



PGY2 Emergency Medicine Learning Experience Descriptions

Required Learning Experiences	
<p>Adult Emergency Medicine I and II Required, 6 months</p> <p>Kayla Wilson, PharmD, MS, BCPS Shannon Wright, PharmD, BCCCP</p>	<p>The EM I and II rotations are each three months in length and designed to develop and refine the pharmacotherapeutic and interpersonal skills necessary to care for emergency medicine patients. The resident will gain gradual autonomy within the department as the experience progresses and will work to assume full responsibility for 165 bed emergency department. The resident will respond to adult and pediatric cardiac arrests, stroke alerts, and trauma alerts while also completing consults and drug information requests. This is the fundamental experience for emergency medicine and the resident will be expected to practice independently at the culmination of EM I. EMII will focus on strengthening the clinical established in EMI, as well as provide more opportunities to precept APPE students. Patient care and topic discussion include: EKG interpretation, ACLS, acid-base disturbances, RSI, trauma resuscitation, sepsis, vasopressor management, pain and sedation, stroke, DKA, and toxicological emergencies.</p>
<p>Orientation Required, 2 weeks</p>	<p>The resident will spend time in central pharmacy and the sterile products preparation areas to learn the responsibilities and distribution process. The resident will also undergo Cerner training, gain exposure to LRH inpatient formulary, P&T approved pharmacy protocols, and order verification problem resolution. Throughout this experience the resident will participate in the discussion of various clinical topics and begin working on required MUE and research projects.</p>
<p>Pediatric Emergency Medicine Required, 1 month</p> <p>TBD</p>	<p>The pediatric EM I rotation is a required rotation that will allow the resident to gain exposure to the management of pediatric emergencies. The resident will staff solely in the pediatric emergency department, which houses 33 beds including 3 resuscitation beds. Patient care and assigned topics include: age-specific dosing recommendations, febrile seizures, pertussis, RSV, PALS, and pediatric trauma.</p>

<p style="text-align: center;">Trauma Required, 1 month</p> <p style="text-align: center;">Kyle Dillon, PharmD, BCCCP Rebecca Rich, PharmD, BCPS, BCCCP, FCCM Michael Semanco, PharmD, BCPS, BCCCP</p>	<p>The trauma experience is designed to focus on the management of critically ill trauma patients. The resident will assimilate into the multidisciplinary team, participate in daily rounds, and will take trauma call approximately three nights per week until 0200. The rotation is built around a “door to door” experience, to emphasize the importance of transitions of care in the trauma population. Patient care and assigned topics include: hemorrhagic shock / blood components, drug abuse / withdrawal, ETOH withdrawal, traumatic brain injury, SAH/SDH/ICH, hyponatremia, neuromuscular blockers, and pain, agitation, and delirium.</p>
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Required Longitudinal Learning Experiences

