



PGY2 Emergency Medicine Learning Experience Descriptions

Required Learning Experiences

Adult Emergency Medicine I and II
Required, 6 months

Brad Hall, Pharm.D.
Kayla Wilson, Pharm.D., BCPS

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 132 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, RSI, trauma resuscitation, sepsis, vasopressor management, pain and sedation, stroke, DKA, and toxicological emergencies.

Critical Care
Required, 1 month

Jennifer Montero, Pharm.D., BCPS, BCCCP
Rebecca Rich, Pharm.D., BCPS, BCCCP
Michael Semanco, Pharm.D., 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 all patients (18 beds) in the C3ICU. 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.

Orientation
Required, 3 weeks

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.

Pediatric Emergency Medicine I
Required, 1 month

Wendy Bailey, Pharm.D.
Brad Hall, Pharm.D.
Kayla Wilson, Pharm.D., BCPS

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 20 beds including 3 resuscitation beds. Patient care and assigned topics include: age-specific dosing recommendations, febrile seizures, pertussis, RSV, PALS, and pediatric trauma.

Trauma
Required, 1 month

Jennifer Montero, Pharm.D., BCPS, BCCCP
Rebecca Rich, Pharm.D., BCPS, BCCCP
Michael Semanco, Pharm.D., BCPS, BCCCP

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.

Triage / Urgent Care
Required, 1 month

Brad Hall, Pharm.D.
Kayla Wilson, Pharm.D., BCPS

The triage / urgent care experience will provide the resident with experience triaging patients according to their acuity and need for emergency resources. The resident will also spend time in our Fast Trac area, an urgent care area that manages lower-acuity patients in an efficient manner.

Required Longitudinal Learning Experiences

Administration / Research

The Administration / 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. The administrative portion of this experience will require the resident to self-manage continued professional development and their commitment to the professional practice of emergency medicine. The resident will be involved with quality improvement projects as required by RPD as well as accreditation and regulatory compliance programs.

Pre-Hospital

This experience is a longitudinal requirement encompassing all experience with local EMS personnel. The purpose of this learning experience is to provide the resident with opportunities to understand 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.

Presentations

This is a longitudinal experience encompassing all formal presentations required throughout the program. The resident will present three patient case presentations, one continuing education seminar, and one monograph or drug class review. The resident will also participate in one debate session and will present their research project formally at the Florida Residency Conference.

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 will be responsible for providing pharmacotherapy consults, responding to all cardiac arrests, stroke alerts, and trauma alerts, and acting as a medication resource for all ED staff. 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.

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.

Elective Learning Experiences (4 weeks)

Infectious Disease
Elective, 2-4 weeks

Jessica Cobian, Pharm.D., BCPS

The ID elective rotation is an opportunity for the resident to refine pharmacotherapeutic skills when managing patients with infections or suspected infections. 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.

Neurology
Elective, 2-4 weeks

Brad Hall, Pharm.D.
Kayla Wilson, Pharm.D., BCPS
Neurologist TBD

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.

Pain Management
Elective, 2-4 weeks

Anthony Pazanese, Pharm.D.

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 syndrome, and oncologic pain emergencies. 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.

Pediatric Emergency Medicine II

Elective, 2-4 weeks

Wendy Bailey, Pharm.D.

Brad Hall, Pharm.D.

Kayla Wilson, Pharm.D., BCPS

This rotation is offered as intensification of Pediatric Emergency I and may be tailored specifically to the resident.