Learning Experience Description
The purpose of the burn rotation is to allow the PGY1 resident to further his/her knowledge base and refine his/her pharmacotherapeutic skills required for the provision of care to critically ill burn patients. The resident will demonstrate mastery of pharmacotherapy for burn patients, resuscitation guidelines, and the management of different types of burn injury such as chemical, electrical and scald injuries.

Vanderbilt Burn Center is a 28 bed Level I burn center located at Vanderbilt Medical Center. The Burn Center serves as a regional center for both pediatric and adult patients.
Vanderbilt Burn Center provides comprehensive care for burn patients staffed by physicians, nurses, therapists, pharmacists, and support personnel who work as a team to provide the most advanced treatment methods possible. The Burn Center also provides a resource center for referring facilities and the community by providing outreach programs and continuing education. The burn service is comprised of either an attending surgeon or intensivist, trauma/critical care fellow, second year surgery resident and 3 first year residents, burn nurse practitioners and clinical pharmacist, pharmacy resident/student. Common diagnoses are thermal injuries, electrical injuries, chemical burns, inhalation injuries and TENS(Toxic Epidermal Necrolysis Syndrome).

The preceptor will review relevant topics as needed in order to provide an application-based learning experience. The resident is expected to spend at least one afternoon in the burn clinic and observe wound care in the hydrotherapy room if possible. The resident is encouraged to use afternoon time to read articles applicable to burn patients or listen to podcasts from website. 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 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
Rounds for the ICU patients begin at 0800. The resident should arrive early enough to review the ICU patients before rounds begin. The resident is expected to attend rounds daily. The resident is also expected to review the medication therapy on the burn step-down patients and communicate any interventions to the preceptor. After discussion with the preceptor, these interventions can be discussed with the nurse practitioners or the residents. After rounds, the preceptor will review each patient 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 Burn 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 Burn 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.
- 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)
- Review profiles for stepdown patients and communicate therapy recommendations to the team. (R2.8)
- Discuss patient cases and burn mechanisms of injury with preceptor. (R2.5, R2.6, R2.8, R2.9)
- Review 11S patients on the aminoglycoside and warfarin dashboards, and document in Star Panel as necessary. (R2.12)
- Actively participate in the ADR reporting program (Veritas) (R2.12)
- Complete projects as requested by preceptor.
- Complete inservice presentations as requested by preceptor.
- Review burn unit protocols on website, www.burndoc.com (E6.1)
- Review podcasts on Smoke Inhalation Injury, and Surviving Sepsis Guidelines found on website, www.burndoc.com (E6.1)

**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.