

**Island Health Pharmacy Practice Residency**

**PERINATOLOGY ROTATION**

**Preceptor**

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**ROTATION DESCRIPTION**

The clinical rotation in perinatal care provides the Pharmacy Resident with training and experience in the various aspects of neonatal and maternal pharmacotherapy. The rotation is based in the neonatal intensive care unit (NICU), the high-risk antepartum (AP) unit, the labour and delivery unit (LDR) and the post-partum unit (Mom and Babe). The NICU has 22 beds, the high-risk antepartum unit has 8 beds, LDR has 2 operational rooms, 8 delivery rooms and 2 post anaesthetic recovery rooms and Mom and Babe has 28 beds. The rotation time will be divided among these units in a flexible manner based on the resident’s interest.

The inter-professional perinatal team includes: neonatologists, paediatricians, obstetricians, anaesthetists, family doctors, midwives, registered nurses, clinical nurse educators, clinical nurse leaders, respiratory therapists, physiotherapists, occupational therapies, dieticians, diabetic educators, social workers, aboriginal liaison, public health nurses, the program manager and the clinical pharmacy specialist. Multidisciplinary students and residents are regular participants in the perinatal units, and members of the perinatal team are eager to provide teaching in their respective areas of expertise.

The majority of rotation time is spent on direct patient care activities, including but not limited to active participation in patient care rounds. The remainder of the time is comprised of working on assigned projects and/or presentations and participating in scheduled therapeutic discussions. The resident is provided with informal feedback on a daily basis and is formally evaluated at the rotation midpoint and at the end of rotation.

**ROTATION GOALS AND OBJECTIVES**

**Goal 1:** Develop and integrate the knowledge required to provide direct patient care as a member of the inter-professional team.

**Objectives:**

The resident will be able to:

1. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of common medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
2. Relate knowledge of pharmacology, pharmacokinetics, pharmaceutics, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
3. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients. (CPRB 3.2.5)

**Goal 2:**  Demonstrate the necessary clinical skills to provide direct patient care as a member of the inter-professional team.

**Objectives:**

The resident will be able to:

1. Place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug therapy problems. (CPRB 3.1.3)
2. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (CPRB 3.1.4.a)
3. Gather relevant patient information through patient interview and from all appropriate sources. (CPRB 3.1.4.c.d)
4. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient’s admission or clinic visit. (CPRB 3.1.4.e)
5. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (CPRB 3.1.4.b)
6. Advocate for the patient in meeting their health-related needs and their desired goals of therapy. (CPRB 3.1.2)
7. Identify, prioritize, assess, and justify a list of reasonable therapeutic alternatives and discuss pros/cons of each, considering efficacy, safety, patient factors, administration issues, and cost. (CPRB 3.1.4.e)
8. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (CPRB 3.1.4.e.f)
9. Design and implement monitoring plans and/or plans for continuity of care that accommodate new or changing information. (CPRB 3.1.4.g)
10. Proactively provide patient education and seamless care. (CPRB 3.1.4.h)
11. Proactively communicate healthcare issues (including medication order clarifications) and care plans verbally to the appropriate team members and/or patient, as appropriate. (CPRB 3.1.4.f.i, 3.2.4.c)
12. Proactively document healthcare issues (including medication order transcriptions/clarifications) and care plans, as appropriate (CPRB 3.1.4.e.f.i, 3.2.4.b.c)
13. Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills and appropriate means of communication (verbal or written, as appropriate). (CPRB 3.5.1.a.b.c.d.e)

**Goal 3:** Demonstrate the attitudes and behaviours that are hallmarks of a practice leader and mature professional.

**Objectives:**

The resident will:

1. Demonstrate responsibility for own learning, through the refinement and advancement of critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/inter-professional skills. (CPRB 3.4.1)
2. Demonstrate commitment to the profession, collaboration and cooperation with other healthcare workers, and an understanding of the role of the pharmacist in the inter-professional team in the improvement of medication use for patients. (CPRB 3.1.1, 3.2.2, 3.3.3)

**Goal 4:** Develop and apply knowledge and clinical skills specifically related to this rotation.

**Rotation-Specific Objectives:**

The resident will be able to:

1. Demonstrate an effective process in the provision of pharmaceutical care to critically ill new-borns and high risk maternity patients.
2. Demonstrate a working knowledge of the pathophysiology and pharmacotherapy of common medical conditions manged in the perinatal units.
	1. Neonatal: early/late onset sepsis, apnoea of prematurity, patent ductus arteriosus, bronchopulmonary dysplasia, neonatal abstinence syndrome
	2. Antepartum: pre-eclampsia, gestational diabetes, premature rupture of membranes, threaten preterm labour, chronic disease management
	3. Labour and delivery: induction, GBS prophylaxis, C-section antibiotic prophylaxis, pain management
	4. Post-partum: infections, VTE treatment/prophylaxis, galactagogue
3. Understand the pharmacokinetic changes in new-borns and pregnant women and its implication in drug dosing.
4. Evaluate medications safety during pregnancy and lactation.

**REQUIRED ACTIVITIES**

The resident will:

1. Meet with preceptor on a daily basis to review patients and care plans
2. Prepare for and attend patient care rounds
3. Discuss selected therapeutic disease state (usually relevant to patient cases)
4. Deliver other activities as agreed upon by preceptor and student (e.g. journal club, parent education workshop, nursing inservice, case presentation etc.)

**PRECEPTOR CONTACT TIME**

1. The preceptor will spend a minimum of one hour per day with the resident discussing patient cases and approaches to identification, prevention, and resolution of drug-related problems, development of therapeutic plans, and development of monitoring plans. This will not include time spent with the resident during patient care rounds.
2. The preceptor will spend a minimum of two hours per week with the resident discussing select therapeutic disease states.

**EVALUATIONS**

The resident and preceptor shall complete and review together the mid-point and final evaluations. The mid-point evaluation should be completed at the half-way point of the rotation. Final evaluations shall be completed at the end of the rotation.

**Mid-point evaluations:**

* resident’s self-evaluation
* preceptor’s evaluation of the resident

**Final evaluations:**

* resident’s self-evaluation
* resident’s evaluation of the preceptor
* resident’s evaluation of the rotation
* preceptor’s evaluation of the resident