

## ROTATION DESCRIPTION

### Rotation Title: Transplant Surgery

**Site Description:** The Medical University of South Carolina Medical Center performs over 250 abdominal organ transplants per year. This clinical practice site will provide the pharmacy resident with the opportunity to develop the advanced patient-care management skills necessary to care for the complex medical issues associated with adult and pediatric abdominal transplant recipients.

Care of the transplant patient includes managing high acuity intensive care based patients as well as patients in the step down units, patients on the floor, and patient transitioning to the ambulatory care setting. Common disease states include: immunology and immunosuppression, infectious diseases, hypertension, diabetes, dyslipidemia, viral hepatitis, renal insufficiency, hepatic insufficiency, and drug-disease and drug-drug interactions. Therapeutic drug monitoring with immunosuppression is also a cornerstone of care of these patients.

### Rotation Preceptor:

Nicole A. Weimert, PharmD, BCPS  
Clinical Specialist, Solid Organ Transplant  
Medical University of South Carolina  
Department of Pharmacy Services  
150 Ashley Ave  
Charleston, SC 29425  
(843) 792-3702 office  
(843) 792-0566 fax  
weimert@musc.edu

Dave Taber, PharmD, BCPS  
Clinical Specialist, Solid Organ Transplant  
MUSC Department of Pharmacy Services  
PO Box 250584  
150 Ashley Avenue - 6th floor RTA  
Charleston, SC 29425  
Tel: (843) 792-8532  
Fax: (843) 792-0566  
[taberd@musc.edu](mailto:taberd@musc.edu)

### Rotation Responsibilities:

The primary responsibility is to provide comprehensive pharmaceutical care to the pediatric and adult abdominal transplant recipients.

RLS Objective	Resident's Responsibilities
R1.4.1	Demonstrate abilities in preventing, identifying, and resolving pharmacy-related patient-care problems surrounding transplantation.
R2.1.1	Establish cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams.
R2.4.1, R2.4.3	Collect and organize all patient-specific information necessary to optimize patient care.
R2.4.2	Determine the presence of common medication therapy problems in a patient's current medication therapy.
R2.6.1	Specify therapeutic goals for a patient to optimize medication regimens regarding transplantation
R2.6.2, R2.7.1, R2.9.1	Design and initiate a patient-centered regimen and monitoring plan to optimize medication regimens regarding transplantation
R2.8.1	Recommend or communicate a patient-centered medication regimen and monitoring plan to the appropriate members of the health care team
R2.9.2, R2.11.1, R2.11.2	Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration and communicate information about patients to other health care professionals when appropriate
2.10.1, 2.10.2	Accurately assess the patient's progress toward the therapeutic goal(s) and redesign regimens to meet those goals
R5.1.3	Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).
E5.1.1	Exercise skills as a team member in the management of medical emergencies according to the organization's policies and procedures

**Activities:**

Expected hours: 5:30 AM to 5:00PM, these times may vary depending on patient census and service requirements

Required meetings: Critical Care Journal Club (one per month), Transplant Surgery Journal Club (one per month), Friday Transplant Morning and Noon Conference, Transplant Patient Care Conferences, Transplant pharmacy group discussion on Tuesday and Friday afternoons, and Other required College of Pharmacy Conferences

Required presentations: Two to three informal presentations to the transplant pharmacy group during transplant discussions, inservices to nurses and medical residents as needed

Required reading: Appropriate transplant and critical care related readings are listed on the following webpage: <http://www.musc.edu/pharmacyservices/Transplant/TranplantPage.html>

**Method of Evaluation:**

Evaluation of residents will be based on the Resident Learning System. The RPD will identify the specific goals and objectives on which the resident will be evaluated and will give the evaluation form to the preceptor and resident by the first day of the rotation. The individualized evaluation tool will be reviewed by the resident and preceptor to guide the learning experiences of the resident within the scope of the service and required patient care. MONTHLY RLS WILL BE ATTACHED.

**R 1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.**

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

**R 2.1: As appropriate, establish collaborative professional relationships with members of the health care team.**

OBJ R2.1.1 (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams.

**R2.4: Collect and analyze patient information.**

OBJ R2.4.1 (Analysis) Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

OBJ R2.4.2 (Analysis) Determine the presence of any of the following medication therapy problems in a patient's current medication therapy:

1. Medication used with no medical indication
2. Medical conditions for which there is no medication prescribed
3. Medication prescribed inappropriately for a particular medical condition
4. Immunization regimen is incomplete
5. Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration)
6. Therapeutic duplication
7. Medication to which the patient is allergic has been prescribed
8. Adverse drug or device-related events or potential for such events
9. Clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions
10. Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others
11. Patient not receiving full benefit of prescribed medication therapy
12. Problems arising from the financial impact of medication therapy on the patient
13. Patient lacks understanding of medication therapy
14. Patient not adhering to medication regimen

OBJ R2.4.3 (Analysis) Using an organized collection of patient-specific information, summarize patients' health care needs.

**R2.6: Design evidence-based therapeutics regimens.**

OBJ R2.6.1 (Synthesis) Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

OBJ R2.6.2 (Synthesis) Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

**R2.7: Implement the therapeutic regimen and/or corresponding monitoring plan.**

OBJ R2.7.1 (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

**R2.8: Recommend or communicate regimens and monitoring plans.**

OBJ R2.8.1 (Application) Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.

**R2.9: Implement regimens and monitoring plans.**

OBJ R2.9.1 (Application) When appropriate, initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan for a patient according to the organization's policies and procedures.

OBJ R2.9.2 (Application) Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.

**R2.10: Evaluate patients' progress and redesign regimens and monitoring plans.**

OBJ R2.10.1 (Evaluation) Accurately assess the patient's progress toward the therapeutic goal(s).

OBJ R2.10.2 (Synthesis) Redesign a patient-centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.

**R2.11: Communicate ongoing patient information.**

OBJ R2.11.1 (Application) When given a patient who is transitioning from one health care setting to another, communicate pertinent pharmacotherapeutic information to the receiving health care professionals.

OBJ R2.11.2 (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.

**R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.**

OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

**E5.1: Participate in the management of medical emergencies**

OBJ E5.1.1 (Evaluation) Exercise skills as a team member in the management of medical emergencies according to the organization's policies and procedures