

**Pediatric General Medicine**

**Children’s & Women’s Health Centre of BC**

**Rotation Manual**

# DESCRIPTION

The BC Children’s Hospital is a major referral centre for the most seriously ill and injured children in British Columbia. It has many specialized pediatric services, including leading practices in teaching and pediatric research.

The pediatric general medicine rotation will be take place with a team that looks after children on the Clinical Teaching Unit (CTU) which is primarily located on the 7th floor of the Teck Acute Care Centre. This team is staffed by physicians, nurses, a pharmacist, and multiple levels of medical doctor learners and sees a variety of pediatric conditions and disease states.

The pharmacist is a valued part of the CTU team and attends daily patient-centered rounds where their input is sought after. The pharmacist develops and implements a care plan for priority patients, defines monitoring criteria, and evaluates outcomes of recommendations. Significant patient care events (e.g. medication history, pharmacokinetic evaluation, adverse reaction/drug interaction, patient/family medication counselling) are documented in the patient’s health record. The pharmacist also provides drug information, in-service education, formulary and medication policy review and support to the nursing and medical staff

# GOAL

* Develop the organizational and clinical skills required to provide pharmaceutical care on a pediatric general medicine ward.
* Function effectively and independently in the pediatric general medicine setting.

# LEARNING OBJECTIVES

Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available on our Evaluation Outcomes page at [http://www.lmpsresidency.com/residents/resident-manual/evaluation-](http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes) [outcomes](http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes)

The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care In-Training Evaluation of Resident (ITER).

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# ROTATION-SPECIFIC OBJECTIVES

* 1. Demonstrate the ability to integrate/apply their knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy. Potential disease states resident may encounter:

Neurology

Status epilepticus Childhood seizures

Gastrointestinal

Gastro-esophageal reflux Inflammatory bowel disease Constipation

Autoimmune Disorders Henoch-Schonlein purpura Juvenile idiopathic arthritis Hemolytic uremic syndrome Diabetes mellitus

Systemic lupus erythematosus

Infectious Diseases Sepsis

Meningitis

Urinary tract infection Bacterial endocarditis Cellulitis

Septic arthritis Osteomyelitis Otitis media Gastroenteritis

Respiratory

Reactive airways disease Pneumonia – viral and bacterial Cystic fibrosis

Bronchiolitis, croup, epiglottitis, pertussis

Nutrition

Breastfeeding, formula feeding Introduction of solid foods, cow’s milk Growth charts

Rehydration

Enteral tube feeding Parenteral nutrition Iron deficiency anemia

Miscellaneous Immunizations

Antibiotic choices in pediatric patients

* 1. Create patient-specific therapeutic plans including:
     1. Gather and organize patient medical information B) List and prioritize drug-therapeutic problems

1. Compare and contrast therapeutic alternatives
2. Develop goals of therapy
3. Make and implement recommendations

~~2.~~ F) Create and implement monitoring plan

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1. Apply knowledge about changes in pediatric parameters with age (e.g. dosing, pharmacodynamics and pharmacokinetics, etc) with respect to creating a therapeutic plan
2. Demonstrate ability to communicate with health care team both verbally and in-writing.
3. Calculate pharmacokinetic parameters and make patient-specific recommendations about adjustment of drug doses.
4. Demonstrate ability to provide medication counselling to patients/ caregivers.

# RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own objectives for the rotation. These should be documented in their ePortfolio and assessed at evaluation points during the rotation.

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# REQUIRED ACTIVITIES

The resident will:

* 1. Attend daily/weekly pediatrics ward rounds with the designated healthcare team.
  2. Provide pharmaceutical care to the medical patients on the ward as per the objectives above. This involves daily patient evaluation for efficacy and toxicity of existing therapy as well as detecting and solving potential drug-therapy problems. Patient load will be determined based on the Resident’s previous experience and proficiency and will be modified at the discretion of the preceptor.
  3. Assist in the initiation and continuation of appropriate drug therapy.
  4. Provide medication counselling and perform medication histories on all patients under his/her care when appropriate.
  5. Provide discharge counselling to all patients who require it and liaise with community pharmacist and/or physician whenever indicated (via letter, PharmaNet, verbal).

