ROTATION DESCRIPTION

ROTATION TITLE
Pediatric Surgery (PGY1)

PURPOSE
The purpose of this rotation is to allow the PGY1 resident to develop basic skills in all aspects of the pharmacotherapy and nutrition care of children followed by a pediatric surgery service. The resident will further develop their pharmacotherapy and nutrition therapy skills in the identification and resolution of drug and nutrition therapy problems in a variety of children, ranging from newborns to adolescents. In doing so, the resident in conjunction with the preceptor will assume complete responsibility for patient care and ensure positive drug and nutrition therapy outcomes.

LEARNING EXPERIENCE DESCRIPTION

The Pediatric Surgery rotation represents an environment that encourages the resident to synthesize baseline pharmacology and pathophysiology knowledge with current evidence-based medicine and clinical evaluation skills. The Pediatric Surgery service cares for patients from birth to 18 years (occasionally older) who have a wide variety of therapeutic issues. The resident's clinical assessment, knowledge base, and critical thinking skills will be challenged on this rotation. The Pediatric Surgery attendings also see patients in their Rutledge Tower Ambulatory Care Clinics. The resident will assist the preceptor in evaluating patients in clinic, particularly those receiving home antibiotic, enteral or parenteral nutrition support.

A typical day begins with multidisciplinary rounds which commence at 6 AM. Rounds last approximately 1 to 1½ hours. The Pediatric Surgery census is generally 10-20 patients. Often, the service may be following the patient on a consultant basis. However, the resident is expected to follow all patients being seen routinely by the Pediatric Surgery service. The patients' problem lists and evaluation of new admissions, along with literature retrieval and evaluation occurs commonly between 8 AM and 12 PM daily. The resident should notify the preceptor promptly if problems with drug or nutrition therapy are noted. The resident will meet with the preceptor and PharmD students, if applicable, for afternoon rounds to discuss patients and educational topics or literature evaluations. The resident should provide prompt feedback to the preceptor of topics not being understood, and areas of improvement.

LEARNING EXPERIENCE ACTIVITIES
During this rotation, the resident will:

- Be punctual and professional for daily activities.
  (R2.2.1)

2. Prioritize the day. For example, parenteral nutrition orders are due by 2:00 PM each day. Therefore, all patients receiving parenteral nutrition must be evaluated early in the day. Another example is serum drug concentrations that are outside of the usual accepted range which must be evaluated as soon as possible in order to optimize

therapy. A third example is discharge counseling. Patients to be discharged should be evaluated early in the day to allow time for discharge counseling and review of discharge medication or nutrition orders.
(R2.2.1)

3. Round daily and communicate all recommendations for changes in drug or nutrition therapy to the surgical team and the family, where applicable, in a consensus building manner after discussion with the preceptor.
(R2.1.1; R2.3.1)

4. Display initiative in preventing, identifying, and resolving pharmacy-related patient-care problems.
(R1.4.1)

5. Generate patient-specific databases to have appropriate patient information for making drug therapy recommendations.
(R2.7.1; R2.8.1)

6. Review each patient's drug and nutrition therapy to determine medication therapy problems in their current medication or nutrition therapy and generate patient problem lists. All new admissions will have the following completed:
   a. Pediatric Medication Reconciliation Database, which will require performance of a medication history.
   b. Nutrition assessment using the appropriate form which will be reviewed by the preceptor on the first day of rotation.
   c. Assessment of immunization status.
   (R2.4.1; R2.4.2; R2.4.3)

7. Establish evidence-based therapeutic goals and design a patient-centered regimen that meets these goals and that integrates age- and patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.
(R2.6.2)

8. Re-evaluate each patient's drug and nutrition therapy regimens and discuss daily with the preceptor to ensure continued appropriateness of therapy. Any problems identified will be resolved as soon as possible. Therapeutic goals will be established and therapy will be monitored appropriately based upon evidence-based medicine. Therapy will be monitored appropriately to achieve desired therapeutic outcomes.
(R2.6.1; R2.7.1; R2.10.1; R2.10.2)

9. Work closely with the surgical team to ensure that all needed interventions are implemented in a timely manner and per MUSC Children's Hospital policy.
(R2.9.1)

10. Establish a relationship with the patients and their caregivers by actively communicating with them on a daily basis, particularly explaining the pharmacist's role in their care, the medication/nutrition regimen being received, and the discharge plans related to these therapies. Provide discharge counseling for all patients. (R2.3.1; R2.9.2)

11. 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 medical record after discussion with the preceptor; and all patient/family education on the Multidisciplinary Patient Education Form. (R2.2.1)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
6 AM to 5 PM
As patient care requires, the above listed times may vary.
A schedule will be provided to the resident at the beginning of the month.

Required meetings
Daily rounds with the Pediatric Surgery team, 6 AM
Pediatric Surgery clinic on Tuesday - Friday, as determined by patient appointments
Daily meetings with preceptor in the morning (during or after rounds) and afternoon
Pediatric Grand Rounds, Friday, 8 AM, if applicable
Pharmacy Resident Seminar, Monday, 1 PM
Pharmacy RITE/Discussion Series, Friday, 12 PM
Pediatric Pharmacy Resident Education Series – 2nd and 4th Tuesday, 2 – 4 PM

Required presentations
* Critical review of primary literature and general topic review and discussion once monthly as part of the Pediatric Pharmacy Resident Education Series. Topic will be assigned at the beginning of the month.
* At least two topic presentation on topics from the list of topic discussions pertinent to the Pediatric Surgery service.

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

ROTATION PRECEPTORS

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Preceptor for 4 months per year (Mar, Jun, Sept, Dec)

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.

POSSIBLE TOPICS TO BE DISCUSSED ON THIS ROTATION

Access devices, enteral and parenteral
Appendicitis
Burns
Congenital abdominal wall defects: omphalocele and gastroschisis
Enteral Nutrition
Gastroesophageal reflux disease
Necrotizing enterocolitis
Parenteral Nutrition
Pyloric stenosis
Short bowel syndrome
Skin-related abscesses
Trauma, including spleen and liver injuries