



**Surgical Learning Experience:**

**Preceptor: Susan Canady, PharmD**

**Nephrology/Surgical Decentral Pharmacist**

**Office: Cape Fear Valley Health**

1. **General Description**

The Surgical rotation is one of the elective options that may be selected as part of the PGYI residency. The rotation is a 4 week experience that will be appropriately scheduled within the 12 month residency program. The resident will work closely with the preceptor and other pharmacists throughout the hospital to facilitate the provision of clinical pharmacy services to surgical patients. The resident will interact daily with physicians, anesthesiologists, and nurse anesthetists, post anesthesia care nurses, surgical floor nurses, as well as other members of the healthcare team.

The surgical decentral pharmacist is responsible for covering 3VPN, a postoperative nursing unit that services a wide variety of surgical cases. In addition, this pharmacist covers the first twelve beds on 4VPN, a unit that typically functions as a postoperative overflow unit. Specific types of surgical cases that may be encountered are: General colon procedures (colectomy, colostomy), Cholescystectomy, Gastric Bypass and Gastric Banding procedures, Urological procedures, Non-obstetrical Gynecologic procedures (hysterectomy, paravaginal defect repair), and other miscellaneous surgical procedures.

During the immediate post-operative period, the pharmacist ensures that postsurgical orders are carried out, with specific focus on surgical standards set forth by the NCSCIP and other regulatory agencies. Each day, the pharmacist is responsible for entering physician orders for their patients, ensuring that medications are dosed appropriately. Patient medication regimens are reviewed for drug-drug interactions, and physicians are contacted if adjustments are indicated. The pharmacist works closely with nurses and physicians to ensure that home medications are restarted in a timely and appropriate manner, with specific attention being given to each individual patient’s postoperative status. If the physician requests pharmaceutical dosing for antibiotics or anticoagulants, the surgical pharmacist initiates dosing and assumes responsibility for monitoring those medications on a daily basis.

The pharmacy resident will work with the surgical pharmacist on a daily basis to perform order entry and pharmaceutical dosing for surgical patients. Additionally, the resident will round daily on post surgical patients in an effort to ensure that current surgical standards are being met. Residents will focus specifically on antibiotic selection and scheduling, beta blocker therapy, VTE prophylaxis and other core concepts of the NCSCIP initiative. As specific concerns arise, the resident will participate in postsurgical order set reviews to enhance our health system compliance with current surgical standards.

The resident will become a vital part of the surgical multidisciplinary team, which is comprised of nurses, pharmacists, physician assistants, and surgeons. They will actively participate in daily rounds and will be encouraged to make interventions and/or recommendations concerning patient care, and will document those interventions for further analysis at the conclusion of the rotation.

Excellent communication skills are essential to success during this rotation, as residents will speak daily with members of the healthcare team. They must be extremely organized with regard to data collection during chart reviews, and they should be comfortable working with the health systems various computer programs. Good time management skills will be required to complete rotation responsibilities and projects.

1. **Disease States**

Common disease states the resident will be expected to gain proficiency in through literature review, topic discussions, and/or direct patient care experience including but not limited to:

* 1. NCSCIP guidelines
  2. VTE prophylaxis
  3. Pre- and postoperative antibiotic selection
  4. Small bowel obstruction
  5. Pain Management
  6. Postoperative infection

1. **Goals and Objectives**

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

R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

R1.1.1 Interact effectively with health care teams to manage patients’ therapy

R1.1.3 Collect information on which to base safe and effective medication therapy

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow – up actions

1. **Preceptor Interaction**

Daily: 7:30am Meet with preceptor to discuss daily responsibilities, obtain surgical census, and perform daily order entry and monitoring

8:00am Surgical Rounds with appropriate staff, followed by documentation of interventions

11:00am Perform postoperative order entry and ensure that NCSCIP measures are met

1:00pm Topic discussions, project time, feedback sessions

**5) Communication:**

A resident schedule will be provided at the beginning of the rotation and will be updated as necessary.

1. Daily scheduled meeting times as listed above.
2. Constant contact with preceptor as office space is shared.
3. Email: Residents should check email daily for routine communication, schedule revisions, and other non-patient related interactions.
4. Office extension, personal cell phone or text: Residents will be able to contact preceptor for urgent patient matters or other communication related to the rotation.

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

Day 1: Preceptor will orient the resident to the rotation site, provide a tentative schedule, and review the goals and objectives for the rotation. Specific assignments and projects will be discussed at this time, and resident input will be incorporated as much as possible to ensure a meaningful learning experience.

Week 1: The resident will be introduced to the surgical team, to include nurses, physician assistants, and surgeons. The resident will initially round on postoperative patients with nurses, in an effort to become better familiar with postoperative care issues. As the week progresses, the resident will begin rounding with the physician assistants. The preceptor will present the NCSCIP guidelines as they pertain to pharmacy. The resident will be introduced to postsurgical order sets and will begin order entry and pharmaceutical dosing for postoperative patients. Special project goals will be determined and independent work toward those goals will begin.

Weeks 2-3: The resident will actively participate in surgical rounds with the physician assistants and will assist in data collection. The resident will make interventions as necessary, and will appropriately document those interventions. As the resident gains understanding, they will begin to take part in the education of nurses, physicians and pharmacy concerning NCSCIP guidelines and other pertinent topics. Continued emphasis will be placed on postoperative order sets and pharmaceutical dosing.

Week 4: The resident will perform surgical rounds independently and will document all interventions. The resident will be comfortable with postoperative order entry, pharmaceutical dosing and will function as the surgical pharmacist in the M7 decentral site. The resident will organize the data from all pharmacy interventions made during rounds and will present that data to the clinical staff. Other rotation assignments will be completed, and ongoing projects will be passed off to the appropriate contact person.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete a summative self-evaluation, 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 |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |