ROTATION DESCRIPTION

ROTATION TITLE
Pediatric Hematology/Oncology – (PGY2 Oncology Pharmacy)

PURPOSE
The purpose of this pediatric hematology/oncology rotation is to allow the PGY2 oncology resident to further develop and refine advanced pharmacotherapeutic management skills required for provision of care of children with cancer and other hematologic conditions (sickle cell disease, ITP and hemophilia).

The PGY2 oncology resident will assist in the overall management and monitoring of complex treatment and supportive care issues that arise in the pediatric patient population. They will also assist in optimizing the transition of care these children receive from inpatient to outpatient settings. The PGY2 resident is expected to be a more independent practitioner while completing the rotation.

LEARNING EXPERIENCE DESCRIPTION
The pediatric hematology oncology rotation will serve as one of the foundation rotations for the PGY2 oncology resident.

The PGY2 residents will prepare for patients care rounds which typically begin at 8:30 AM. Patient care-rounds are typically 1.5 – 3 hours long. The average census is 15 – 20 patients. Questions and patient related issues are addressed promptly after patient care rounds. The PGY2 resident will meet with their preceptor early in the afternoon (~ 2 PM) for pharmacy rounds. At this time, patient problems lists, current medication therapies, and therapeutic planning issues are discussed. The residents will provide two topic discussions for the pediatric pharmacy group during the rotation. Dates and topics will be assigned during the first week of the rotation. There will also be additional topic reviews/discussions based on patient census and encountered disease states. In addition, the PGY2 resident will prepare for a weekly formal topic discussion as part of the hematology/oncology resident topic series.

LEARNING EXPERIENCE ACTIVITIES

- Round with the interprofessional team in the mornings and demonstrate appropriate interpersonal, leadership, and collaboration skills. In addition, the resident will 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; E2.1.1; E2.1.2; 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 (e.g. set up time for residency project at beginning of the month). (R2.2.1)

- Create patient specific databases from numerous databases (patient medical record, MAR, nurses' notes, Oacis, Practice Partner, medication reconciliation database (MRD) in order to make optimal drug therapy recommendations.
  (R2.4.1; 2.4.3; R2.11.1; E2.1.1)

- Evaluate drug therapy regimens for appropriateness of drug, dose, dosage regimen, route/method of administration, regimen, compliance, therapeutic duplications, therapeutic outcomes, cost and avoidance of adverse drug reactions and interactions.
  (R2.4.2; R2.11.1; E2.1.1; E2.1.2)

- Design effective therapeutic regimens when therapy is initiated to best address patient specific goals and outcomes. Regimens should be guided by evidence-based medicine when available.
  (R2.6.1; R2.9.1; E2.1.1; E2.1.2)

- Design monitoring plans to measure achievement of appropriate efficacy outcomes and avoid unwarranted adverse events/side effects with commonly used antineoplastic agents.
  (R2.6.2; R2.7.1; R2.9.1; R2.10.1; R2.10.2)

- Meet daily with preceptor to review patient care issues to ensure items have been addressed.
  (R2.9.2)

- 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)

- Document clinical activities/interventions (e-Meds) and adverse drug reports (Patient Safety Net).
  (R.2.12.1; R2.12.2)

- 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)

- Facilitate the inpatient to outpatient transfers by reviewing discharge patient prescriptions and counseling patients/caregivers when necessary.
  (R2.2.2; R2.5.1; R2.11.2)

- Counsel patients/caregivers when newly diagnosed or changes are made to routine home medications. Be responsible and advocate for patients for beneficial discharge outcomes (prescription review and medication procurement).
  (R2.9.3; R6.1.1; R6.1.3; R6.1.4; R6.1.6; R6.1.7; R6.1.8)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
7:30 AM – 5:30 PM
As patient care requires, the above listed times may vary.

Required meetings
Pediatric Pharmacy Resident Education Series – Twice monthly
Pediatric Resident Seminar – Mondays at 1 PM
Resident Interactive Teaching Experience (RITE) Fridays at 12 PM
Tumor Board – Wednesdays at 4 PM
Bone Marrow Transplant Review – Thursdays at 1:30 PM
Peds H/O Group Meeting – Fridays at 2 PM
Hematology/Oncology resident topic series – Thursdays at 1 PM

Required presentations
Two 15 – 20 minute topic reviews to the Pediatric Pharmacy Team.
Topics to be determined.

Required readings
A packet of reading and reference materials is available.

ROTATION PRECEPTOR(S)
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METHOD OF EVALUATION
Evaluation of residents will be based on the learning experience objectives determined by the Residency Program Director (RPD) and outlined in this description (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, a verbal and written midpoint evaluation and an end-of-rotation summative evaluation.