What did our students think about their acute care experience?
What was important to them?

- Rotation is well organized
- Expectations are clear from the beginning
- Opportunity to work up patients independently and discuss plans with preceptor
- Preceptor provides constructive criticism
- Opportunity to shadow pharmacists
- There is always someone available to go to with our questions
Which experience was most worthwhile?

• Attending rounds
• Time spent with preceptor
• Weekly conferences
  – With medical/pharmacy team
  – With other students and residents
  – PowerPoint presentations
• Going over guidelines with preceptor
• Competencies
• Preceptor quizzed me (on therapeutics)
Which experience was most worthwhile?

- Monitoring drug therapy
- Therapeutics drug monitoring
- Patient profile reviews
- Pharmacokinetic analysis
- Interviewing patients
  - Med Rec.
- Educating patients
  - Warfarin
- In-service to my team
What did you like the most?

- Work with pharmacy practice residents
- Making interventions on rounds
- Drug testing
- Making IV admixtures
- Code blue module/experience with preceptor
- Spending time with my team
- Spending time with nurses
- Direct interaction with patients
What was most rewarding?

• Counseling patients
  – Most were grateful and very receptive
• Daily pharmacokinetic analysis
  – I always learned something new
What should be different?

• Preceptor attend rounds with me
• Preceptor not attend rounds with me
• Preceptor should feel free to pimp us
• Require more PowerPoint presentations
  – Disease state management
  – Present to bigger group (all student/residents at site)
• Code blue
  – Go over code box and guidelines
  – Attend code blue
What should be different?

- Have only one preceptor
- Shadow preceptor all day
- Attend antibiotic rounds
- Get involved with PK
- Get involved with TPN writing
- Get involved with discharge planning
- Observe procedures
  - Surgery
What should be different?

- Make site orientation more organized
- Pair student with medical intern
- Free up preceptor from daily activity so he/she can spend more time with me
- Preceptor and pharmacy staff were too busy
- Regular feedback from preceptor
- Keep ICU as critical care not a medicine rotation
  - Separate ICU syllabus
- ICU competency
What should be different?

• Computer access
• More computer training (Epic)
• Workload
• Parking
• More interdisciplinary projects
• Do not give surprise presentations
• Space to leave our bags and lunches
What should be different?

- More structured reading discussions on common disease states
- More preceptor oversight
- More case based discussions with preceptor
- Shadow other pharmacists
- Competency packet should include readings
- Have ACLS and pressors early in rotation
- Include more clinic days
Which experience was NOT worthwhile?

• Writing SOAP for patient presentations
• Attending unrelated medical conferences
• Canceled rounds
• Going on rounds
• Daily wound rounds (once is enough)
• Radiology rounds
• Morning rounds
Which experience was NOT worthwhile?

- Working up patients (did not have opportunity to round with medical team)
- Warfarin counseling (became repetitive)
- Daily PK (computer is doing the work)
- Disease state presentations
- Waiting around for pharmacists and presentations to start
- Downtimes
Questions?