

Clinical Spotlight: Critical Care – John M. Allen, Pharm.D. BCPS

1. Why did you decide to pursue a career in critical care pharmacy?

I decided to pursue critical care pharmacy as a career during my final year of pharmacy school. I was on rotations and my first inpatient experience was in the Trauma ICU at Tampa General Hospital. I loved the fast-paced nature of the ICU and genuinely knowing that I could have an impact on and was blessed to work with a great preceptor who challenged me more than I had been on previous rotations.

2. What educational steps did you take to get to where you are today?

During pharmacy school at Florida A&M University, I was an active member of several student organizations. This involvement prepared me for leadership and pursuit of residency training. During my last year of pharmacy school, I was an investigator on a research project that helped introduce me to the importance of pharmacist-initiated research. I graduated from Florida A&M University in May 2009 with my Doctor of Pharmacy degree. I then completed both my PGY-1 and PGY-2 Critical Care residencies at Tampa General Hospital under the guidance of Minh-Tri Duong, PharmD and Earnest Alexander, PharmD, FCCM, respectively.

During my PGY-1 residency, I became interested in academia and completed a Teaching Certificate Program with the University of Florida College of Pharmacy. Following completion of post-graduate training, I joined the faculty of the Auburn University Harrison School of Pharmacy

3. How would you describe your practice site?

Currently, I practice in the Surgical-Trauma Intensive Care Unit at the University of South Alabama Medical Center in Mobile, Alabama. We are the only Level 1 Trauma Center in Southern Alabama or Mississippi, so we often get very sick patients transferred from other parts of the region. The trauma service typically follows 10 to 16 patients per day. The trauma service is multidisciplinary and includes physicians, nurse practitioners, students and of pharmacists (of course☺). One of the perks of my job is the opportunity to interact with various members of the healthcare team. I provide education to them about drug therapy, but I also learn so much from them regarding various aspects of their profession.

Prior to my arrival, there had not been any established clinical pharmacy services within the Surgical-Trauma ICU. Services that myself or P4 students on rotations currently provide include pharmacokinetic monitoring of vancomycin and aminoglycosides, nutritional recommendations for enteral or parenteral nutrition and medication reconciliation. We also look for ways to optimize drug therapy such as recommending antibiotics based on culture results or discontinuing or adjusting medications based on organ function.

4. How would you describe your typical workday?

My workday begins pretty early. I typically begin my workday around 6:45a by reviewing labs and medication profiles for patients on the trauma service. I then meet with my P4 students in the ICU at 7:30a to review their findings and recommendations for each of the patients on the service. We typically round with the trauma team around 9:00a to discuss each patient in detail. After rounds with the trauma team, I work with the students to address any issues that came up on rounds, followed by lunch and following up on emails.

As a faculty member at a school of pharmacy, teaching is also a large part of my responsibilities. In the afternoon, I usually will have topic discussions with my P4 students or members of the trauma service. During the rest of the afternoon, I am usually working on scholarship such as writing articles for publication or various research projects.

5. How has ACCP been important in your professional development?

ACCP has been very instrumental in my professional development. I have had the privilege of serving on the National Residency Advisory Committee in 2010-11. The experience allowed me to work with other committee members on issues important to pharmacy residents. Currently, I serve on the Communications Committee of the Critical Care PRN. The opportunities to network with many critical care practitioners the Critical Care PRN and at the Annual Meeting have also been very important in my professional development.

6. What strategies do you employ to stay up to date in your field?

There are several different journals that are relevant to my field and sometimes it is difficult to stay current with medical literature. First, I try to stay up to date in my field by subscribing to various pharmacy journals such as Pharmacotherapy, AJHP and Annals of Pharmacotherapy. I also subscribe to receive the monthly electronic Table of Content email reminders from other journals. Another method I utilize is the Critical Care PRN Email List-Service to keep up to date with current issues that colleagues are facing on a daily basis. Lastly, I stay current by attending professional meetings to stay up to day with current research or controversial topics in critical care.

7. What advice would you give to a student considering a career in critical care?

I would encourage the student to try to schedule at least one rotation in their final year of pharmacy school in the ICU setting. Also, seek out mentorship from faculty members that practice in the ICU to see how they got to where they are.