



PGY1 Learning Experience Descriptions

Acute Care (match #129313)

Required Rotation Learning Experiences

Ambulatory Care

Required, 1 month

Macie Kent, PharmD, CACP, CPh
Victoria Herrmann, PharmD

(Ambulatory Care II: elective, 2 to 4 weeks)

The Ambulatory Care experience primarily takes place at LRH outpatient Pharmacotherapy Clinic. This pharmacist-run clinic provides medication management to patients with a variety of chronic disease states, including diabetes, hypertension, hyperlipidemia, and COPD, as well as anticoagulation management. The resident will participate in seeing patients, reviewing and interpreting laboratory values, making evidence-based medication recommendations, counseling patients regarding medications and lifestyle modifications, and communicating with other healthcare professionals.

Emergency Medicine

Required, 1 month

Kayla Wilson, PharmD, MS, BCPS
Shannon Hasara, PharmD, BCCCP

(Emergency Medicine II: elective, 2 to 4 weeks)

The Emergency Medicine experience will develop basic clinical pharmacy skills needed to treat a variety of patients, while providing experience and more specialized education on the care of ED patients. Opportunities to participate in cardiac arrests, trauma alerts, stroke alerts, and STEMI alerts will be available. The resident will be assigned to a section of the ED where he/she is responsible for identifying and resolving any areas of pharmacotherapeutic concern with assistance from the preceptor.

Infectious Diseases

Required, 1 month

Jessica Cobian, PharmD, BCIDP

(Infectious Diseases II: elective, 2 to 4 weeks)

The Infectious Diseases (ID) experience will allow the resident to develop and refine pharmacotherapeutic skills related to the identification and treatment of ID. The resident will evaluate all assigned patients and develop recommendations to current therapy. The resident will participate in rounds with one of the ID physicians. While focusing on ID issues, the resident will be expected to assess all drug-related therapy issues and interact with the appropriate team members to resolve any issues.

Internal Medicine

Required, 1 month

Lindsey Smith, PharmD, BCACP

(Internal Medicine II: elective, 2 to 4 weeks)

The Internal Medicine experience will provide the resident opportunities to further refine his/her skills in therapeutics, pharmacokinetics, drug information, verbal and written communication, patient monitoring, counseling, and case presentation. The resident will gain exposure to a broad range of disease states and is expected to provide comprehensive pharmaceutical care to each assigned patient.

Medical Critical Care

Required, 1 month

Kyle Dillon, PharmD, BCCCP
Rebecca Rich, PharmD, BCPS, BCCCP, FCCM
Michael Semanco, PharmD, BCPS, BCCCP

*(Medical Critical Care II:
elective, 2 to 4 weeks)*

The Medical Critical Care experience focuses on the general management of critically ill patients. The resident will primarily be in the 32-bed Medical ICU (MICU). The resident will assume responsibility for the pharmacotherapeutic plan for each of his/her patients. The resident will participate in daily multidisciplinary rounds and resolve any medication-related issues with assistance from the preceptor.

Orientation

Required, 2 weeks

Jessica Cobian, PharmD, BCIDP

Orientation will provide the resident exposure to the decentralized pharmacy practice model, including established clinical activities and the medication distribution process. The resident will participate in general hospital orientation, as well as receive CPOE training on Cerner. While rotating through the department, the resident will have an opportunity to meet and work with a variety of the pharmacy staff. The resident will also participate in various clinical topic discussions as well as begin working on the required MUE and research projects.

Pain Management

Required, 1 month

June Vasquez, PharmD, BCPS
Paige, Broccio, PharmD, BCPS

*(Pain Management II: elective, 2 to 4
weeks)*

The Pain Management experience allows the resident to continue developing and refining the necessary skills in assessing and monitoring medication therapy, evaluating pharmacokinetics, reviewing drug information, communicating with interdisciplinary health care members, and educating health care professionals and patients for the treatment of acute and chronic pain. Under the supervision of preceptors and through direct patient interactions, the resident will learn to independently perform new assessments and monitoring to provide optimal analgesic regimens specific for each patient.

