

**Island Health Pharmacy Practice Residency**

**EMERGENCY MEDICINE ROTATION**

**Preceptor(s)**

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**ROTATION DESCRIPTION**

The clinical rotation in emergency medicine provides the Pharmacy Resident with pharmacotherapy training and experience in a variety of patient populations (medical, ambulatory, critical care). The rotation is provided at the Royal Jubilee Hospital (RJH), a 500-bed tertiary care hospital which provides specialized care to cardiac, nephrology, critically-ill and surgical patients. The RJH Emergency Department (ED) has 2 trauma beds, 24 acute care beds, 8 minor treatment beds, a busy ambulatory patient care area and up to 14 hallway beds which all serve to accommodate over 57,000 patients per year (~155 / day).

The ED is a dynamic, unpredictable environment that will allow the Pharmacy Resident to be exposed to a variety of activities throughout this rotation including opportunities to observe various procedures that take place for patients admitted to the ED. During this 4-week rotation, the Pharmacy Resident will work with the multidisciplinary team to provide clinical pharmacy services to a wide variety of acute illness cases including resuscitations, acute cardiac and respiratory presentations, infectious diseases, pain-related presentations, and overdoses. Identification and management of medication-related adverse events which result in ED visits are emphasized throughout the rotation.

A majority of rotation time is spent on direct patient care activities. The remainder of the time is comprised of working on assigned projects and/or presentations and participating in scheduled therapeutic discussions. The resident is provided with informal feedback on a daily basis and is formally evaluated at the rotation midpoint and at the end of rotation.

**ROTATION GOALS AND OBJECTIVES**

**Goal 1:** Develop and integrate the knowledge required to provide direct patient care as a member of the interprofessional team.

**Objectives:**

The resident will be able to:

1. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of common medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
2. Relate knowledge of pharmacology, pharmacokinetics, pharmaceutics, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
3. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients. (CPRB 3.2.5)

**Goal 2:**  Demonstrate the necessary clinical skills to provide direct patient care as a member of the interprofessional team.

**Objectives:**

The resident will be able to:

1. Place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug therapy problems. (CPRB 3.1.3)
2. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (CPRB 3.1.4.a)
3. Gather relevant patient information through patient interview and from all appropriate sources. (CPRB 3.1.4.c.d)
4. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient’s admission or clinic visit. (CPRB 3.1.4.e)
5. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (CPRB 3.1.4.b)
6. Advocate for the patient in meeting their health-related needs and their desired goals of therapy. (CPRB 3.1.2)
7. Identify, prioritize, assess, and justify a list of reasonable therapeutic alternatives and discuss pros/cons of each, considering efficacy, safety, patient factors, administration issues, and cost. (CPRB 3.1.4.e)
8. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (CPRB 3.1.4.e.f)
9. Design and implement monitoring plans and/or plans for continuity of care that accommodate new or changing information. (CPRB 3.1.4.g)
10. Proactively provide patient education and seamless care. (CPRB 3.1.4.h)
11. Proactively communicate healthcare issues (including medication order clarifications) and care plans verbally to the appropriate team members and/or patient, as appropriate. (CPRB 3.1.4.f.i, 3.2.4.c)
12. Proactively document healthcare issues (including medication order transcriptions/clarifications) and care plans, as appropriate (CPRB 3.1.4.e.f.i, 3.2.4.b.c)
13. Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills and appropriate means of communication (verbal or written, as appropriate). (CPRB 3.5.1.a.b.c.d.e)

**Goal 3:** Demonstrate the attitudes and behaviours that are hallmarks of a practice leader and mature professional.

**Objectives:**

The resident will:

1. Demonstrate responsibility for own learning, through the refinement and advancement of critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills. (CPRB 3.4.1)
2. Demonstrate commitment to the profession, collaboration and cooperation with other healthcare workers, and an understanding of the role of the pharmacist in the interprofessional team in the improvement of medication use for patients. (CPRB 3.1.1, 3.2.2, 3.3.3)

**Goal 4:** Develop and apply knowledge and clinical skills specifically related to this rotation.

**Rotation-Specific Objectives:**

1. To develop patient assessment skills prior to a physician’s diagnosis with the goal of identifying and utilizing patient assessment skills to evaluate and monitor drug therapy.
2. Demonstrate a systematic approach to assess home medications as the potential reason for ED presentation.
3. To develop clinical skills and knowledge required to effectively assess the treatment of common ED presentations which may include:
   1. ACLS-related presentations (e.g. cardiac arrest, ventricular tachycardia)
      1. Note that a primer session on ECG reading precedes the ACLS session
   2. Chest pain
   3. Shock, sepsis and anaphylaxis
   4. Presentations requiring procedural sedation or rapid sequence intubation
   5. Stroke
   6. Pain
   7. Status epilepticus
   8. Toxicology
4. To develop knowledge and skills specific to the administration of parenteral medications with a goal of having a broader understanding of safe medication administration practices. Following a hands-on teaching session, Pharmacy Residents may also elect to develop these skills further by administering parenteral medications to patients under the direct supervision of the preceptor throughout the rotation.

**REQUIRED ACTIVITIES**

1. Complete best possible medication histories and assess for potential adverse drug events.
2. Present patient cases to preceptor on a daily basis, with an emphasis of discussing the patient assessment (including assessments performed by the Pharmacy Resident) and appropriate management.
3. Discuss select therapeutic disease states including pathophysiology and treatment.
4. Complete a drug information review to respond to a medication-related question.
5. If scheduling permits, participate in a simulated case facilitated by an emergency physician and your preceptor. More information and guidance about this activity will be provided throughout the rotation.

**PRECEPTOR CONTACT TIME**

The preceptor will spend a minimum of one hour per day with the resident discussing patient cases and approaches to identification, prevention, and resolution of drug-related problems, development of therapeutic plans, and development of monitoring plans. Preceptor contact time will depend on a variety of factors including: a mutually-defined level of independence (based on resident’s ability and goals), workload in the ED and preceptor availability. In addition, the preceptor will spend approximately 3-5 additional hours for therapeutic discussions and other training exercises.

**EVALUATIONS**

The preceptor of this rotation encourages regular and timely informal bilateral feedback to ensure optimal activities and learning processes for meeting both sets of rotation goals. Formally, the resident and preceptor shall complete and review together the mid-point and final evaluations. The mid-point evaluation should be completed at the half-way point of the rotation. Final evaluations shall be completed at the end of the rotation.

**Mid-point evaluations:**

* preceptor’s evaluation of the resident

**Final evaluations:**

* resident’s self-evaluation
* resident’s evaluation of the rotation and preceptor
* preceptor’s evaluation of the resident (Direct Patient Care Rotation In-Training Evaluation of Resident, or ITER)