

## PGY2 Drug Information

**Rotation Name:** Orientation to University Hospital

**Rotation Preceptors:** Shantel Mullin, PharmD, BCPS, (Coordinating Preceptor) and all Operational and Decentralized Clinical Pharmacists, Policy, Process, and Technology Expert Pharmacists from across Pharmacy Services

**Site:** The University of Utah Hospital is a level I trauma center that serves critical and acute care patients in 425 beds, and is a referral hospital for a 5-state region. Over 100 FTEs of pharmacy staff serve the patients of University Hospital, and the residents are a part of patient care and multi-disciplinary teams. The Huntsman Cancer Institute also serves patients with 50 inpatient beds, an infusion center, and several clinics. Clinics at the hospital and surrounding communities serve patients with pharmacy care both through retail pharmacies, MTM services, thrombosis services, and clinic-based services. The University Health Care system also includes a Drug Information Service.

### Rotation Description:

Residents will learn the basics of University Health Care's pharmacy system, medication and departmental policies and procedures, and skills needed to serve as a clinical pharmacist during rotations and during staffing requirements during residency. Training focuses on organizational and department structure, workflow, resident and pharmacist responsibilities and requirements, and appropriately using technology for patient care, research, and other residency requirements. Residents completing a PGY1 residency at University of Utah Hospitals and Clinics will attend abbreviated sessions of the orientation program.

### RLS Goals

R2.2 Identify opportunities for improvement in the organization's medication-use policies or processes.

R3.2 Exercise superior communication skills

### Activities Evaluated:

Rotation Activity	RLS Goal	Teaching Methods
This part of resident training includes both general hospital orientation to safety and HIPAA training in addition to pharmacy-specific department training and testing. The resident learns CPOE, PharmNet verification and order entry, PowerChart, Omnicell, D-21 med checks, etc. in centralized and decentralized locations. Central operations training, IVC overview, NBICU pearls, patient care documentation, Med Reconciliation, policy and procedure overviews, scavenger hunts, etc.	R2.2, 3.2	Instruction, Modeling, Coaching, Facilitation
Residents practice ADR and ADE reporting in the Patient Safety Net System. Residents review all MUE and guidelines for the hospital and discuss differences between the U and other organizations where they have worked or rotated. The residents participate in data collection around CMS core measures including pneumonia vaccine screening and documentation compliance.	R2.2	Instruction, Modeling, Coaching, Facilitation
Centralized and Decentralized Clinical Practice Training, Medication Reconciliation, Vaccine Screening process, Systems training, Therapeutic Plan development (PHARME), Efficiency training and practice, Staffing shift training, etc. Each resident will turn in samples of documentation, patient work-ups, and pass quizzes on staffing requirements	R2.2	Instruction, Modeling, Coaching, Facilitation

**Readings and Preparatory Work**

Residents will read the hospital and pharmacy department orientation manuals and checklists. Readings will be provided for specific inservices such as the overview of infectious disease and pharmacodynamics with Don Alexander prior to the day of training by email. The residents will be asked to read articles for journal club, literature evaluation, and other activities. They will also determine their Meyers-Briggs and Color Code preferences.

**Typical Daily/Weekly/Monthly Activities:**

The orientation and training schedule will be Monday through Friday for the first 4 weeks of residency for the PGY1 resident. Days will start at 8 AM for classes and 7 AM for Clinical Practice training days. The first 2 weeks will largely be classes in the pharmacy conference room related to policies, procedures, staff expectations, technologies, resident expectations, meeting staff, etc. Some days will be spent in the computer training lab and in the residents' office. The clinical practice training days will occur in the second 2 weeks either in the central operations/order-verification area of the Hospital and on decentralized units/pharmacy satellites. Residents will be paired with a pharmacist expert/trainer for their training shifts. The residents will also train in a decentralized location on a weekend (2 day shifts), and at least 2 other weekend or swing shifts of their choice. Day shifts begin at 7 AM and swing shifts begin at 3 PM.

**Evaluation**

The resident will receive oral feedback from preceptors as they learn each new skill or task. The resident will keep a portfolio of their training progress to turn in to the orientation coordinator weekly. The training manual contains check sheets for each centralized or decentralized preceptor to sign when the resident demonstrates the skills necessary to work in the assigned area. The resident will have a final summative evaluation after their training shifts are over and they have worked at least one regular staffing shift on their own. This summative evaluation will be face-to-face and include comments from pharmacists who have worked most with the resident. It will be recorded in ResiTrak.