

**Island Health Pharmacy Practice Residency**

**PERINATOLOGY ROTATION**

**Preceptor**

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**ROTATION DESCRIPTION**

The clinical rotation in NICU/AP/mother-babe 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 at Victoria General Hospital (VGH), the high-risk antepartum (AP) unit and the low-risk post-partum unit. The NICUs have a capacity for 5 level III (critically ill) babies, 9 level II babies, and 9 level I babies. The high-risk antepartum unit has the capacity for 8 maternity patients. Low-risk post-partum is about 35 patients. Rotation time will be divided about half and half between NICU and maternity patients. The NICU team consists of 4 neonatologists rotating every 3-4 days, a NICU clinical educator, registered nurses, respiratory therapists, social workers, dietician on call, and the clinical pharmacy specialist. Multidisciplinary students are regular participants in all aspects, and members of the NICU team are eager to provide teaching in their respective areas of expertise. The maternity component consists of daily rounds in antepartum, discussing the cases with the AP team. Routine maternity coverage is daily kardex rounds and problem-solving. A majority of rotation time is spent on direct patient care activities, including but not limited to active participation in daily 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. The resident will lead journal club, present a case to pharmacy staff, and likely also provide a teaching round on one “hot” topic, for nursing staff.

**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:

1. Demonstrate knowledge in ordering and monitoring neonatal TPN; be able to discuss current controversies.
2. Be proficient in evaluating safety of medications in breastfeeding and be able to prepare a written consult.
3. Be able to discuss treatment of serious medical conditions in pregnancy such as pneumonia, urosepsis, post-partum endometritis.
4. List pain control options in LDR and post-partum care.
5. Evaluate adequacy of VTE prophylaxis in maternity patients.
6. Correctly dose antibiotics and other drugs in newborns as this relates to gestational age and days since birth.
7. Provide patient/parent consultation on neonatal discharge medications.

**REQUIRED ACTIVITIES**

1. Present patient cases to preceptor on a daily basis and discuss appropriate management.
2. Prepare for and attend patient care rounds (bedside rounds or multi-disciplinary rounds).
3. Discuss select therapeutic disease states including pathophysiology and treatment.
4. Deliver a case presentation to pharmacy staff
5. Prepare and present an in-service to allied health care members (e.g. medical residents and clinical clerks or nurses).
6. Facilitate a Journal Club for pharmacy staff.

**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
* preceptor’s self-evaluation