

**Pediatric Emergency Medicine Rotation**

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

**Rotation Manual**

# DESCRIPTION

The BC Children’s Hospital Emergency Department treats close to 48,000 patients a year from across the province. The department consists of 55 patient care spaces, which include 2 trauma/ resuscitation rooms, designated mental wellness assessment rooms and a clinical decision unit (CDU).

The Emergency Department (ED) is staffed by physicians, nurses, nurse practitioners, unit clerks, a child life specialist, a social worker, a pharmacist, and other consulting services. The Resident will have the opportunity to integrate with the multidisciplinary team in the ED and provide pharmaceutical care to the patients with varying levels of medical acuity.

# GOAL

The Resident will develop the organizational and clinical skills required to provide pharmaceutical care in the Pediatric Emergency Department. The Resident should be able to function effectively and independently in this setting.

# ROTATION-SPECIFIC OBJECTIVES

1. Demonstrate competence in discussing the pathophysiology, clinical features, and therapeutics of topics relevant to Pediatric Emergency Medicine. Examples may include:

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| --- | --- |
| Status epilepticus | Sepsis/ Septic Shock |
| Febrile seizures | Diabetic Ketoacidosis |
| Traumatic brain injury | Rapid sequence intubation |
| Migraine | Procedural sedation |
| Meningitis | Acute asthma management |
| Toxic ingestion | Traumatic brain injury |
| Anaphylaxis | Pediatric advanced life support |

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1. Create patient-specific therapeutic plans including:
   1. Gather and organize patient medical information
   2. List and prioritize drug-therapeutic problems
   3. Compare and contrast therapeutic alternatives
   4. Develop goals of therapy
   5. Make and implement recommendations
   6. Create and implement monitoring plan

# RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own learning objectives for the rotation. These should be documented in their ePortfolio prior to the start of the rotation, discussed with the preceptor on day 1 of the rotation and assessed at the various evaluation points throughout the rotation.

1.

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# REQUIRED ACTIVITIES

The Resident will:

1. Provide pharmaceutical care to the patients in the emergency department 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-related 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.
2. Assist in the initiation and continuation of appropriate drug therapy.
3. Provide medication counselling and perform medication histories on all patients under his/her care when appropriate.
4. Provide discharge counselling to all patients who require it.
5. Document clinical activities in the patient’s health record, as appropriate. Notes must be discussed with the preceptor BEFORE placing them in the chart unless otherwise indicated by the preceptor. Notes should be photocopied for later review by the preceptor.
6. Attend pharmacy education sessions (e.g., scheduled presentations).
7. The student may attend Grand Rounds on Fridays at 0800 and Advances in Pediatrics on Fridays at 1200. Location and schedule of topics is available at <http://pediatrics.med.ubc.ca/events/grand-rounds/>
8. Prepare for topic discussions as assigned by preceptor. These may include topics pre-selected by the preceptor as well as specific topics pertaining to the patients presenting to ED. These topics may be incorporated into patient discussions with the preceptor. Didactic discussions are optional.
9. Meet daily with preceptor to discuss the patients being followed, issues of interest, therapeutic controversies, ongoing evaluation, and specific topics.
10. Identify an adverse drug reaction and report it to Health Canada using the proper form.
11. Other activities as assigned by preceptor: one or more of journal club, case presentation, mini project, or article for the C&W Pharmacy Informer

# 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. Clearly communicate expectations of the resident at the start of the rotation and throughout the rotation as required.
3. Provide the resident with a brief orientation to ED and introduction health care team. The Resident is encouraged to introduce her/himself as needed.
4. Meet with the resident briefly every morning to triage and identify patients for work-up.
5. Take report on all patients.
6. Be available for consultation to the resident in person or by phone at all times during the rotation.
7. Schedule dates for presentations.
8. Provide informal feedback to the resident on their performance on a daily basis and complete and discuss all required written evaluations with the resident by the completion 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.

1. 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.
2. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
3. 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.
4. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

# REQUIRED READING & RESOURCES

Assigned by preceptor