

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

Pediatric On-Call (PGY2)

### **PURPOSE**

The Department of Pharmacy Services clinical pharmacy on-call programs provide additional opportunities for the PGY2 resident to develop advanced clinical skills and expertise in a number of areas, including patient-specific data collection and monitoring, design of evidence-based therapeutic regimens and monitoring plans, communication of patient-specific recommendations (both verbal and written), and documentation of direct patient care activities. The PGY2 resident will, while performing the required duties of the on-call resident, further refine time management and drug information retrieval and literature evaluation skills, as well as initiate patient-specific therapeutic recommendations.. The resident will assist the department with “pharmacy emergency situations,” which require an immediate assessment and approval (e.g., high-cost or high-alert medications). A clinical specialist is assigned to “back-up” the on-call resident each day, often for the resident’s call assignment. The back-up will be available to review on-call questions with the resident. The back-up will also provide mentoring and other assistance, as needed, to the resident to address the opportunities for improvement in the resident’s clinical skill set during the on-call experience.

### **LEARNING EXPERIENCE DESCRIPTION**

Each PGY2 resident is required to attend the on-call review and complete the practice questions provided during the orientation experience prior to their initial on-call assignment. The PGY2 Pediatric Pharmacy residents generally will have one week of call each month. In addition, they may be assigned up to four additional days (Monday through Thursday) per month. Other PGY2 residents will be assigned one week of call during a month that they are completing a rotation on a pediatric service. The on-call resident must be available 24 hours/day, respond to all pages in a timely manner, and, if not already in the hospital, return to the hospital, if required. A typical call week runs from 8 AM on Monday until 8 AM on the following Monday. During the weekend, the resident is expected to come to the hospital to follow-up on all patients who have been signed-out to them. The on-call resident will monitor the pediatric “scary drug” list Monday through Friday for uncovered patients and for all new starts on the weekend. The on-call resident will routinely receive calls to assist with pharmacokinetic monitoring, parenteral nutrition assessment and ordering, antibiotic initiation and follow-up, patient discharge counseling, and general drug information questions. The clinical specialist back-up should be available in a timely fashion for call questions and must be available to come to the hospital, if needed. The clinical specialist back-up is also expected to come to the hospital with any PGY2 resident who is completing their first weekend of pediatric call.

## **LEARNING EXPERIENCE ACTIVITIES**

The following activities are required during the on-call experience for a PGY2 resident:

- On the first day of call discuss any unresolved patient care issues or follow-ups for the week with the resident completing call.  
(Peds: R1.4.1; PCT: R2.12.1)
- On the first day of call contact the clinical specialist back-up to exchange appropriate contact information and devise a communication strategy for the week.  
(Peds: R1.4.1; PCT: R2.12.1)
- Retrieve the “scary drug” report and identify patients whose primary service is not covered by a clinical pharmacy specialist (uncovered) daily. Review the medication profile for all uncovered patients on the “scary drug” list to review medication dosing and monitoring of targeted medications.  
(Peds: R2.2.1; R2.4.1; R2.4.2; PCT: R1.3.2)
- Return on-call pages in a timely manner and obtain all appropriate information to address the pertinent question(s). Retrieved data should include (at a minimum): patients name, medical record number, current weight, day of life (if applicable), allergies, pertinent past medical history, pertinent laboratory values, clinical question(s) to address, and acuity of the needed response. The PGY2 resident should collect all relevant information prior to contacting the back-up.  
(Peds: R1.4.3; R2.2.1; R2.4.1; PCT: R1.3.2)
- Use data collection forms to collect and track patient-related information on a day-to-day basis.  
(Peds: R2.4.1; R2.4.2; PCT: R2.4.3)
- Use literature retrieval skills to identify available evidence-based medicine to incorporate into the design of the therapeutic regimen. When evidence-based data is not available, develop recommendations based upon knowledge base and understanding of therapeutic goal outcomes.  
(Peds: R2.6.1; R2.6.2; PCT R2.6.2; R2.11.2)
- Develop a therapeutic recommendation, then discuss it with the on-call back-up prior to communicating the information to the original caller, when unsure of the appropriate recommendation or as previously agreed upon with the preceptor.  
(Peds: R1.4.1; R2.6.1; R2.6.2; PCT: R2.8.1)
- Communicate recommendations in a way that is timely, accurate, secures consensus from the medical team, and explains the rationale behind the recommendation. Follow-up to ensure recommendations are acted upon in the appropriate manner.  
(Peds: R1.4.1; R1.4.2; R2.8.1; PCT: R1.3.1; R2.11.2)

- Initiate patient-specific recommendations, when appropriate. Assist in drug procurement, when appropriate.  
(Peds: R2.9.1; 2.9.2; R2.9.3)
- Continue to monitor any patients for whom recommendations were made and assess if therapeutic goals are being met or if a change to the medication regimen is necessary. Discuss with the medical team alternative therapeutic options if goals are not met.  
(Peds: R2.4.1; R2.4.2; R2.6.1; R2.6.2; R2.7.1; PCT: R2.7.1)
- Provide medication discharge counseling for patients in the newborn special care nursery and other patients, as requested or deemed necessary. The counseling session should include inspection of discharge medications (when possible), review of a medication teaching sheet for each discharge medication, and a review of oral syringe measurements with the caregiver.  
(Peds: R1.4.1; R1.4.4; R2.4.2; R2.9.4; PCT: R1.3.2)
- Document all on-call activities in the e-Meds system. Document adverse drug reactions/medication errors in Patient Safety Net. Document all significant recommendations (e.g., nutrition, pharmacokinetics) in the Progress Notes of the medical record.  
(Peds: R2.12.1; R2.12.2; PCT: R2.13.2)
- Follow all hospital policies and procedures regarding medication use and therapy recommendations.  
(Peds: R1.1.5; R2.9.3; R4.2.2; R4.2.4; PCT R2.13.2)
- Provide verbal/written communication about all daily/weekend clinical on-call activities to the appropriate clinical specialist or resident.  
(Peds: R1.4.1; R1.4.4; R2.11.1; R2.11.2; PCT: R2.12.1; R2.12.2; R2.12.3)

## **ROTATION PRECEPTORS**

All pediatric inpatient clinical pharmacy specialists

## **METHOD OF EVALUATION**

Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). Feedback will include, but not be limited to, verbal and written end of call evaluation. The preceptor will provide feedback during the course of the week. An evaluation of the on call experience and the preceptor is to be completed at the end of the week. It is the responsibility of the resident to seek clarification from the preceptor if any aspect of the rotation is not clear.