ROTATION DESCRIPTION

ROTATION TITLE
Longitudinal Clinic: Brain Tumors (PGY2)

PURPOSE
The longitudinal clinic will provide the oncology resident with the opportunity to further develop and refine advanced pharmacotherapeutic management skills required for provision of care of patients with primary brain tumors or patients with brain metastases.

The resident will assist in the overall monitoring and management of the complex treatment and supportive care issues throughout the continuum of care of the patients during their outpatient visit as well as during the year.

LEARNING EXPERIENCE DESCRIPTION
This longitudinal clinic with the neuro-oncology group will serve as a foundation for outpatient oncology practice as well as brain tumor diagnosis, treatment, and symptom management. The PGY2 is expected to work more as an independent practitioner and develop as an expert in their area by utilizing additional evidence-based medicine principles in practice.

The typical clinic begins at 1pm, the start of afternoon clinic. Typical duties for the hematology/oncology resident during the clinic include: developing a patient specific problem list, assessing medication adherence, performing a medication history, and counseling patients on new prescriptions and/or chemotherapy. In addition, the resident may be asked to help develop pre-printed order sets for the clinic. If students are on rotation, the PGY2 resident will be expected to lead discussions and precept/mentor in a more formal, organized manner.

The oncology resident should provide prompt feedback to the preceptor of topics not being properly explained to them, and areas of improvement for the preceptor/team.

LEARNING EXPERIENCE ACTIVITIES
- Collect and assess pertinent patient laboratory values and vital signs.
  (R2.4.3)
- Generate patient-specific databases (e.g. past medical history, prior therapy, etc.) that allow the resident to make rationale drug therapy recommendations. Additionally, the resident should assess the patient's medication history for appropriateness.
  (R2.4.1, 2.4.3, R2.11.1)
- Review the patient's drug therapy to determine the appropriateness of the drug, its indication, the dosage regimen, route/method of administration, compliance, the presence of any therapeutic duplications, therapeutic outcomes, cost, and avoidance of adverse drug events and other negative interactions each day.
  (R2.4.2, R2.11.1)

- See patients with the medical team during clinic and provide pharmacotherapeutic recommendations as outlined on the Learning Experience Introduction Form and agreed upon with the preceptor.
  (R.1.5.1, R2.1.1, R2.3.1, R2.8.1)
- Exhibit professional behavior (e.g. appropriate dress/language, prepared for rounds/discussions, etc.) throughout the clinic.
- Design therapeutic regimens to achieve the pharmacotherapeutic goals for the patients utilizing evidence-based medicine.
  (R2.6.1, R2.9.1)
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors
  (R2.6.2, R2.7.1, R2.9.1, R2.10.1, R2.10.2)
- Ensure the continuity of pharmaceutical care in the ambulatory setting.
  (R2.2.2, R2.5.1, R2.11.2)
- Review patients with preceptor daily and assure all aspects of patient care as it relates to pharmacy are addressed.
  (R2.9.2)
- Document clinical activities performed by the resident and report adverse drug events in Patient Safety Net.
  (R.2.12.1, R2.12.2)
- Obtain familiarity with and assure compliance to institutional policies and procedures for drug use evaluation guidelines and restricted drugs.
  (R1.1.3, R1.1.4, R1.1.5, R1.4.1)
- Provide timely responses to drug information requests from your team, nursing staff, other pharmacists, preceptor, and other health care providers.
  (R1.2.1, R1.2.2, R1.2.3, R1.2.4, R.1.2.5, R1.2.6, R.1.2.7, R.1.3.1)
- Counsel patients on new treatment regimens
  (R2.9.3)
- Assist in the supportive care of neuro-oncology disease states (e.g. treatment of seizures, nauea/vomiting, etc.)
  (R2.6.1, R2.6.2, R2.7.1)
- Develop practice leadership attributes through interactions with medical, nursing, and pharmacy staff as well as patients and their families.
  (R6.1.1; R6.1.3; R6.1.4; R6.1.6; R6.1.7; R6.1.8)
- Prioritize rotation responsibilities and additional requirements of the residency program to ensure attendance at this once-a-week clinic experience.
  (R2.2.1)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
Tuesday; 1 - 5 PM
As patient care requires; the above listed times may vary.

Required meetings
Consulting with pharmacy preceptor during clinic as needed

Required presentations
At the discretion of the pharmacy preceptor or M.D. attending

Required readings
At the discretion of the preceptor based upon patient issues.

ROTATION PRECEPTOR
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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). The preceptor and resident will review the resident's customized plan and the learning experience introduction document on the first day of rotation. Feedback will include; but not be limited to; verbal and written mid-point and end of rotation evaluations.