Trauma Intensive Care Rotation Description PGY1

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Learning Experience Description
The purpose of the trauma 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 trauma patients. The resident will become familiar with pharmacotherapy for critically ill and injured patients, review key guidelines and landmark trials, and begin to assume patient care responsibility.

VUMC is the only Level I Trauma Center in Middle Tennessee, handling nearly 3,000 acute trauma admissions annually. Trauma facilities consist of a 14-bed ICU, a 7-bed acute admission area, a 10-bed sub-acute unit, and LifeFlight, an active air medical transport program. The trauma service is comprised of an attending trauma surgeon, trauma/critical care fellow, 2 chief surgical residents, first- and second-year surgical/emergency medicine residents, nurse practitioners, nurse case manager, research study nurse, dietician, respiratory therapist, medical students, clinical pharmacist, and pharmacy resident/student. Common diagnoses include motor vehicle crashes, gun shot wounds, stab wounds, falls, and other blunt and penetrating traumas.

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 0700 for morning report, followed by ICU (T1) rounds at 0800. The resident should arrive early enough to review patients and identify issues to be addressed during morning rounds. Afternoon check-out rounds begin at 1600. The resident is expected to attend morning report and ICU rounds; afternoon rounds are not mandatory but may be necessary at times to assist with continuity of care. The resident is expected to serve as a pharmacy liaison to the T2 patients, reviewing medication profiles and checking in with the medical resident on a daily basis. 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)
- Attend trauma morning report Monday-Thursday (R2.1, R2.4)
- Actively participate in daily ICU (T1) teaching rounds (R2.1, R2.2, R2.3, R2.8, R2.9, R2.10, R3.1, E2.5)
- Participate in the education of team members with regards to pharmacotherapy-related questions/issues (R2.1, R3.1)
- Review profiles for stepdown (T2) patients 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 injury/disease topics with preceptor (R2.5, R2.6, R2.9)
- Review 10N patients on the aminoglycoside and warfarin 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)
- Attend ED/Trauma Resuscitation Conference – Mondays 1100
- Attend Surgical Critical Care Fellows Conference – Thursdays 1200
- Prepare pharmaceutical care plan x 1 (R2.2-2.10; E7.2)
- Complete projects/in-service presentations as requested by preceptor
- Review trauma protocol manual (www.traumaburn.com)
- Review Eastern Association for the Surgery of Trauma (EAST) guidelines (www.east.org)

Required Criteria Based Assessments and Rotation Assignments:
- Care Plan with Self Evaluation (R2.1-2.10; E7.2; 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)
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.