Pharmacotherapy

Required, 2 weeks

Jessica Cobian, PharmD, BCPID
Kyle Dillon, PharmD, BCCCP
Rebecca Rich, PharmD, BCPS, BCCCP, FCCM
Michael Semanco, PharmD, BCPS, BCCCP

Pharmacotherapy is a 2-week introductory learning experience, immediately after orientation, that will expose the resident to multidisciplinary rounding services and the role of the clinical pharmacist. One week will be on Infectious Diseases (ID) and the other week in Medical Critical Care. Patient discussions will be in a group format. The resident is expected to initiate self-teaching for disease states, procedures and medications they are not familiar with. Formal disease state topic discussions will cover common disease states the resident will encounter early on in their residency experience.

Practice Management

Required, 1 month

Brian Anger, PharmD, BCPS
 Doug Geer, PharmD, BCPS
 Georgia Keriazes, PharmD, BCPS, BCOP
 Anthony Pazanese, PharmD

This longitudinal experience is designed to enhance the resident's skills as an effective leader in the health care environment. The resident will work with various pharmacy leadership members to gain knowledge of medication safety measures, integration of information systems in patient care areas, expanding automation within pharmacy, human resource management, strategic design, financial and operational planning and measures, and state and federal regulatory requirements. Residents will attend topic discussions that directly relate to departmental and hospital operations. The resident may attend various hospital committee meetings with members of management. The resident is required to complete a drug monograph and develop or modify a policy or procedure with presentation to the P&T committee.

Psychiatry

Required, 1 month

Melody Stevens, PharmD, BCPS

*(Psychiatry II:
 elective, 2 to 4 weeks)*

The Psychiatry learning experience takes place among the 65-bed Mental Health Service, divided among three units: 1S Mental Health and Addictions Unit, Memory Disorder Unit, and Adolescent Psychiatry Unit. This rotation will provide the resident with therapeutic knowledge and practical experience in psychiatry. The experience is designed to develop and further refine the resident's skills in pharmacotherapy, drug information retrieval and evaluation, verbal and written communications, patient monitoring and education, and case presentations as they apply to the psychiatric patient.

Required Longitudinal Learning Experiences

Code 99

Required, longitudinal

Kyle Dillon, PharmD, BCCCP
 Rebecca Rich, PharmD, BCPS, BCCCP, FCCM
 Michael Semanco, PharmD, BCPS, BCCCP

The Code 99 longitudinal experience will require the resident to be an active member within a multi-disciplinary code response team. The resident will obtain BLS and ACLS certification during Orientation. Once certified the resident is expected to attend all Code 99s during the assigned block. In the beginning, the resident will primarily participate in medication preparation and dispensing until comfortable with this role. The resident will then seek other roles within the team, including chest compressions, recorder, problem solver, or any other role needed.

Medication Use Evaluation

Required, longitudinal

Assigned MUE Advisor(s)

This experience will require the resident to conduct one MUE and provide the foundation and understanding of the quality improvement process and working with the Institutional Review Board (IRB). The MUE will be completed according to a timeline developed by the resident, Research Advisors, and Residency Director. The resident will develop the MUE idea, obtain IRB approval, collect and analyze data, and draw conclusions with assistance of the MUE Advisor. Results will be presented as a poster at the ASHP Midyear Meeting, as well as the P&T committee and other multidisciplinary committees as appropriate.

Presentations

Required, longitudinal

Assigned Presentation Advisor

This longitudinal experience encompasses all presentations the resident is required to complete throughout the year. The resident will have ample opportunities to gain experience in delivering effective education to various healthcare members and develop confidence in public speaking. Required formal presentations include: two Journal Club Evaluations, two Patient Case Presentations, one Continuing Education Seminar, and one Technician Continuing Education Presentation.

Professional Development

Required, longitudinal

Selected Residency Advisor

The Professional Development experience encompasses the overall growth of the resident throughout the year. The resident will select a Residency Advisor with whom they will have regular meetings to discuss the resident’s progress as a whole, including rotation and longitudinal responsibilities. The Residency Advisor will serve as a spokesperson on the resident’s behalf during the Residency Advisory Committee (RAC) meetings. The resident advisor will also serve as a contact for the resident if there are any global concerns or questions regarding the residency program.

