ROTATION DESCRIPTION

ROTATION TITLE
General Pediatrics (PGY2 Pediatric Pharmacy)

PURPOSE
The purpose of this rotation is to allow the resident to become an autonomous pharmacotherapy practitioner providing care for children admitted to the general pediatric service. The PGY2 resident will further develop and refine advanced pharmacotherapy and nutrition-related skills in the prevention, identification, and resolution of drug- and nutrition therapy-related problems in children. The resident must assume complete responsibility for patient care and ensure optimal drug and nutrition therapy outcomes.

LEARNING EXPERIENCE DESCRIPTION
The General Pediatrics rotation is a required foundational experience for the PGY2 Pediatric Resident.

A typical day begins with preparation for attending rounds which begin between 8:30 AM and 9 AM, and last 2-3 hours. The resident will also attend Pediatric Morning Report (8 – 8:30 AM, Monday through Thursday) and Pediatric Grand Rounds (8 – 9 AM, Friday). General Pediatrics consists of three teams, each with an average census of 10-15 patients. During this rotation, the PGY2 resident will be primarily responsible for one of these teams. Each team may also have a PharmD student.

The PGY2 resident will take responsibility for optimal pharmacotherapy outcomes for the patients on his/her team and will serve as a resource for the students, if applicable. After attending team rounds, reviewing patient therapy and evaluation of new admissions along with literature retrieval and evaluation occur commonly between 12 PM and 2 PM daily. The resident will then meet with students and the preceptor for afternoon pharmacy rounds discussing either patients, signification pharmacotherapy issues, topics, or a primary literature journal article review on topics pertinent to direct patient care. The resident should provide prompt feedback to the preceptor of topics not being properly explained to them and areas of improvement.

LEARNING EXPERIENCE ACTIVITIES

- Be punctual and professional for daily activities.
  (R1.1.1; R2.1.1)

- Develop an effective strategy for prioritizing the activities of the day.
  (R2.2.1; R2.4.3)

- Round daily with the interprofessional team and communicate in a manner that is systematic and logical, secures consensus, and advocates for optimal patient care, all recommendations for change or implemented changes in drug/nutrition therapy. If necessary, the resident also will communicate with outside physicians,

consultants, or other health care providers details relevant to drug or nutrition therapy that would be necessary for the patient's follow-up care.
(R1.3.1; R2.1.1; R.2.5.2; R2.8.1; R2.10.2; R2.11.1; R2.11.2)

- All new admissions will have, in addition to a review of admit orders, the following: (R2.4.2)
  a. Assessment of the Pediatric Medication Reconciliation Database, which requires performing a medication history.
  b. Assessment of immunization status.

- Efficiently create an organized patient-specific database and problem list from multiple sources [e.g., medical record, MAR, nurses' notes, Practice Partner, eMeds, and e-CareNetViewer] necessary to make drug therapy interventions and recommendations.
(R2.4.1; R2.4.2; R2.4.3)

- Develop patient-specific pharmacotherapy and nutrition goals that consider disease state-, age- and drug-specific information; ethical considerations; and quality of life issues.
(R2.6.1)

- Design and implement pharmacotherapy regimens, which include monitoring plans, to achieve established patient-specific goals. Identify and incorporate evidence-based medicine, quality-of-life issues, pharmacoeconomics, and ethical considerations into each regimen. Interpret monitoring parameters effectively.
(R2.6.2; R2.7.1; R2.9.1; R2.10.1)

- Evaluate each patient's drug or nutrition therapy throughout the day; frequency will be determined by patient acuity. Determine appropriateness of the formulation, dose, frequency, and route and method of administration; adherence; therapeutic duplication; therapeutic outcome; cost; and avoidance of adverse drug reactions and negative interactions. Know the recommendation from consultants. Display initiative in anticipating, preventing, identifying, and resolving pharmacy- or nutrition-related patient care problems. Redesign the pharmacotherapy or nutrition plan, as needed.
(R1.3.2; R2.4.1; R2.4.2; R2.4.3; R2.5.1; R2.5.2; R2.6.2; R2.9.1; R2.10.1; R2.10.3)

- Communicate actively and effectively with patients and/or their families/ caregivers daily the medication/nutrition regimen their child is receiving and discharge plans. Counsel caregivers and the patient, if appropriate, prior to discharge.
(R2.8.1; R2.9.4; R2.10.2)

10. When a patient transfers from or to another service, unit, or home, review the patient's condition and previous therapies with other pharmacy practitioners.
(R2.5.1; R2.5.2; R2.11.1; R2.11.2)

11. Adhere to MUSC policies and procedures for drug use. Take primary responsibility for all drug-related issues.
(R1.1.5; R2.9.3; R4.2.2; R4.2.4)

12. Document all drug-related occurrences or adverse reactions in 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 medical record; 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)

13. Demonstrate skill in the administration of medications given by the oral, subcutaneous, ophthalmic, otic, epidural, and rectal routes.
(R2.9.2)

14. Lead at least two topic discussions, as assigned. Provide concise, applicable, and timely responses to drug information requests. Provide in-service education to physicians, nurses and other clinical practitioners, when required.
(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
7 AM to 5 PM
As patient care requires, the above listed times may vary.
A preliminary schedule will be provided to the resident at the beginning of the month.

Required meetings
Daily rounds with the General Pediatric team beginning at 8:30 AM to 9 AM
Daily meetings with the preceptor in the morning (during or after rounds) and afternoon
Pediatric Morning Report – Monday through Thursday at 8 AM, if possible
Pediatric Grand Rounds – Fridays at 8 AM, if applicable
Pharmacy Resident Seminar – Mondays at 1 PM
Pharmacy Resident Interactive Teaching Experience (RITE) – Fridays at 12 PM
Pediatric Pharmacy Resident Education Series – 2nd and 4th Tuesday, 2 PM – 4 PM

Required presentations
1) Critical review of primary literature and general topic review and discussion once or twice monthly as part of the Pediatric Pharmacy Resident Education Series. Topic(s) will be assigned at the beginning of the month.

2) Topic presentation on at least two topics from the list of topic discussions required for the General Pediatric Service.

3) Daily patient case presentations, including problem lists, pharmacotherapy plans, and monitoring issues.

Required readings
The resident is expected to search the medical literature for each new disease/condition encountered to determine the best evidence-based approach to treatment.
Reading and reference material will be available for the resident
Literature relevant to disease states and therapies encountered during the month in children undergoing surgery or related disease states or conditions.

Topics from RLS Appendix which must be discussed during this experience
Immunizations
Inflammatory bowel disease
Kawasaki's disease

Other topics may be discussed
Access devices, enteral and parenteral
Acute and chronic renal failure
Asthma
Clostridium difficile infections
Cystic fibrosis
Dehydration
Diabetes
Diarrha, including rotavirus and other infectious causes
Enteral nutrition
Failure to thrive
Gastroesophageal reflux disease
Parenteral nutrition
Pharmacokinetics: vancomycin, aminoglycosides, tacrolimus, antiepileptics
Kidney transplantation
Community acquired pneumonia
Respiratory synctial virus (RSV) and other upper respiratory infections
Seizures
Short bowel syndrome
Skin-related abscesses, including the role of MRSA

ROTATION PRECEPTORS
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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).