<p style="text-align: center;">Pre-Hospital</p>	<p>Pre-hospital medicine is a longitudinal requirement encompassing all experience with local fire department and EMS personnel. The purpose of this learning experience is to provide the resident with ample opportunities to gain experience in understanding the unique pre-hospital environment and their protocolized approach to providing emergency care. The resident will participate in at least two hands-on “ride along” experiences and participate in an educational session with new-hire paramedic personnel.</p>
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<p style="text-align: center;">Presentations</p>	<p>This is a longitudinal experience encompassing all formal presentations required throughout the program. The resident will present three patient case presentations, participate in two debate sessions, one continuing education seminar, one monograph or drug class review, and one technician continuing education seminar. The resident will present their research project formally at the Florida Residency Conference and their MUE at ASHP Midyear Residency Showcase.</p>
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<p style="text-align: center;">Professional Development</p>	<p>The professional development learning experience guides the resident’s professional and personal progression throughout the PGY2 EM residency year. The resident will select a Residency Advisor who will foster the continued professional maturation of the resident and promote self-directed learning.</p>
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<p style="text-align: center;">Research</p>	<p>The research learning experience is a required longitudinal experience that will prepare the resident to successfully conduct future research and quality improvement projects. One research project and two medication use evaluations (MUE) will be conducted throughout the year according to a timeline developed by the resident and RPD. Projects will be aligned with resident interest area and the needs of the department and institution.</p>
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Staffing	Staffing is a longitudinal experience that allows the resident to develop and demonstrate proficiency as an independent practitioner in the emergency department. The resident is expected to manage medication therapy for all ED patients and assist in resolving medication administration related issues. The resident will maintain vigilance of ED patients and will attend and participate in all adult and pediatric cardiac arrests, trauma alerts, stroke alerts, and other emergent bedside resuscitation. The resident is required to staff independently at minimum one weekend per month, (2) twelve-hour shifts, 0900-2130. During the week, while on rotation in the emergency department, the resident will work 10 hour shifts Monday through Friday.
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Toxicology	The toxicology learning experience encompasses the management of all toxicology patients encountered during the residency year. The resident will review all patients presenting with toxicological complaints and intervene when necessary. Patient care and topic discussions include the toxicity of: acetaminophen, salicylates, tricyclic antidepressants, digoxin, lithium, calcium channel blockers, beta blockers, anticonvulsants, antihistaminergic and anticholinergic agents, snake bites, carbon monoxide, cyanide, alcohols, and organophosphates.
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Elective Learning Experiences (2-4 weeks)
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Adult Emergency Medicine III Elective, 2-8 weeks Kayla Wilson, PharmD, MS, BCPS Shannon Wright, PharmD, BCCCP	The adult emergency medicine III elective is designed to focus on the refinement of skills necessary to practice as an independent clinical pharmacy specialist. The rotational requirements will vary depending on the needs of the resident or areas of interest at the time the elective rotation has started. Areas of focus include: preceptor skills, project management, administrative roles and responsibilities, and independent management of all pharmacotherapeutic needs in the emergency department.
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Critical Care Elective, 2-4 weeks Kyle Dillon, PharmD, BCCCP Rebecca Rich, PharmD, BCPS, BCCCP, FCCM Michael Semanco, PharmD, BCPS, BCCCP	The Critical Care experience is designed to focus on the management of critically ill medical patients. The resident will assimilate into the multidisciplinary team, participate in daily rounds, and is expected to be a resource for other pharmacists, physicians, nurses, respiratory therapists, dieticians, etc on a daily basis. The resident will work throughout the month to assume full pharmacotherapeutic responsibility of assigned patients 32 beds in the Medical ICU (32 beds). Patient care and assigned topics include: cardiogenic shock, sepsis and septic shock, targeted temperature management, acute coronary syndromes, pulmonary embolism, endocarditis, meningitis, ventilator management, and adrenal crises.
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<p>Infectious Disease Elective, 2-4 weeks</p> <p>Jessica Cobian, PharmD, BCIDP</p>	<p>The ID elective rotation is an opportunity for the resident to refine pharmacotherapeutic skills when managing patients with infections or suspected infections. Daily responsibilities include patient workup proper identification of patient and drug-related issues, development and implementation of appropriate recommendations, and response to all drug information inquiries in a timely manner. The resident will be provided with the opportunity to round daily with an Infectious Disease physician. The rotational experience and topics will focus on common infections encountered in the emergency department and the selection of appropriate empiric or definitive therapy.</p>
<p>Neurology Elective, 2-4 weeks</p> <p>Neurologist TBD</p>	<p>The neurology rotation is an opportunity for the resident to focus on the pharmacological management of acute neurological emergencies. Residents may be able to round with one of our neurologists as well as have opportunities for additional stroke call. Patient care and assigned topics include: altered mental status, headache, intracranial hemorrhage, intracranial pressure management, ischemic stroke, neurogenic shock, and seizures.</p>
<p>Pain Management Elective, 2-4 weeks</p> <p>Paige Broccio, PharmD, BCPS</p>	<p>As a member of the pharmacy based pain management service, the resident will have the opportunity to respond to pain consults and perform daily follow up on a variety of patients. Residents will gain exposure to the management of acute postoperative or trauma-related pain syndromes, chronic pain syndromes, and pain syndromes complicated by the presence of substance abuse. Patient care and assigned topics include: opioid and adjuvant pharmacology, acute/chronic pain, neuropathic pain, headache syndromes, substance abuse, sedation, and palliative care in the emergency department.</p>