ROTATION DESCRIPTION

ROTATION TITLE
Pediatric Surgery (PGY2 Pediatric Pharmacy)

PURPOSE
The purpose of this experience is to allow the PGY2 resident to develop advance pharmacotherapy and nutrition skills in the area of pediatric surgery. The resident will further develop and refine their pharmacotherapy knowledge and clinical assessment skills required to be able to provide appropriate drug and nutrition therapies and to prevent, identify, and resolve drug/nutrition therapy problems. It is expected that by the end of the experience, the resident will be practicing autonomously to provide optimal pharmacotherapy. The PGY2 resident must assume complete responsibility for patient care and achieving optimal drug and nutrition therapy outcomes.

LEARNING EXPERIENCE DESCRIPTION
The Pediatric Surgery rotation is one of the foundation experiences required for the PGY2 Pediatric resident.

Pediatric Surgery provides an environment that encourages the resident to further refine their pharmacology and pathophysiology knowledge, incorporating current evidence-based medicine and advanced clinical evaluation skills. The Pediatric Surgery service cares for patients from birth to 18 years of age (occasionally older) who have a wide variety of therapeutic and surgical issues. Pediatric Surgery also see patients in its Ambulatory Care Clinic. The resident may see new patients or follow-up patients in clinic. The resident will often assist the preceptor in evaluating patients in clinic, particularly those receiving specialized therapies in the home (e.g., intravenous antibiotics, enteral nutrition, and parenteral nutrition.

A typical day begins with interprofessional rounds at 6 AM (approximately 1 to 1½ hours). The Pediatric Surgery census averages 12-15 patients. The service follows some patients on a consultant basis, e.g., neonatal and pediatric intensive care unit patients. The PGY2 resident is expected to follow all patients being seen routinely by the Pediatric Surgery service. Creating a problem list for each new patient, assessing pharmacotherapy and nutrition therapy, along with literature retrieval and evaluation occur commonly between 8 AM and 12 PM daily. All identified problems should be addressed promptly. The resident will meet with the preceptor and PharmD students, if applicable, for afternoon rounds to discuss patients, educational topics, or literature evaluations. The resident should provide prompt feedback to the preceptor of topics not being understood and areas for improvement.

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

- Develop an effective strategy to prioritize daily activities.
  (R2.2.1; R2.4.3)

- Round daily with the interprofessional surgery team. Communicate in a systematic and logical manner and secure consensus while advocating for optimal patient care. If necessary, the resident will communicate with other health care providers the details relevant to drug/nutrition therapy 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)

- In addition to a review of admit orders, laboratory values, and procedures, all new admissions will be assessed for: (R2.4.1; R.2.4.2)
  a. A complete Pediatric Medication Reconciliation Database; this requires performing a complete medication history.
  b. Nutrition status; the appropriate form, which will be reviewed by the preceptor on the first day of rotation, must be completed.
  c. Immunization status.

- Create an organized patient-specific database by efficiently collecting from data from multiple sources [e.g., medical record, MAR, nurses' notes, Practice Partner, eMeds, and e-CareNetViewer] all patient-related information necessary to make drug/nutrition therapy recommendations.
  (R2.4.1; R2.4.2; R2.4.3)

- Develop patient-specific evidence-based pharmacotherapy/nutrition goals incorporating patient-, age-, disease- and drug-specific information, and ethical considerations.
  (R2.5.1; R2.6.1)

- Design and implement an evidence-based drug/nutrition therapy plan which incorporates considerations such as age, gender, ethnicity, disease, and cost and includes a plan for measuring goal achievement and adverse effects.
  (R2.5.1; R2.6.1; R2.6.2; R.2.7.1; R2.9.1)

- Evaluate at least daily each patient's drug and nutrition therapy; more often if dictated by the patient's acuity. Display initiative in anticipating, preventing, identifying, and resolving drug- or nutrition-related patient care problems. Know the recommendations from consultants, if indicated. Redesign the pharmacotherapy/nutrition plan, when needed. The resident will be proactive whenever possible.
  (R1.3.2; R2.4.1; R2.4.2; R2.4.3; R2.5.2; R2.10.1; R2.10.3)

- Actively communicate daily to patients and their families/caregivers the drug or nutrition regimen that their child is receiving and discharge plans. Using effective educational methods, both written and verbal, counsel all patients and caregivers prior to discharge.
  (R2.3.1; R2.8.1; R2.9.4; R2.10.2)

- When a patient transfers from or to another service or unit or to home infusion therapy, review the patient's condition and previous therapies with other pharmacy practitioners to ensure continuity of care.
  (R2.5.1; R2.11.1; R2.11.2)

- Document all drug-related occurrences or reactions in Patient Safety Net; all clinical interventions in e-Meds (20 to 25 per week); all nutrition, pharmaco-kinetic, and significant pharmacotherapy interventions in the Progress Notes of the medical record or Practice Partner; 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)

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

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

- 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
6 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 Pediatric Surgery team at 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 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
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.

Topic presentation on at least two topics from the list of topic discussions required for the Pediatric Surgery service.

Daily patient case presentations, including problem lists, pharmacotherapy and nutrition 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 the RLS Appendix that must be discussed with the resident this month

Appendicitis	Gastroesophageal reflux disease
Necrotizing enterocolitis	Short bowel syndrome

Other topics that may be discussed include:

Access devices, enteral and parenteral	Burns
Congenital abdominal wall defects: omphalocele and gastroschisis	Pyloric stenosis
	Parenteral and Enteral Nutrition
Skin-related abscesses	Trauma, including spleen and liver injuries

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 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 the rotation. Feedback will include, but not be limited to, a verbal and written formative midpoint and a summative end-of-rotation evaluation. The resident will self-evaluate performance and evaluate the preceptor and the rotation site.