PGY1 Pediatric Rotation: Pediatric Hematology/Oncology
Riley Hospital for Children
Indiana University Health

Preceptor
Jennifer Bell, PharmD, BCOP
Office: 948-8442/Pager: 312-7474

Learning Experience Description
This rotation is an elective rotation offered to the resident as either a 6 month longitudinal clinic
(half day/week x 24 weeks) or as a one month experience. This rotation is designed to provide
the resident with learning activities that will allow him/her to build upon a basic understanding
of pediatric oncologic therapeutics and begin to develop expertise in the overall management of
patients with malignancies. The resident will work closely with a multidisciplinary team of
pediatric hematologists, oncologists, nurse practitioners, and nurses in the care of patients seen in
our outpatient clinic at Riley Hospital and gain experience in: designing and recommending
therapeutic regimens, supportive care techniques, healthcare team interaction, patient and family
education, and provision of drug information to other members of the health care team. The
resident will focus on the management of medical emergencies (when applicable), cultural
sensitivity, effective communication and time management.

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

Required Attendance
• The resident will attend daily hematology-oncology clinic and will be available to all
service areas until all pharmacy related issues are addressed and resolved. Absences
must be approved in advance.

Required Meetings
• Resident will attend applicable daily clinic morning report (8am every Monday, Tuesday,
Thursday, Friday), weekly stem cell transplant meeting (1pm every Wednesday),
pharmacy resident topic discussions, pediatric journal club (3rd Wednesday of the month
at 1pm)
• Optional Meetings include: Riley Cancer Center Quality Council (2nd Thursday of the month at
11am), Chemotherapy Safety Committee (1st Tuesday of the month at 2pm),
Palliative Care Round (every Thursday at 2pm), Tumor Board (every Wednesday at 2:30pm)

Required Projects
- None

Required Presentations
- None

Required Readings/Topic Discussions
- The resident will prepare for the meeting to sufficient depth of knowledge to be able to lead the discussion of the topic. Topics include but are not limited to:
  o Chemotherapy Pharmacology
  o AML/ALL
  o Pediatric CNS Tumors
  o Neuroblastoma
  o Pediatric Sarcomas
  o Sickle Cell Disease
  o Lymphoma
  o Wilms Tumor
  o Retinoblastoma
  o Supportive Care (TLS, CINV, constipation, Neutropenic Fever)

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 providers.</td>
<td>R2.4.1; R2.4.2; R2.4.3</td>
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<td>Professionals.</td>
<td>R2.10.1; R2.10.2</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>
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<td>R2.12.1; R2.12.2</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>
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<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>
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<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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<td>Perform therapeutic drug monitoring for any patient on the pediatric inpatient unit 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 receiving therapeutic or prophylactic anticoagulation and document recommendations in the medical record and maintain warfarin monitoring forms (where applicable).</td>
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**Methods of Evaluation**

Evaluation of residents will be based on the above learning experience goals and objectives. The preceptor and resident will review the resident’s customized plan and the learning experience rotation 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.