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* 1. Document all clinical activities in the patient’s health record. Notes should be discussed with the preceptor BEFORE placing them in the chart. All notes should be photocopied (on fax machine) for later review by the preceptor.
  2. Attend pharmacy education sessions (e.g., journal club and other scheduled presentations).
  3. The student may attend Grand Rounds at The Chan Centre for Family Health Education from September to June on Friday mornings from 8:30am - 9:30am and/or Advances in Pediatrics in room 3D16 from September to June on Friday afternoons from 12:00pm - 1:00pm. Schedule of topics is available at: <http://www.pediatrics.med.ubc.ca/Events/PediatricGrandRounds/Online.htm> <http://www.pediatrics.med.ubc.ca/Events/AdvancesInPediatrics.htm>

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* 1. Discussion topics as assigned by preceptor. These may include topics pre-selected by the preceptor as well as specific topics on which the student would particularly like to expand their knowledge base. See end of this document for a list of potential topics.
  2. Meet daily with preceptor to discuss the patients being followed, issues of interest, therapeutic controversies, ongoing evaluation, and special topics.
  3. If applicable during the rotation, identify an adverse drug reaction and report it to Health Canada using the proper form. The ADR should also be posted on the patient’s PharmaNet profile if appropriate.
  4. Present one patient-case to the pharmacy staff.
  5. Provide an inservice to nursing or medical staff at the discretion of the preceptor OR lead a journal club for the pharmacy staff at the discretion of the preceptor.
  6. Other activities as assigned by preceptor.
  7. Complete and submit any relevant procedure logs to the preceptor via one45 during the course of the rotation. Please see [http://www.lmpsresidency.com/residents/resident-](http://www.lmpsresidency.com/residents/resident-manual/procedure-logs) [manual/procedure-logs](http://www.lmpsresidency.com/residents/resident-manual/procedure-logs) for further details.

# COMMUNICATION EXPECTATIONS

1. The resident will discuss all recommendations with the preceptor prior to implementation, unless otherwise arranged with the preceptor.
2. The resident will discuss all written chart notes with the preceptor prior to placing them in the chart, with the exception of medication histories and allergy clarifications, unless otherwise arranged with the preceptor.
3. The resident will notify the preceptor in advance (i.e.: prior to the start of the rotation) of all required off-site activities (e.g.: ADS, BC Wide case presentations, etc.) and absences during the rotation.
4. The resident is encouraged to provide on-going, daily feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

# PRECEPTOR RESPONSIBILITIES

The preceptor will:

1. Meet with the resident on day 1 of the rotation to discuss the goals and objectives of the rotation and work with the resident to develop a schedule for all rotation-specific activities and therapeutic discussions.
2. Introduce the resident to the medicine ward, pharmacists, and team.
3. Provide orientation to pharmacy department and medical ward.
4. Take report of all patients.
5. Be available for consultation with resident whenever possible.
6. Discuss clinical topics with student twice weekly.
7. Provide feedback on notes written in health record.
8. Schedule dates for presentations.
9. Keep the resident informed regarding their availability for consultation and meetings.

# EVALUATION PROCESSES

Guidance on Evaluation Policies and workflow are available at

<http://www.lmpsresidency.com/residents/resident-manual/evaluation-policies>

1. The resident will receive a written, formative evaluation at the midpoint of the rotation. This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.
2. The resident will receive a written, summative evaluation at the end of their rotation. This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.
3. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
4. The resident will provide written evaluations of both the preceptor and the rotation and complete a written self-evaluation prior to the last day of the rotation.
5. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

# REQUIRED READING & RESOURCES

In addition to the primary literature, the resident will familiarise themselves with current pediatric resources available online and essential textbooks available through UBC. The preceptor can assist with location of drug information resources.

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