

**Pediatric Learning Experience**

**Preceptor: Romina Patel Anazagasty, PharmD**

**Preceptor in Training: Priscilla Nobles, PharmD**

**Office: Pediatric Emergency Department or Pediatric Satellite**

**Hours: 1430-2300 or 0800-1630**

1. **General Description**

The Pediatric rotation is an elective, four week learning experience offered at Cape Fear Valley Medical Center that provides the resident with an opportunity to gain a basic working knowledge of pediatric drug therapy and disease states while working in the pediatric satellite and pediatric emergency department.

The pediatric clinical pharmacist is responsible for providing safe and effective pharmaceutical care to pediatric patients housed on 5 North (general pediatrics), Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), Intermediate Nursery (INTU), Family Centered Care Nursery (FCCN), and Pediatric Emergency Department (PED). In addition to order entry and validation of computerized physician order entry (CPOE) orders, the pediatric clinical pharmacist, located within the pediatric satellite, is responsible for attending multidisciplinary rounds on 5 North and the PICU Monday through Friday and the pediatric clinical pharmacist, located within the pediatric emergency room, is responsible for attending codes. Both of the pediatric clinical pharmacists are responsible for performing drug allergy and drug interaction assessments, providing pharmacokinetic dosing and monitoring of a variety of medications, monitoring and reporting adverse drug reactions, monitoring therapeutic duplications, completing pharmacy to dose consults and providing drug information to healthcare professionals and parents.

The pharmacy resident is responsible for providing pharmaceutical care to patients housed in the same areas as listed for the pharmacist above. The resident’s time will be divided between the pediatric satellite and the pediatric emergency department during the four week rotation. Activities for the resident include but are not limited to performing therapeutic drug regimen review, evaluating laboratory data, participating in multidisciplinary rounds, pharmacokinetic dosing and monitoring, participating in pediatric codes and providing drug information to healthcare professionals.

Strong communication, interpersonal skills and time management are necessary for this rotation. Precision, accuracy, strong calculation skills, and efficient workflow management will be crucial to successful completion of this rotation.

1. **Topics Covered**

Common disease states that the pharmacy resident will be expected to achieve proficiency in through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

1. Asthma
2. Bronchiolitis
3. Cellulitis
4. Developmental Pharmacokinetics
5. DKA
6. Febrile Seizures
7. Immunizations
8. Gastroenteritis
9. Kawasaki
10. Meningitis
11. Otitis Media
12. Parenteral Nutrition
13. Pneumonia
14. Sepsis
15. Status Epilepticus
16. UTI
17. **Goals and Objectives**

The goals selected to be taught and evaluated are as follows:

R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

R1.1.1 Interact effectively with health care teams to manage patients’ therapy

R1.1.3 Collect information on which to base safe and effective medication therapy

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

R4.1.2 Use effective presentation and teaching skills to deliver education

1. **Preceptor Interaction**

**Pediatric Satellite**: 0900–1100 Attend daily rounds with inpatient pediatric team

1100 Preceptor meets with resident to discuss patient care issues and the plan for the day

 1430-1530 Meet for topic discussions

**PED:** 1430-1530 Meet for topic discussions

 1545-2300 Works directly with preceptor

The pharmacy resident will interact with the preceptor during most of the rotation month. On days that the preceptor is not in house, the resident will follow the assigned schedule provided at the beginning of the rotation.

1. **Communication**
	1. Face to face during workdays and/or scheduled meetings
	2. Email should be read at the beginning, middle, and end of each day at a minimum for ongoing communication
	3. Office telephone for urgent communication needs
	4. Personal phone number will be provided at the beginning of the learning experience
2. **Expected progression of resident responsibility on this learning experience**:

***(Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)***

* Day 1: Preceptor will review learning activities, expectations, and

 schedule with the resident.

* Week 1: Pharmacy resident is to spend their time with the pharmacy

preceptor, who will be providing direct instruction, as needed, and modeling his/her current clinical and preceptor role. The resident is to learn the computer system and how the service works as well as begin written reflections.

* Week 2: Resident will be able to cover the pediatric service with

coaching and facilitating by the preceptor. Will meet daily to review patients and discuss problems. May start being involved with journal clubs and continue written reflections.

* Weeks 3-4: Resident will be able to cover the pediatric service with

facilitation from the preceptor. Will continue to discuss identified problems with preceptor daily, as needed, and continue facilitation of the resident as the pharmacist on the patient care team. Will give a 1 hour presentation and continue written reflections.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |