



PGY2 Emergency Medicine Learning Experience Descriptions

Required Learning Experiences

Adult Emergency Medicine I and II
Required, 3 months each

Kayla Wilson, PharmD, MS, BCPS
Shannon Hasara, PharmD, BCCCP
Megan Nguyen, PharmD, BCEMP
Heather Schucker, PharmD

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 the 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 skills established in EMI, as well as provide more opportunities to precept APPE students. Patient care and topic discussions include: EKG interpretation, ACLS, acid-base disturbances, RSI, trauma resuscitation, sepsis, vasopressor management, pain and sedation, stroke, DKA, and toxicological emergencies.

Orientation
Required, 2 weeks

The resident will undergo formal orientation to the residency program in addition to LRH, including training in Cerner to gain comfort performing order verification and navigating the medical record. This will permit 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.

Pediatric Emergency Medicine
Required, 1 month

Wendy Bailey, PharmD, BCPPS, CPh

The pediatric EM rotation is a required rotation designed to focus on the development of pharmacotherapeutic skills necessary to provide emergent care to pediatric patients. The resident will staff solely in the pediatric emergency department, which houses 33 beds including 3 resuscitation beds. Additionally, the resident will be expected to attend PICU and NICU rounds as assigned by the preceptor. Patient care and assigned topics include: age-specific dosing recommendations, febrile seizures, pediatric infectious diseases, PALS, and trauma.

<p>Trauma Required, 1 month</p> <p>Kyle Dillon, PharmD, BCCCP Rebecca Rich, PharmD, 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: coagulopathy of trauma, ETOH withdrawal, massive transfusion, neuromuscular blockade, spinal cord injury, and traumatic brain injury.</p>
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Required Longitudinal Learning Experiences	
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<p>Pre-Hospital Required, 12 months</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 lead educational sessions with new-hire paramedic personnel.</p>
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<p>Presentations Required, 12 months</p>	<p>This presentation longitudinal experience encompasses all formal presentations required throughout the program. The resident will present three patient case presentations and one 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>Professional Development Required, 12 months</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>Research Required, 12 months</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 one medication use evaluation (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
Required, 12 months

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 12 weekends per year, (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. During the week, while on rotation outside of the emergency department, the resident will work one 5 hour shift during the evening.

Toxicology
Required, 12 months

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.

Elective Learning Experiences

Adult Emergency Medicine III
Elective, 1 or 2 months

Kayla Wilson, PharmD, MS, BCPS
Shannon Hasara, PharmD, BCCCP
Megan Nguyen, PharmD, BCEMP
Heather Schucker, PharmD

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.

Critical Care
Elective, 2 or 4 weeks

Kyle Dillon, PharmD, BCCCP
Rebecca Rich, PharmD, 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.

Infectious Disease
Elective, 2 or 4 weeks
Jessica Cobian, PharmD, BCIDP

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.

Pain Management
Elective, 2 or 4 weeks
Paige Broccio, PharmD, BCPS

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.