

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

General Pediatrics (PGY1)

### **PURPOSE**

The purpose of this rotation is to allow the PGY1 resident to build a basic foundation of knowledge and clinical skills in the area of general pediatrics. The PGY1 resident will engage in active learning and develop pharmacotherapeutic skills in the prevention, identification, and resolution of drug therapy-problems in children. The resident will achieve a level of comfort in the pharmacotherapy of ill children to allow them to begin to assume the role of a clinical pharmacist in the multidisciplinary care of children.

### **LEARNING EXPERIENCE DESCRIPTION**

The General Pediatric rotation is conducted in an environment that encourages the PGY1 resident to synthesize baseline pharmacology and pathophysiology knowledge with current evidence-based medicine and precise clinical skills. The General Pediatrics service treats patients from age 1 day to 18 years who have a wide variety of therapeutic issues.

The typical day begins with preparation for multidisciplinary rounds which commence at 8:30 am, following Morning Report or Pediatric Grand Rounds, and last 2-3 hours, depending on the census. The PGY1 resident will be assigned to one of the three General Pediatrics teams with a census of 10-20 patients. The patient problem lists and work up of new admissions, along with literature retrieval/evaluation occurs commonly between 12 PM to 2 PM daily. The PGY1 resident meets with the preceptor for afternoon rounds to discuss patients and educational topics or literature evaluations (**Appendix**). The resident should provide prompt feedback to the preceptor of topics not being properly explained, and areas for improvement.

### **LEARNING EXPERIENCE ACTIVITIES**

- Actively participate in daily team rounds with the interprofessional health care team and demonstrate appropriate interpersonal skills necessary to work effectively and collaboratively with the team.  
(R1.4.1; R.2.1.1)
- Develop an efficient strategy to prioritize direct patient care activities and incorporates appropriate interpretation of primary literature and patient data that optimizes pharmaceutical care.  
(R2.2.1; R2.4.1; R2.4.2; R2.6.1; R2.6.2; R2.7.1)
- Create a patient-specific database using all available resources (medical chart, nursing notes, medication administration record (MAR), e-CareNet, Practice Partner, and the patient's family).  
(R2.7.1; R2.8.1)

- Evaluate each patient's drug therapy regimen 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.  
(R2.4.1; R2.4.2; R2.4.3)
- Demonstrate initiative in resolving pharmacy-related patient-care problems.  
(R1.4.1; R2.1.1; R2.2.1; R2.3.1)
- Develop appropriate pharmacotherapeutic goals for patients that consider patient-, age-, disease- and drug-specific information and ethical considerations for various disease states.  
(R2.9.1; R2.9.2; R2.10.1; R2.10.2)
- Design therapeutic regimens to achieve the pharmacotherapeutic goals of specific pediatric patients.  
(R2.6.1; R2.6.2)
- Effectively communicate pharmacotherapeutic regimens to members of the health care team.  
(R2.1.1; R2.8.1)
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors.  
(R2.7.1; R2.8.1; R2.9.1; R2.9.2; R2.10.1; R2.10.2)
- Ensure continuity of pharmaceutical care to and from the acute care setting by reviewing medication reconciliation databases and assisting with complicated discharge patients (e.g., prescription review, procurement and counseling).  
(R5.1.3; R2.10.1; R2.10.2)
- Document clinical activities in the medical record and e-Meds, and report adverse drug reactions in Patient Safety Net.  
(R2.4.1; R2.4.2)
- Provide concise, applicable, and timely responses to drug information requests from your preceptor, team members, nursing staff, and others.  
(R2.1.1; R2.3.1; R5.1.3)
- Provide at least two topic discussions as part of the pediatric pharmacy resident education series.  
(R2.2.1; R2.9.2; R5.1.3)

## **REQUIREMENTS OF LEARNING EXPERIENCE**

**Required hours**

7 AM to 5 PM; As patient care requires, the above listed times may vary.

**Required meetings**

Daily meetings with preceptor in the afternoon

Pediatric Morning Report – Monday through Thursday at 8 AM

Pediatric Grand Rounds – Fridays at 8 AM

Pharmacy Resident Seminar – Mondays at 1 PM

Pharmacy Resident Interactive Teaching Experience (RITE) – Fridays at 12 PM

Pediatric Pharmacy Resident Education Series – twice monthly

**Required presentations**

Critical review of primary literature and general topic review and discussion twice monthly as part of the Pediatric Pharmacy Resident Education Series

Patient case presentations including problem lists and pharmacotherapeutic plans daily

**Required readings**

A packet of reading and reference material is available

Literature relevant to the disease states and therapies for pediatric patients

**ROTATION PRECEPTOR(S)**

Kathy Chessman, Pharm.D., BCPS, BCNSP, FCCP

Professor, Clinical Pharmacy & Outcome Sciences

Clinical Pharmacy Specialist, Pediatric Surgery/ Pediatrics

Toby Cox, Pharm.D., BCPS

Clinical Assistant Professor, Clinical Pharmacy & Outcome Sciences

Clinical Pharmacy Specialist, Neonatology/Pediatrics

Sandra Garner, Pharm.D., BCPS

Associate Professor, Clinical Pharmacy & Outcome Sciences

Clinical Pharmacy Specialist, Pediatrics/Neonatology

Dominic Ragucci, Pharm.D., BCPS

Clinical Assistant Professor, Clinical Pharmacy & Outcome Sciences

Clinical Pharmacy Specialist, Pediatric Hematology & Oncology/Pediatrics

Don Wiest, Pharm.D., BCPS

Associate Professor, Clinical Pharmacy & Outcome Sciences

Clinical Pharmacy Specialist, Pediatrics/ Pediatric Critical Care

**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.

## **Appendix**

### **Potential Topics to be Reviewed During the General Pediatrics Rotation**

- Age-related Changes in Pharmacokinetics and Pharmacodynamics
- Pediatric Medication Errors
- Asthma
- Croup/Bronchiolitis
- Cystic Fibrosis
- Pneumonia
- Osteomyelitis
- Bacterial and Aseptic Meningitis
- Osteomyelitis
- Skin and Soft Tissue Infections
- Seizure Disorders
- Chronic Renal Failure
- Pediatric Toxicology (accidental and intentional ingestions, snake bites)