ROTATION DESCRIPTION

ROTATION TITLE
Pediatric Pulmonary/Cystic Fibrosis Clinic (PGY2 Pediatric Pharmacy)

PURPOSE
The purpose of this rotation is to allow the PGY2 resident to become competent to provide pharmaceutical care for children followed in an ambulatory pediatric pulmonary/cystic fibrosis clinic. The PGY2 resident will refine their pharmacotherapy skills in the prevention, identification, and resolution of complex pharmacotherapy issues or drug therapy-related complications in this specialized patient population. The PGY2 resident will have relative autonomy in caring for these patients, and they must assume complete responsibility for patient care, ensuring positive drug therapy outcomes. It is expected that by the end of this experience, the PGY2 resident will have developed expert skills in caring for patients with cystic fibrosis, asthma, and other pulmonary conditions in an outpatient setting.

LEARNING EXPERIENCE DESCRIPTION
The 6-month longitudinal Pediatric Pulmonary/Cystic Fibrosis clinic experience is conducted in an environment that encourages the resident to work relatively independently with an interprofessional medical team caring for children with cystic fibrosis, asthma, and other specialized pulmonary problems.

The resident will attend clinic one half-day/week. Currently clinic meets Tuesday morning, 4th floor Rutledge Tower. A typical day starts between 8:00 AM and 8:30 AM. Clinic patients are seen by an interprofessional team with each member, including the PGY2 resident, having the opportunity to meet with the patient. The resident will discuss current therapy and planned changes in therapy with each patient and the patient's family. The resident will also be available to other members of the team to answer drug-therapy related questions.

LEARNING EXPERIENCE ACTIVITIES
During this 6-month ambulatory care longitudinal experience, the resident will:

1. Attend clinic one half-day per week; be punctual and professional.
   (R1.1.1; R2.1.1)

2. Develop expertise and efficiency in prioritizing all daily activities to ensure completion of them in a timely manner.
   (R2.2.1; R2.4.3)

3. Effectively communicate with the interprofessional Pulmonary Clinic Team all recommendations for suggested changes in drug therapy or drug-therapy problems discovered.
   (R1.3.1; R2.1.1)

4. Establish an effective pharmacy/patient relationship with the patients and/or their caregivers by actively communicating with them at each clinic visit, particularly discussing the medication regimen being received and any planned changes to be made during the clinic visit.
(R1.3.1; R2.3.1)

5. Conduct and document in Practice Partner an accurate medication history for each patient. Evaluate the drug/nutrition therapy for all patients to determine the appropriateness of drug/nutrition formulation, dose, frequency, and route/method of administration; adherence; therapeutic duplications; therapeutic outcomes; cost; and the avoidance of adverse drug reactions and negative interactions. Reconcile the current therapeutic regimen with the expected regimen. Display initiative in preventing, identifying, and resolving pharmacy- or nutrition-related patient care problems. Incorporate age-specific drug therapy concerns into the overall assessment.
(R1.3.2; R2.4.1; R2.4.2; R2.4.3)

6. Establish appropriate pharmacotherapeutic/nutrition goals for each patient. Goals should consider patient-, disease-, age-, and drug-specific information, recommendations from or need for consultants, and ethical considerations for various disease states.
(R2.5.2; R2.6.1)

7. Develop and implement an evidence-based therapeutic plan. Plan must include appropriate monitoring and must identify and incorporate quality-of-life issues, pharmacoeconomic information, and ethical considerations.
(R2.6.1; R2.6.2; R2.7.1)

8. When necessary, make and follow-up on referrals and/or consults for patients.
(R2.5.1; R2.5.2)

9. Adhere to MUSC policies and procedures for drug use. Demonstrate an understanding of the procurement process, especially for non-formulary agents. If applicable, interact appropriately with the pharmaceutical industry.
(R1.1.5; R2.9.3; R4.2.2; R4.2.4)

10. Document all medication-related occurrences or adverse drug reactions in the UHC Patient Safety Net; all clinical interventions in e-Meds (minimum of 20 to 25 per week); all nutrition, pharmacokinetic, and significant pharmacotherapy interventions in the Progress Notes of the on-line medical record (Practice Partner); and all patient/family education on the Multidisciplinary Patient Education Form.
(R1.1.6; R2.12.1; R2.12.2; R4.5.3; R2.12.1; R2.12.2; R4.5.3)

11. Provide concise, applicable, and timely responses to drug information requests from preceptor, team members, nursing, and other health care providers, when

required. Provide in-service education to physicians, nurses and other clinical practitioners.
(R3.4.1; R3.4.2; R3.4.3; R3.4.4; R3.4.5; R3.4.6; R3.4.7; R3.4.8; R5.1.1; R5.1.6)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
8:00 AM to 12:00 PM
As patient care requires, the above listed times may vary.

Required meetings
Usual PGY2 Pediatric Pharmacy resident meetings.

Required presentations
None unless requested by the clinic team.

Required readings
Reading and reference material will be available for the resident
Literature relevant to disease states and therapies encountered in clinic should be reviewed. The resident is expected to search the medical literature for each new disease/condition encountered to determine the best evidence-based approach to treatment.

Topics from the RLS Appendix to be reviewed during this experience
Cystic Fibrosis
- Hypertonic saline
- Inhaled antibiotics
- Pancreatic enzyme therapy

ROTATION PRECEPTOR
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METHOD OF EVALUATION
Evaluation of residents will be based on the learning experience objectives identified by the Residency Program Director and outlined in this rotation description (available in ResiTrak). The preceptor and resident will review the resident's customized plan and the learning experience introduction document (available in ResiTrak) on the first day of rotation. Feedback will include, but not be limited to, a verbal and written formative midpoint evaluation and a summative end-of-rotation evaluation. The resident will self-evaluate performance and evaluate the preceptor and the rotation site (in ResiTrak).