patient care rounds at 7:30am Monday through Thursday and at 9am on Fridays. The resident should arrive early enough to review patients and identify issues to be addressed during morning rounds. The preceptor will participate in morning rounds with the resident until the resident demonstrates and/or communicates that he/she is comfortable rounding alone. If not directly visible, the preceptor will always be available via pager/phone to address any questions. Following rounds, the preceptor will review each patient in greater detail with the resident to clarify issues and determine any follow-up needs.

The preceptor will review relevant topics as needed in order to provide an application-based learning experience. Patient-specific topic discussions may also be scheduled based on the resident’s learning needs. The resident is encouraged to use afternoon time to read trauma/critical care literature related to current patients. When students are also on rotation, the resident will assist in supervision and education of the student, and will provide input for the student’s evaluation.

Learning Experience Requirements/Responsibilities
- Effectively use the institution’s technology and automation systems (StarPanel, HEO, HMM, AdminRx) to collect, analyze, and monitor patient data relating to pharmacotherapy (R1.4, R2.4, R2.6)
- Actively participate in daily SICU multidisciplinary rounds (R2.1, R2.2, R2.3, R2.8, R2.9, R2.10, R3.1, E2.5)
- Monitor and enforce adherence to Surgical Critical Care (SCC) evidence-based medicine protocols.
- Participate in the education of team members with regards to pharmacotherapy-related questions/issues (R2.1, R3.1)
- Review medication profiles and communicate therapy recommendations to the team (R2.1, R2.2, R2.3, R2.8, R2.9, R2.10, R2.11, E2.5)
- Discuss patient cases and disease topics with preceptor (R2.5, R2.6, R2.9)
- Review SICU patients on the aminoglycoside and warfarin and heparin dashboards, and document in Star Panel as necessary (R1.4, R2.11, E7.4)
- Assist with precepting PharmD students who may be concurrently training on the service
- Actively participate in the ADR reporting program (Veritas) (R1.4). Conduct follow-up and take measures to prevent reoccurrence if necessary.
- Complete formal written drug information consult as requested (R1.5)
- Attend Surgical Critical Care Fellows Conference – Thursdays 1200
- Prepare pharmaceutical care plan x 1 (R2.2-2.10; E7.2)
- Conduct in-service presentations to nursing staff, medical staff, or pharmacy staff as requested by preceptor (goal of 1 presentation). (E7.2)
- Document clinical interventions in HMM system. (R2.12)
- Observe surgical interventions/procedures performed at bedside and operating room as schedule permits.

**Optional: (PGY1 Residency Requirements)**
- Drug Therapy Problem Solving with Self Evaluation (R1.2; R1.4; RE 2.5)
- Patient Counseling with Self Evaluation (E7.2)
- Documentation with Self Evaluation (R2.12)
- Researched Drug Information (R1.5)
- Care Plan with Self Evaluation (R2.1-2.10; E7.2; E6.1)

**Method of Evaluation**
Evaluation of residents will be based on the Resident Learning System (RLS). Evaluation will consist of a summative evaluation upon rotation completion, in addition to any criteria-based checklists submitted by the resident. The specific goals and objectives, on which the resident will be evaluated, will be provided at the beginning of the rotation. Residents will be requested to complete a self-evaluation for all evaluations. Residents will also be required to complete a learning experience evaluation and a preceptor evaluation. Evaluations are completed in the evaluation database. All work to be evaluated on rotation must be turned in for review no later than the last day of the rotation.