



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

The Ambulatory Care experience takes place at LRH Ambulatory Clinics. Pharmacy offers pharmacist-managed services for medication management and various chronic disease states. The resident will participate in providing patient care via in-office and telehealth appointments by 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, BCEMP
Megan Nguyen, PharmD, BCEMP
Heather Schucker, PharmD, BCEMP

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 they are responsible for identifying and resolving any areas of pharmacotherapeutic concern with assistance from the preceptor.

Infectious Diseases

Required, 1 month

Jessica Cobian, PharmD, BCIDP

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

Phillip Buchanan, PharmD
Claudia Garcia Lorenzo, PharmD

The Internal Medicine experience will provide the resident opportunities to further refine their 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, BCCCP, FCCM
Michael Semanco, PharmD, BCPS, BCCCP,
FCCM

The Medical Critical Care experience focuses on the general management of critically ill patients. The resident will be in the 32-bed Medical ICU (MICU). The resident will assume responsibility for the pharmacotherapeutic plan for each of their 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 receive training on the electronic health record (Cerner). While rotating through the Pharmacy department, the resident will have an opportunity to work with various members of the pharmacy staff. The resident will 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

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

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Practice Management

Required, 1 month

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

Practice Management 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 participate in topic discussions directly related to departmental and hospital operations. The resident will attend various hospital committee meetings. The resident is required to complete a drug monograph and develop or modify a policy or procedure with presentation to the P&T committee.

Required Longitudinal Learning Experiences

Code 99

Required, 12 months longitudinal

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

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.

Hospital Practice (Staffing)

Required, 12 months 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. Staffing requirements include one weekday evening (July-December only), every 4th weekend, and one major and minor holiday.

Medication Use Evaluation

Required, 12 months longitudinal

Assigned MUE Advisor(s)

This experience will require the resident to conduct one MUE. The MUE will be completed according to an established timeline. The resident will develop the MUE idea, collect and analyze data, and draw conclusions with assistance of the MUE Advisor(s). Results will be presented as a poster at the ASHP Midyear Meeting, as well as to any pertinent LRH multidisciplinary committees.

Presentations

Required, 12 months 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 patient cases and pharmacist continuing education. There is also opportunity for non-formal presentations such as journal clubs and a variety of in-services.

Professional Development

Required, 9 months 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.

ResearchRequired, 1 month (December) AND
12 months longitudinal

Assigned Research Advisor(s)

This longitudinal experience requires the resident to conduct one research project throughout the year according to an established timeline. 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 any pertinent LRH multidisciplinary committees.

Elective Rotation Learning Experiences (two)**Hematology/Oncology**

Elective, 1 month

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, 1 month

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, thereby equipping the resident to function in the informatics interdisciplinary environment to advance the professional duties and responsibilities of a pharmacist.

Leadership

Elective, 1 month

Rebecca Rich, PharmD, BCCCP, FCCM
Jennifer Montero, BCCCP, FCCM

The Leadership experience will allow the resident to enhance their skills as an effective leader in the areas of critical care pharmacy management, residency leadership, and clinical quality. The resident will be assigned various projects throughout the month based on the needs of the residency program, pharmacy or critical care departments, and the clinical quality department, along with the resident's interests. The resident will work with the preceptor to gain knowledge of leadership responsibilities and ways to improve patient care through risk prevention and policy management.

Pediatrics

Elective, 1 month

Wendy Bailey, PharmD, BCPPS, CPh

The Pediatric experience takes place in General Pediatrics, Pediatric Intensive Care Unit (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.

Psychiatry

Elective, 1 month

Melody Stevens, PharmD, BCPS

The Psychiatry experience takes place at the Harrell Family Center for Behavioral Wellness, a 96-bed facility that offers both inpatient and outpatient treatment for age 10 and older for a variety of behavioral health conditions. 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 as they apply to the psychiatric patient.

Transitions of Care

Elective, 1 month

Lindsey Smith, PharmD, BCACP, BCCP
Namitha Vellian, PharmD

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, BCCCP, FCCM
Michael Semanco, PharmD, BCPS, BCCCP,
FCCM

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.