Learning Experience Description
The one-month rotation is designed to provide the means for the resident to gain exposure to pharmacotherapeutic problems found in pediatric solid organ transplant patients. Throughout the rotation the resident should focus on problem identification, problem solving, communication of therapeutic recommendations, documentation of consultations, application of pharmacokinetic principles of varying ages, and provision of drug information. In addition, the resident will be an active member of the pediatric transplant multidisciplinary team and aid in the education of the Doctor of Pharmacy students who are on their pediatric rotation.

The resident will be expected to follow all solid organ transplant patients in both intensive and acute care setting and ensure all documentation requirements are met for Centers of Medicare and Medicaid Services (CMS). The resident will also be given the opportunity to provide pharmacy services in the post-operative surgery clinic.

Requirements of Learning Experience-.

Required Pre-Rotation Activities
- It is expected that the resident will send an email 1 week before starting the rotation to the respective preceptor. 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
  - Major Projects

Required Attendance
- The resident is expected to round (or be in contact) with the solid organ transplant physician and/or advanced practice nurse assigned to the service on a daily basis.
- The resident is expected to be available to the consult services involved in the care of the solid organ transplant patients.
- The resident should make themselves available to discuss pharmacotherapeutic treatments with the patient and/or family at least weekly for those admitted to the hospital.
- The resident will attend select post-operative surgery clinics as assigned by preceptor.
Required Meetings

- Pediatric Journal Club
- Pediatric Bowel Patient Selection Committee
- Pediatric Liver Patient Selection Committee
- Transplant Multidisciplinary Rounds
- Optional meetings: (as designated by the preceptor)
  - Selected Pediatric Resident Noon Conferences
  - Selected Pediatric Grand Rounds

Required Projects

- Appropriate projects may be assigned as available by preceptor

Required Presentations:

- Appropriate presentations may be assigned as available by preceptor

Required Readings/Topic Discussions

- The resident will prepare for and facilitate discussions with the preceptor (and Doctor of Pharmacy students when applicable) on disease states, medications, and pathophysiology related to the pediatric transplant population. Topics may be assigned at any time during the rotation at the preceptor’s discretion. Topics to be chosen by preceptor and resident based on needs of resident. Based on a schedule devised by the resident and preceptor at the beginning of the month, which may evolve based on patient population, the following topics may be discussed:
  - Pharmacokinetics
  - Oral Rehydration
  - Antibiotic prophylaxis
  - Nutrition
  - Pain Management
  - Dehydration
  - Immunosuppression
  - Complications
  - Acid/Base disorders
  - Chronic diarrhea
  - Immunocompromised host
  - Patient Education

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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<thead>
<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 healthcare 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 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>
<td>R2.7.1; R2.9.1; R2.9.2; R2.10.1; R2.10.2; R2.12.1; R2.12.2</td>
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## Methods of Evaluation

Evaluation of residents will be based on the above learning experience goals 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.