

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

Pediatric On-Call (PGY1)

### **PURPOSE**

The on-call program provides the opportunity for the PGY1 residents to develop baseline clinical skills and gain experience in, but not limited to, the following areas: patient specific data collection and monitoring, designing evidence-based therapeutic regimens and monitoring plans, communicating patient recommendations (verbal and written) and documentation of direct patient care activities. In addition, the PGY1 residents will further develop their time management, drug information search strategy and literature evaluation skills performing the required duties for their on-call assignment. The resident will also have the opportunity to learn how to work through “pharmacy emergency situations,” which include an immediate assessment and approval for high alert medications. The PGY1 residents are assigned a clinical on-call back-up who will review all on-call questions with the resident. The clinical back-up will provide mentoring and assistance to the PGY1 resident to better address the clinical skill sets used during the on-call experience.

### **LEARNING EXPERIENCE DESCRIPTION**

Each PGY1 resident is required to attend the on-call review and complete practice questions provided during the orientation experience prior to their initial on-call assignment. The PGY1 residents will have pediatric call for one week each month they rotate through the Children’s Hospital. The resident must be available 24-hours-a-day, respond to pages in a timely manner, and come into the hospital if needed. The call week lasts from 8 am Monday until 8 am the following Monday. The residents will come in-house on their call weekend to follow-up all signed out patients. The residents will have a clinical specialist backup, who is available for call questions and to come in as needed. The backup will also be in house with the resident the first weekend they take call. The PGY1 residents will monitor the pediatric “scary drug” list daily for uncovered patients Monday through Friday and all new starts over the weekend. The PGY1 residents will routinely receive calls to assist with pharmacokinetic monitoring, parenteral nutrition assessment and ordering, antibiotic initiation and follow-up, patient discharge counseling and general drug information questions.

### **LEARNING EXPERIENCE ACTIVITIES**

The following activities are required during the on call experience for a PGY1 resident.

- Discuss with previous on-call resident any unresolved patient care issues/follow-up for the upcoming week.  
(PGY1: R2.11.2; PCT: R2.12.1)
- Contact the clinical on-call back-up to exchange appropriate contact information and devise a communication strategy for the remainder of the week.  
(PGY1: R2.8.1; PCT: R2.12.1)

- Retrieve “scary drug” report and identify uncovered patients in the Children’s Hospital daily.  
(PGY1: R2.4.1; PCT: R1.3.2)
- Review medication profile for all uncovered patients on the “scary drug” list to review medication dosing and monitoring of targeted medications.  
(PGY1: R2.4.1; PCT: R1.3.2)
- Return on-call pages in a timely manner and obtain all appropriate information to address the pertinent question(s). Retrieved data should include (at a minimum): patients name, medical record number, current weight, day of life (if applicable), allergies, pertinent past medical history, pertinent laboratory values, clinical question(s) to address, acuity of the detailed response.  
(PGY1: R2.8.1; R2.4.1; PCT: R2.6.2)
- Utilize data collection forms to collect and track patient related information on a day to day basis.  
(PGY1: R2.4.1; PCT: R2.4.3)
- Use literature retrieval skills to identify evidence-based medicine when available to incorporate into designing and monitoring therapeutic regimens.  
(PGY1: R2.6.1; R2.6.2; PCT: R2.6.2; R3.1.1; PGY1 R1.5.2; PGY1-R1.5.5)
- Discuss your therapeutic recommendations with your on-call back-up prior to communicating the information to the original caller.  
(PGY1: R2.8.1; PCT: R2.8.1)
- Communicate approved recommendations in a way that is timely, accurate and secures consensus from the medical team. Follow-up to ensure recommendations are acted upon in the appropriate manner.  
(PGY1: R2.8.1; PCT: R1.3.1; R2.1.1; R2.8.1)
- Continue to monitor recommendations and assess if therapeutic goals are being met and if any changes to medication regimens are necessary.  
(PGY1: R2.9.1; PCT: R2.7.1)
- Provide nursery discharge counseling to newborn special care nursery. The counseling session should include inspection of discharge medications (when possible), review of medication teaching sheet for each discharge medications and a review of oral syringe measurements with the caregiver.  
(PGY1: R2.9.1; PCT: R1.3.2)
- Document all on call activities in the HMM system. Document adverse drug reactions/medication errors in Patient Safety Net.  
(PGY1: R2.12.1; PCT: R2.13.2)

- Follow hospital policies and procedures in regard to medication management and therapy recommendations.  
(PGY1: R2.9.1; PCT: R2.13.2)
- Provide verbal/written communication about all daily/weekend clinical on-call activities to the incoming clinical specialists/residents.  
(PGY1: R.11.2; PCT:R2.12.1; R2.12.2; R2.12.3)

### **ROTATION PRECEPTORS**

All pediatric inpatient clinical pharmacy specialists

### **METHOD OF EVALUATION**

Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). Feedback will include, but not be limited to, verbal and written end of call evaluation. The preceptor will provide feedback during the course of the week. An evaluation of the on call experience and the preceptor is to be completed at the end of the week. It is the responsibility of the resident to seek clarification from the preceptor if any aspect of the rotation is not clear.