ROTATION DESCRIPTION

ROTATION TITLE
Pediatric Hematology/Oncology (PGY2 Pediatric Pharmacy)

PURPOSE
The purpose of the pediatric hematology/oncology rotation is to allow the PGY2 resident to further develop and refine advanced pharmacotherapy knowledge and clinical management skills required for provision of care to children with cancer and other hematologic conditions (e.g., sickle cell disease, idiopathic thrombocytopenic purpura, and hemophilia). The resident must assume complete responsibility for patient care and ensuring optimal drug and nutrition therapy. It is expected that with guidance from the preceptor, the PGY2 resident will be able to practice autonomously by the end of the experience.

The PGY2 resident will assist the interprofessional team in the overall management and monitoring of complex treatment and supportive care issues that arise in the pediatric patient population. The resident will also assist in optimizing the transition of care that these children receive from the inpatient to outpatient setting and vice versa.

LEARNING EXPERIENCE DESCRIPTION
The pediatric hematology/oncology rotation is one of the foundation rotations for the PGY2 Pediatrics resident.

The PGY2 residents will prepare for patients care rounds which typically begin at 8:30 A.M.. 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 (~ 2:00 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
- Participate in morning rounds with the medical team and demonstrate appropriate interpersonal and leadership skills by collaboratively with the inter-professional team. In addition, 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)

- Generate patient specific databases for making drug therapy recommendations from numerous databases (patient medical record, MAR, nurses notes, Oacis, Practice Partner, medication reconciliation database (MRD)).
  (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 (Horizon Meds Manager) 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 1:00 PM
Resident Interactive Teaching Experience (RITE) Fridays at 12:00 noon
Tumor Board – Wednesdays at 4:00 PM
Bone Marrow Transplant Review – Thursdays at 1:30 PM
Peds H/O Group Meeting – Fridays at 2:00 PM
Hematology/Oncology resident topic series – Thursdays at 1:00 PM

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

Topics from RLS Appendix which must be discussed this month:

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 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.