

View Assessment

Resident Being Evaluated:	Sally Smith		Primary Preceptor:
Evaluation	Summative Evaluation of Sally Smith for Critical Care	Due Date	10/12/2020 11:59:59 PM
Evaluator	Sue Myers, PharmD, BCPS, BCCCP (Primary Preceptor)		
Learning Experience:	Critical Care	ABC Medical Center (Pharmacy)	No photo on file...

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PGY1 Pharmacy (2014)

R1.1 - In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

ACHR : Yes

***R1.1.1 - Interact effectively with health care teams to manage patients' medication therapy**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally interacted with the health-care team well. Sally has relaxing/calm tone to her voice so when she does make recommendations it never sounds aggressive or overbearing. To achieve, Sally should work on the timing of her recommendations as to when to make recommendations on rounds based on the different providers.

***R1.1.5 - Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally has good knowledge base overall and has definitely grown a lot over the past month with her problem lists and developing a plan for her patients. I do think she could become more familiar with diagnostic/patho stuff as this could help her determine what is going on with the patient (ex. ERCP, MRCP, BAL, etc). As an example, after Sally looked up the evidence regarding TXA for pulmonary hemorrhage we discussed that if a provider was requesting nebulized TXA from pulmonary hemorrhage perhaps she should verify the patient had a BAL to verify an actual pulmonary hemorrhage vs just starting expensive treatment when asked by the provider. I always say this objective is the hardest to achieve for a resident as it take time to build a good library of resources to have so you can make proper evidence based recommendations in a timely fashion.

***R1.1.6 - Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally has good follow up - she always ensures medication changes discussed on rounds are inputted into the patient's EHR. Also, if Sally was ever confused about a recommendation she would always discuss with me and follow up with the ICU team after. To achieve, I encourage Sally to work on consistently updating i-vents while on rounds to reflect the plan to ensure the pharmacist following behind her knows the current plan for the patient.

***R1.1.7 - Document direct patient care activities appropriately in the medical record or where appropriate**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally was able to document patient care activities, kinetics notes, and warfarin notes. Overall, her notes were concise and included all pertinent information. However, she did have some more difficult kinetics notes in an intermittent dialysis patient. We discussed that for atypical pks pts, she should add additional details to make it clear how she determined the dosing regimen.

R1.2 - Ensure continuity of care during patient transitions between care settings

ACHR : Yes

***R1.2.1 - Manage transitions of care effectively**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally did an awesome job with managing the shift to shift report and updating her i-vents. With that being said I think that Sally can continue to work on her abilities to stop unnecessary medications on patient transferring out of the ICU (ex fluids when the patient is eating, IV pain medications, SUP if patient is eating and not on at home, changing medications from IV to po). Or being proactive about opening -vents to communicate these things to the floor pharmacist for them to follow up on (SUP, DVT prophylaxis restart, long acting insulin dosing, restarting home medications).

R4.1 - Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

ACHR : No

***R4.1.1 - Design effective educational activities**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally developed two educational programs this month (ex. DOAC in renal failure/IHD patients and nebulized TXA for pulmonary hemorrhage). Both of her handouts were extensive and very well done with minimal feedback from me. Both sessions that were held via webex. We discussed that for future virtual presentations, it would be helpful to the audience if she could use the cursor to orient the people on the webex to what she was talking about and also provide references at the bottom of each slide for her audience.

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PGY1 Elective - Management of Medical Emergencies (2014)

E5.1 - Participate in the management of medical emergencies

ACHR : Yes

***E5.1.1 - Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures**

ACHR : Yes

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Comments:

Sally went to several code blues on this rotation. She also attended a massive trauma alert in the ER when we had five trauma patients present all at once. I think Kelsey can continue to work on her confidence emergency response skills.

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Overall Comments

Overall Comments for this Evaluation

Overall, Sally was a great resident. She is very professional, flexible and easy to work with. Sally is also very proactive and has good time management skills. Though not evaluated in this learning experience, I would also recommend that she needs additional experience with order verification to increase her efficiency in this area.

Cosignature History

Cosign Date	Name	Status	Comments
10/14/2020 9:30 AM	Smith, Sally	Submitted	
10/28/2020 9:23 PM	Roberts, Julia	Submitted	

