**Pediatric Palliative Care Rotation**

# Children’s & Women’s Health Centre of BC I Canuck Place Children’s Hospice

**Rotation Manual**


# DESCRIPTION

Children's & Women's Health Centre of British Columbia (C&W) consists of B.C.'s Children's Hospital, B.C.'s Women's Hospital and Health Centre, and Sunny Hill Health Centre for Children. C&W has more than 400 inpatient beds and is the major referral centre for acutely ill or injured children in B.C.

Canuck Place Children’s Hospice (CPCH) is the first freestanding pediatric hospice in North America. They provide specialized care for children with life-limiting illnesses including medical respite, pain and symptom management, end-of-life care, recreation therapy, and counseling support. Up to six children and their families may stay in-house, and comprehensive outpatient services are provided to children throughout the province. The care team at Canuck Place includes physicians, nurse practitioners, nurses, pharmacists, counselors, recreation therapists, teachers, clerks & administrative staff, and volunteers.

The Pediatric Palliative Care rotation is an elective rotation for pediatric pharmacy residents. The resident will have opportunities to provide pharmaceutical care for children with complex medical conditions, particularly pain and symptom management.

# GOAL

During this rotation the resident will enhance their ability to assess and manage medication therapy in the palliative care of children. They will become familiar with the Canuck Place pharmacist role, and the role of palliative care throughout the evolving care of medically fragile children. The resident will be able to function independently in this role.

# 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)

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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).

# ROTATION-SPECIFIC OBJECTIVES

By the end of the rotation, the resident will be able to:

1. Demonstrate the ability to gather an appropriately comprehensive patient history.
2. Demonstrate the ability to assess pharmacotherapy for pediatric palliative care patients.
3. Develop and implement a pharmaceutical care plan for pediatric palliative care patients, with particular attention to goals of therapy.
4. Demonstrate clear and concise documentation in the patient care record.
5. Demonstrate effective communication with patients/families and other health care team members.
6. Demonstrate competence in discussing pathophysiology, clinical presentation, and

treatment (including pharmacotherapy) of the following symptoms in the pediatric palliative care setting:

* 1. Pain
	2. Nausea/vomiting
	3. Dyspnea
	4. Excessive secretions
	5. Constipation
	6. Gastroesophageal reflux & gastroparesis
	7. Agitation/neuro-irritability
	8. Seizures
	9. Sleep disturbances
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.

1.

2.

3.

# REQUIRED ACTIVITIES

During the rotation, the resident will:

* 1. Provide pharmaceutical care to patients on the Canuck Place program as per the above objectives. This may include patients staying at CPCH, outpatients followed by the program, and/or patients of the program admitted to BCCH. Patient workload will be determined from the resident’s prior experience and proficiency, and will be modified at the discretion of the preceptor.
	2. When appropriate, provide patient/family education about medication therapy.
	3. Perform seamless care activities for patients upon admission, discharge, or transfer to Canuck Place.
	4. Document care provided in the patient record. Documentation must be reviewed with the

preceptor *before* placing in the patient chart, unless otherwise specified by the preceptor.

* 1. Attend pharmacy education events (e.g. scheduled presentations, academic days).
	2. Meet at least daily with preceptor to discuss patient care, therapeutic topics of interest, and for ongoing evaluation.
	3. Other activities as assigned by preceptor, including a journal club or case presentation.

# 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. Introduce the resident to the Canuck Place program and healthcare team.
	2. Provide orientation to the pharmacy department and patient care areas.
	3. Outline and review the rotation goals and objectives with the resident at the beginning of the rotation.
	4. Be available for consultation with the resident. Keep the resident informed regarding preceptor availability.
	5. Schedule dates for presentations.
	6. Provide ongoing feedback to the resident throughout the rotation.
	7. Complete formal evaluations at the mid-point and end of the rotation.

# 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

* 1. Read the “background” section of:

Pediatric Hospice Palliative Care: Guiding Principles and Norms of Practice. Canadian Hospice Palliative Care Association. 2006.

* 1. ASHP Guidelines on the Pharmacist’s Role in Palliative and Hospice Care:

[https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacists-roles-](https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacists-roles-palliative-hospice-care.ashx) [palliative-hospice-care.ashx](https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacists-roles-palliative-hospice-care.ashx)

* 1. Review the program description at: https:[//www.canuckplace.org/our-program/](http://www.canuckplace.org/our-program/)