

ROTATION DESCRIPTION

ROTATION TITLE

Pediatric Infectious Diseases (PGY2 Pediatric Pharmacy)

PURPOSE

The Pediatric Infection Disease rotation is an elective rotation for PGY2 Pediatric Pharmacy residents.

The purpose of this rotation is to allow the PGY2 resident the experience necessary to develop proficiency in pediatric infectious diseases (ID) pharmacotherapy. The resident will develop and refine advanced pharmacotherapy skills in the prevention, identification, and resolution of drug therapy-related problems in children with infectious diseases. As appropriate, the PGY2 resident will have autonomy in caring for patients and making recommendations for optimizing medication regimens. The PGY2 resident will assume responsibility for patient care and optimal drug therapy outcomes.

LEARNING EXPERIENCE DESCRIPTION

The Pediatric Infectious Diseases rotation is conducted in an environment which allows the resident to develop autonomy in addressing pharmacotherapy problems encountered in children. While the ID team will concentrate on infectious issues, the PGY2 resident will be expected to assess all drug therapy-related issues and interact with appropriate team members (ID or otherwise) to ensure optimal pharmaceutical care.

A typical day begins with Pediatric Morning Report at 8 AM, Monday through Thursday or Pediatric Grand Rounds at 8 AM, Friday. Pediatric ID team rounds are generally in the afternoon and last approximately 3 hours. Generation of a problem list and database for all patients, evaluation of new consults, and literature retrieval and evaluation occur commonly between 8:30 AM and the start of team rounds and may continue afterwards. The resident will meet with the PharmD preceptor on a regular basis for discussions/progress reports on patients. The resident will work closely with the Pediatric ID physician co-preceptor who may assign patient care responsibilities and learning assignments.

LEARNING EXPERIENCE ACTIVITIES

During this one month rotation, the resident will:

1. Be punctual and professional for all daily activities. (R1.1.1; R2.1.1)
2. Round daily with the Pediatric ID team and communicate in a systematic and logical manner that secures consensus and advocates for quality patient care, all recommendations. If necessary, the resident also will communicate with physicians, consultants, or other health care providers details relevant to drug/nutrition therapy that would be necessary for the patient's hospital or follow-up care. (R1.3.1; R2.1.1; R2.5.1; R.2.5.2; R2.8.1; R2.10.2; R2.11.1; R2.11.2)

3. Actively and regularly communicate with patients and/or their families or other caregivers, the drug regimen that their child is receiving, and discharge plans to establish a collaborative pharmacist/patient-caregiver relationship.
(R2.3.1; R2.8.1; R2.10.2)
4. Create an organized patient-specific database and problem list for each patient to have appropriate patient information for making drug therapy recommendations.
(R2.4.1; R2.4.3)
5. Define evidence-based pharmacotherapy goals for each patient incorporating patient-, age-, disease- and drug-specific information, and ethical considerations.
(R2.5.1; R2.6.1)
6. Develop and implement evidence-based, patient- and age-specific therapeutic plans, which include appropriate monitoring and integrate disease and drug information, ethical and quality of life issues, and pharmacoeconomic principles.
(R2.6.1; R2.6.2; R2.7.1; R2.9.1)
7. Evaluate each patient's drug therapy daily for opportunities to optimize therapy. Display initiative in preventing, identifying, and resolving pharmacy-related pediatric patient care problems.
(R1.3.2; R2.4.2)
8. Adhere to MUSC policies and procedures for drug use.
(R1.1.5; R2.9.3; R4.2.2; R4.2.4)
9. Document all drug-related occurrences or adverse reactions in Patient Safety Net; all clinical interventions in e-Meds (minimum of 20 to 25 per week); all nutrition, pharmacokinetic, and significant pharmacotherapy interventions in the Progress Notes of the medical record; and all patient/family education on the Multidisciplinary Patient Education Form.
(R1.1.6; R2.12.1; R2.12.2; R4.5.3; R2.12.1; R2.12.2; R4.5.3)
10. Provide concise, applicable, and timely responses to drug information requests, when required. Provide in-service education to physicians, nurses and other clinical practitioners, when required.
(R3.4.1; R3.4.2; R3.4.3; R3.4.4; R3.4.5; R3.4.6; R3.4.7; R3.4.8; R5.1.1; R5.1.6)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours

8:00 AM to 6:00 PM

As patient care requires, the above listed times may vary.

Required meetings

Pediatric Morning Report, 8 AM, Monday-Wednesday
Pediatric Grand Rounds, 8 AM, Friday
Daily meetings with preceptor in AM
ID Case Conference, Wednesdays; 1 to 2 PM
ID Fellows' Conferences, Thursdays; 8:15-9:15 AM
Pharmacy Resident Seminar, Mondays, 1 PM-2 PM
Pharmacy Resident RITE, Fridays, 12 PM-1 PM
Pediatric Pharmacy Resident Education Series, 2nd and 4th Tuesday, 2 PM-4 PM

Required presentations

As requested by team

TOPICS WHICH MAY BE DISCUSSED DURING THIS MONTH

(None required as this is an elective month.)

Antibiotic resistance
Appropriate use of anti-infective drugs in children
Central venous access device-related infections
Fever of unknown origin
Fungal and parasitic infections
HIV
Infections in the critically ill child
Meningitis and other CNS-related infections
Methicillin-resistance Staphylococcus infections
Osteomyelitis
Pneumonia

ROTATION PRECEPTOR

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METHOD OF EVALUATION

Evaluation of residents will be based on the learning experience objectives outlined in this description. The preceptor and resident will review the resident's customized plan and the learning experience introduction document (available in ResiTrak) on the first day of rotation. Feedback will include, but not be limited to, a verbal and written formative midpoint evaluation and summative end-of-rotation evaluation. The resident will self-evaluate performance and evaluate the preceptor and the rotation site.