Research

Required, longitudinal

Assigned Research Advisor(s)

This longitudinal experience requires the resident to conduct one research project throughout the year according to a timeline developed by the resident, Research Advisor(s), and Residency Director. The resident will develop the research idea, obtain IRB approval, collect and analyze the data, and draw conclusions with the assistance from the Research Advisor(s). Results will be presented as a PowerPoint presentation at the Florida Residency Conference (FRC) in May, as well as to the P&T committee and/or other multidisciplinary committees as appropriate.

Staffing

Required, longitudinal

Anthony Pazanese, PharmD

This longitudinal experience allows the resident to demonstrate proficiency in accurately processing medication orders, adhering to P&T guidelines, and following the non-formulary process. The resident will train with a pharmacist for the first three months to gain experience and become familiar with Cerner, LRH inpatient formulary, P&T protocols, etc. It is the expectation that the resident will be ready to staff independently by week 5 of the 2nd Quarter (November). Staffing requirements include: one weekday evening (Monday – Thursday, 17:00 – 21:00), every 4th weekend (Saturday and Sunday, 07:00 – 19:00), and one major and minor holiday.

Elective Rotation Learning Experiences

Cardiovascular Critical Care

Elective, 2 to 4 weeks

Kyle Dillon, PharmD, BCCCP
Rebecca Rich, PharmD, BCPS, BCCCP, FCCM
Michael Semanco, PharmD, BCPS, BCCCP

The Cardiovascular Critical Care experience will focus on the general management of cardiovascular (CV) patients in the Surgical Intensive Care Unit (SICU). The resident will assume all responsibility for the pharmacotherapeutic plan for each of his/her patients and will participate in the multidisciplinary rounds in the designated unit. Opportunities to observe a cardiac catheterization, cardioversion, and/or CV surgical case may be incorporated as schedule permits.

Hematology/Oncology

Elective, 2 to 4 weeks

Angela Pearson, PharmD, BCPS

The Hematology/Oncology experience takes place on the inpatient oncology unit. The resident works with pharmacists, nurses, and physicians, assuming responsibility for the pharmaceutical care of these patients. The resident will respond to new dosing consults and multi-day chemotherapy regimens. The resident is expected to attend multidisciplinary rounds and establish a working relationship with the Oncologists. Residents may round with individual oncologists as arrangements can be made and schedule allows.

Informatics

Elective, 2 to 4 weeks

Doug Geer, PharmD, BCPS

The Informatics experience will expose the resident to the evolution of the organizations' medication-use systems by applying pharmacy informatics principles, standards, and best practices. The resident will gain basic understanding of the language and concepts of information technology (IT), thereby equipping the resident to function in the informatics interdisciplinary environment to advance the professional duties and responsibilities of a pharmacist.

Pediatrics

Elective, 1 month

Wendy Bailey, PharmD, BCPPS, CPh

(Pediatrics II: elective, 2 to 4 weeks)

The Pediatric experience takes place in General Pediatrics, Pediatric ICU, and Neonatal ICU. This rotation will allow the resident to become familiar with the pharmacotherapy and clinical guidelines for the more commonly encountered disease states in pediatrics. The resident will provide comprehensive pharmaceutical care that includes reviewing regimens and plans of care, providing recommendations/interventions to improve pharmacotherapy, providing drug information, and counseling patients when appropriate.

Transitions of Care

Elective, 2 to 4 weeks

Lindsey Smith, PharmD, BCACP

The Transitions of Care experience allows the resident to develop the knowledge and skills to manage of a wide variety of disease states in the inpatient and outpatient setting and to bridge the gap between transitions of care from one setting to another. The resident will collaborate with the population health team to reduce readmission rates by preventing medication errors that arise from improper medication reconciliation upon admission and discharge.

Trauma Critical Care

Elective, 1 month

Kyle Dillon, PharmD, BCCCP
Rebecca Rich, PharmD, BCPS, BCCCP, FCCM
Michael Semanco, PharmD, BCPS, BCCCP

The Trauma Critical Care experience takes place in the 18-bed Trauma Intensive Care Unit (TICU). The purpose of the rotation is to allow the resident to develop and refine pharmacotherapeutic skills related to the general management of trauma patients. The resident will assume responsibility for the complete pharmacotherapeutic plan of the assigned trauma patients. The resident will participate in daily multidisciplinary rounds.