ROTATION DESCRIPTION

ROTATION TITLE
Inpatient Abdominal Transplant Surgery (PGY1)

PURPOSE
The primary responsibility of the resident is to provide, in conjunction and under direct supervision of the preceptor, comprehensive pharmaceutical care to the pediatric and adult abdominal transplant recipients. Secondary responsibilities include familiarizing oneself with the important literature surrounding transplant pharmacotherapy, attending and actively participating in all required meetings (see list below), and developing a strong rapport with the multidisciplinary team.

LEARNING EXPERIENCE DESCRIPTION
The Medical University of South Carolina Medical Center usually performs over 250 abdominal organ transplants per year. This clinical practice site will provide the pharmacy resident with the opportunity to develop the advanced patient-care management skills necessary to care for the complex medical issues associated with adult and pediatric abdominal transplant recipients in a multidisciplinary acute care environment.

Care of the transplant patient includes managing high acuity intensive care based patients as well as patients in the step down units, patients on the floor, and patients transitioning to the ambulatory care setting. Common disease states include: immunology and immunosuppression, infectious diseases, hypertension, diabetes, dyslipidemia, viral hepatitis, renal insufficiency, hepatic insufficiency, and drug-disease and drug-drug interactions. Therapeutic drug monitoring with immunosuppression is also a cornerstone of care of these patients.

LEARNING EXPERIENCE ACTIVITIES
- Record and evaluate patient laboratory values daily.
  - PGY1: R1.4.1, R2.4.3
  - PCT: R2.4.1, R2.4.2, R2.4.3
- Generate patient-specific databases that meet the need for making drug therapy recommendations.
  - PGY1: R1.4.1, R2.4.3
  - PCT: R2.4.1, R2.4.2, R2.4.3
- Review patient's drug therapy to determine the appropriateness of drug, dose, dosage regimen, route/method of administration, regimen, compliance, therapeutic duplications, therapeutic outcomes, cost and the avoidance of adverse drug reactions and negative interactions each day.
  - PGY1: R1.4.1, R2.4.1, R2.4.2
  - PCT: R2.4.1, R2.4.2, R2.4.3
- Round with the medical team each morning and provide pharmacotherapeutic recommendations as outlined on the Learning Experience Introduction Form and agreed upon with preceptor.
  - PGY1: R1.4.1, R2.1.1, R2.4.1, R2.4.2, R2.8.1, R2.11.2
  - PCT: R1.3.1, R1.3.2, R2.1.1, R2.4.1, R2.4.2, R2.4.3, R2.8.1, R2.10.1

- Design therapeutic regimens to achieve the pharmacotherapeutic goals patients in accord with evidenced based medicine.
  - PGY1: R1.4.1, R2.4.1, R2.4.2, R2.6.1, R2.6.2
  - PCT: R2.4.1, R2.4.2, R2.4.3
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors.
  - PGY1: R1.4.1, R2.4.1, R2.4.2, R2.6.1, R2.6.2, R2.7.1, R2.9.1, R2.10.1, R2.10.2
  - PCT: R2.4.1, R2.4.2, R2.4.3, R2.6.1, R2.6.2, R2.7.1, 2.11.1, R2.11.2
- Ensure continuity of pharmaceutical care when patients transfer across the continuum of health care
  - PGY1: R2.11.1
  - PCT: R2.12.2
- Evaluate patient's medication history and assess for appropriateness.
  - PGY1: R2.4.1, R2.4.2
  - PCT: R2.4.1, R2.4.2
- Review patients with preceptor daily and assure all aspects of patient care as it relates to pharmacy are addressed.
  - PGY1: R2.4.1, R2.4.2, R2.6.1, R2.6.2, R2.8.1, R2.11.2
  - PCT: R2.4.1, R2.4.2, R2.8.1, R2.10.1, R2.11.1, R2.11.2
- Provide discharge medication counseling for transplant patients
  - PGY1: R2.9.2, R2.11.1
- Documentation of all appropriate clinical activities performed by the resident within eMeds and/or the patients medical record
  - PCT: R2.13.2
- Obtain a familiarity with and assure compliance to institutional policies and procedures for drug use evaluation guidelines and restricted drugs.
- Report adverse drug events at medication errors in Patient Safety Net®.
  - PCT: R3.2.6
- Provide responses to drug information requests from your preceptor, team members, nursing staff and other health care workers.
  - PCT: R3.1.2, R3.1.3, R3.1.9, R3.1.11
- Prioritize rotation responsibilities and additional requirements of the residency program.
  - PCT: R1.1.1, E7.4.1
- Topic discussions and inservices will be led by the resident following rounds
  - PGY1: R5.1.3
- Participate in medical emergencies.
  - PGY1: E5.1.1
- Act in a professional, courteous, and respectful manner in all situations.
  - PCT: R1.1.1, R1.1.4, R1.3.1

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours

6:00 AM to 5:00PM, these times may vary depending on patient census and service requirements

Required meetings
Critical Care Journal Club (one per month)
Transplant Surgery Journal Club (one per month)
Friday Transplant Morning and Noon Conference (once per week
Transplant Patient Care Conferences (once per week)
Transplant pharmacy group discussion on Tuesday and Friday afternoons (twice weekly)
Other required College of Pharmacy Conferences

Required presentations
Two to three informal presentations to the transplant pharmacy group during transplant discussions
In-services to nurses and medical residents as needed (usually one per month)

Required readings
Appropriate transplant and critical care related readings are listed on the following webpage: http://www.musc.edu/pharmacyservices/Transplant/TranplantPage.html. Additional readings may be assigned based on patients' disease states being encountered during the month and journal club activities.

Rotation Preceptor(s):

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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.