



**Inpatient Service Commitment Longitudinal Learning Experience**

Preceptor: Justin Hodges, PharmD, Shift Coordinator - Day

Office: Inpatient Pharmacy PIC Desk

Hours: 6:30 am – 3 pm

1. **General Description**

The staffing rotation is a learning experience that is integrated into the schedule prior to, and between, residency clinical experiences. Staffing for the resident begins with a six-week staffing block during which both residents complete their initial training for the longitudinal rotation. After this initial six-week experience, the residents will spend one week staffing between most clinical experiences. Additionally, the resident staffs every third weekend longitudinally during the residency year.

Cape Fear Valley Inpatient Pharmacy provides decentralized pharmacy services primarily 8 hours per day Monday through Friday. The department also maintains decentral services to the adult intensive care units and the pediatric wards Monday through Friday 8 am until 12 am. At other times, including third shift, weekends, and holidays, the inpatient pharmacy adopts a centralized model.

Inpatient pharmacy services at Cape Fear Valley Medical Center provide comprehensive pharmaceutical care to our patients through many services. Distributive services include, but are not limited to, Automed unit dose packaging; Pyxis maintenance and replenishment; Pharmogistics carousel dispensing; controlled substance storage, distribution, and monitoring; medication compounding; Coordination of Care outpatient prescription processing; and IV sterile product preparation and distribution. Clinical services provided include, but are not limited to, pharmacy-to-dose services, drug information consulting, clinical report monitoring (IV to PO conversion, renal dosing report, INR report, patient own medication report, sentinel event report, and generic duplicate report), and multi-disciplinary rounding. In addition, pharmacists assess and complete quality care control activities such as medication occurrence and adverse drug reaction reporting.

The pharmacy resident will spend the initial staffing assignment training within the main pharmacy department, including the IV room, and on the medical/surgical decentral pharmacy sites. Once training is complete, and residents achieve staffing proficiency in the medical/surgical decentral sites, the resident will have the opportunity to staff specialty areas, including critical care, cardiology, oncology, pediatrics, and emergency services. By the end of the residency year, the resident may also be given the opportunity to staff during second shift and to train and serve as the pharmacist-in-charge. The pharmacy residents will be under the supervision of the day shift supervisor and, in his absence, the pharmacist-in-charge (PIC) for that respective shift.

Strong communication skills, effective interpersonal skills, good multitasking ability, and exceptional time management skills will be vital to completion of the staffing component of the pharmacy residency year.

**2) Staffing Topics:**

Areas in which the resident will be expected to gain proficiency through the staffing experience, include, but are not limited, to the following. The resident will do this mainly through direct staffing experience and interaction with the pharmacists and technicians that work in the inpatient pharmacy. Some of these topics may be covered during topic discussions in the Operations and/or the Clinical Applications experiences.

1. Medication order entry
2. Computerized physician order entry validation
3. Medication order review and assessment for completeness and accuracy
4. Pyxis replenishment stock checking
5. First dose counter checking
6. Automed unit dose packaging checking
7. Requisition checking
8. Crash cart, crash cart tray, rapid sequence intubation kit, and other medication kit replenishment checking
9. Compound checking
10. IV sterile preparation checking
11. Supervision of technical staff
12. Intervention assessment and resolution
13. Interdisciplinary communication and recommendations
14. Drug information requests
15. Pharmacy-to-dose clinical activity
16. Clinical report completion
17. Multi-disciplinary interactions
18. Medication use cycle issue resolution
19. Assignment as pharmacist-in-charge
20. **Goals and Objectives:**

The goals that have been selected to be taught and evaluated during this learning experience include:

**R1 Patient Care**

R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients

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| T/TE |  |  | Objective |
| Taught and Evaluated | R1.3.1 | Applying | Prepare and dispense medications following best practices and the organization’s policies and procedures |
| Taught and Evaluated | R1.3.2 | Applying | Manage aspects of the medication-use process related to formulary management |
| Taught and Evaluated | R1.3.3 | Applying | Manage aspects of the medication-use process related to oversight of dispensing |

**R2 Advancing Practice and Improving Patient Care**

R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization

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| --- | --- | --- | --- |
| T/TE |  |  | Objective |
| Taught and Evaluated | R2.1.4 | Applying | Participate in medication event reporting and monitoring |

**R3 Leadership and Management**

 R3.1 Demonstrate leadership skills

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| T/TE |  |  | Objective |
| Taught and Evaluated | R3.1.1 | Applying | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership |
| Taught and Evaluated | R3.1.2 | Applying | Apply a process of ongoing self-evaluation and personal performance improvement |

1. **Preceptor Interaction**

The pharmacy resident will be supervised by the preceptor (Day Shift Supervisor) during staffing weeks. For weekend staffing, the resident will be under the supervision of the weekend pharmacist-in-charge. During the initial six-week staffing block, the preceptor will provide feedback to the resident at least weekly. Following this staffing block, the preceptor will deliver feedback quarterly.

1. **Communication**

Face-to-face during staffing assignments.

PIC phone line and email communication as needed.

1. **Expected progression of resident responsibility on this learning experience:**

***(Length of time preceptor spends in each area of training will be customized based upon the resident’s progression and the timing during the residency year.)***

During the initial staffing period (usually 6 weeks), the pharmacy resident will be expected to become proficient in medication order entry so that he/she can be removed from “validation” status; this allows the resident to enter orders on their own without the need to be reviewed by a second pharmacist. In addition, during this time, the resident will train on medical/surgical decentral sites, as well as in the IV room. The pharmacy residents should familiarize themselves with the operational practices of the pharmacy department. After this initial period, the pharmacy resident will begin to work weekend (every third weekend) assignments. Once the pharmacy resident has attained proficiency in being able to staff a medical/surgical decentral site independently, the resident will be eligible to progress into specialty decentral pharmacy assignments. The goal for this learning experience is for the resident to be able to staff a medical/surgical decentral site independently at the end of the first six months of the residency year. The resident will not be allowed to progress into specialty decentral sites until proficiency has been demonstrated on medical/surgical units. As the end of the residency year approaches, the resident will be trained and act as shift supervisor for the department.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the quarterly (1st and 3rd) performance evaluation, a summative self-evaluation at midpoint and at the end of the year, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | End of 1st and 3rd Quarter |
| Summative Self-evaluation | Resident | Midpoint and end of learning experience |
| ASHP Preceptor Evaluation | Resident | Midpoint and end of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | Quarterly |