PGY1 General Pediatrics Rotation
Riley Hospital for Children
Indiana University Health

Preceptor
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Learning Experience Description

The one-month rotation is designed to provide the resident the opportunity to gain exposure to pharmacotherapeutic problems found in general pediatric patients. The resident will focus on collecting and analyzing patient information, the design, implementation and evaluation of evidence based monitoring plans, the redesign of regimens and monitoring plans as needed, documentation of direct patient care activities, problem identification and problem solving, and medication reconciliation. In addition, the resident will be an active member of the Pediatric Hospitalist team and aid in the education of the Doctor of Pharmacy students and Medical students, interns, and residents who are on their pediatric rotation.

Requirements of Learning Experience

Required Pre-Rotation Activities
- It is expected that the resident will send an email 2 weeks before starting the rotation. The email should include, but is not limited to, the following:
  - Dates and times of required longitudinal commitments, Indiana Pharmacy Teaching Certificate seminars (if applicable), and Residency Forum (if applicable)
  - Dates and times of any mandatory activities (i.e., Pharmacy Grand Rounds) and other meetings as they are scheduled.
  - Paid time off approved by both the RPD and respective preceptor

Required Attendance
- The resident will attend and actively participate in daily rounds and will present patient care recommendations to the medical team.

Required Meetings
- The resident will attend T-Th morning report, weekly pediatric grand rounds and daily noon conferences. (unless pharmacy conference conflict exist) Required noon conferences include: Journal Club, Wards, MPICU, Newborn, Art of Medicine, This month in pediatrics, and Ethics.
- Optional Meetings include: Hospitalist Hot Seat Noon Conference

Required Presentations
- Present at minimum one journal club to preceptors and other trainees.
- Present at minimum one medication topic for residents/medical students during afternoon hospitalist topic discussion.
Required Readings/Topic Discussions

- Resident must be prepared to understand the etiology, symptomatology, physical manifestations, pathophysiology, and treatment of diseases commonly found in the pediatric patient, including but not limited to:

  - Fluid/Electrolytes, Dehydration
  - Sepsis
  - Meningitis
  - Pneumonia
  - RSV
  - Bronchiolitis
  - Croup
  - Febrile seizures
  - Status epilepticus
  - Non-Acute Head Trauma
  - Status asthmaticus
  - Asthma
  - Anticoagulation (prophy/therapeutic)
  - Analgesia
  - Gastroesophageal reflux

Learning Experience Evaluated Goals

Goal R2.4: Collect and analyze patient information.
Goal R2.7: Design evidence-based monitoring plans.
Goal R2.9: Implement regimens and monitoring plans.
Goal R2.10: Evaluate patients’ progress and redesign regimens and monitoring plans.
Goal R2.12: Document direct patient care activities appropriately.

Learning Experience Activities, Assessment Criteria and Corresponding Learning Experience Goals/Objectives

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<tr>
<th>Learning Experience Activity</th>
<th>Learning Experience Goal</th>
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<td>The resident will 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. The resident will serve as a liaison between the physicians, nurses and pharmacy. The resident will provide drug information to physicians, nurses, pharmacists and other health care professionals.</td>
<td>R2.4.1; R2.4.2; R2.4.3</td>
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<td>The resident must be prepared to conduct medical consultations and discharge medication counseling with patients and with the parents of patients.</td>
<td>R2.10.1; R2.10.2</td>
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<td>A patient profile (derived from the chart, progress notes, and MAR), including dose in mg/kg, will be maintained for each patient on the service. This profile must be updated daily so that ready reference can be made to demographic information, drug list, and appropriate therapeutic and laboratory monitoring parameters.</td>
<td>R2.12.1; R2.12.2</td>
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<td>The resident will assume responsibility for the health system’s ongoing adherence to its medication-use policies [i.e. medication use guidelines/policies, APIP, medication back order situations]. Resident will document all therapeutic interventions, adverse drug reactions and medication variances.</td>
<td>R2.12.1; R2.12.2</td>
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<td>Perform therapeutic drug monitoring for any patient on the pediatric inpatient unit at Methodist Hospital receiving a medication that requires serum concentration determinations and document pharmacokinetic recommendations in the medical record and maintain antibiotic pharmacokinetic monitoring forms (where applicable). Perform anticoagulation monitoring and education for any patient on the pediatric inpatient unit at Methodist Hospital receiving therapeutic or prophylactic anticoagulation and document recommendations in the medical record and maintain warfarin monitoring forms (where applicable).</td>
<td>R2.7.1; R 2.9.1; R2.9.2; R2.10.1, R2.10.2; R 2.12.1; R2.12.2</td>
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**Methods of Evaluation**

Evaluation of residents will be based on the above learning experience goals. 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/or written mid-point and end of rotation evaluations of the resident, preceptor and learning experience.