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Short communication

## Volunteering as medical staff at a diabetes summer camp as a component of a pharmacy residency program

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### Abstract

A number of summer camps across the country have been developed specifically for children with diabetes, most of whom would not be able to attend a traditional summer camp due to the extensive medical attention and scheduling considerations required to continually maintain appropriate glycemic control. These camps rely on the service of various medical practitioners to ensure the safety of the children. In addition to providing an important service to the campers, volunteering at such camps offers both personal and professional rewards for the practitioners. Furthermore, such experiences provide tremendous learning opportunities for medical trainees. However, while a limited number of articles were identified discussing the experience of nurses, physicians, and pharmacy students volunteering at diabetes camps, no such accounts from the perspective of pharmacy residents were found in the medical literature. This educational case report briefly describes the recent experience of ambulatory care pharmacy residents serving as diabetes camp medical staff.

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### Introduction

Each year more than 11 million children attend summer camps—an experience that provides a safe environment to play and exercise, improve social skills and make new friends, develop independence and self-confidence, and gain a sense of adventure and willingness to try new things.<sup>1</sup> Unfortunately, the typical summer camp does not provide that safe environment for children with diabetes, as the requirements to properly manage a child's blood glucose throughout the day, such as multiple blood glucose checks,

carbohydrate counting with each meal, insulin adjustments based on campers' activity levels, rapid treatment of hyper- and hypoglycemia, etc., are often unachievable due to the hectic camp schedule and limited number and expertise of medical staff present. However, Camp Hamwi represents one of many throughout the country specifically designed to ensure that children living with diabetes have an opportunity to safely experience the many rewards of summer camp.

To provide this safe environment, Camp Hamwi features an extensive medical and dietary staff experienced in diabetes management that frequently interact with the campers, directors, and counselors with an understanding of basic triage of hypoglycemic events, many of whom have diabetes and attended the camp when they were younger, and daily schedules designed with frequent blood glucose

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assessment, insulin administration, meals, and snacks interspersed among typical summer camp activities. The camp features a senior week for teens aged 13 through 17, as well as a junior week for campers between the ages of seven and 12, with approximately 50–100 campers attending each week. This format allows for additional attention to be provided to those attending junior week while affording extra independence to those who are capable during senior week. Campers often return year after year and, as expressed by many, Camp Hamwi embodies a “home-away-from-home” and the other campers that attend on a yearly basis are considered their “second family.” Moreover, many campers noted it to be the one time of the year that they are surrounded by peers who understand their daily struggles living with this condition, allowing them to spend a week just being themselves.

The rewards of participating in diabetes camp are not limited to the campers attending though. Each year numerous counselors and medical staff are remunerated for their services through personal growth and professional development, as well as the pleasure of reliving the summer camp experience. However, while a limited number of articles were identified discussing the experience of nurses, physicians, and pharmacy students at diabetes camp, no such accounts from the perspective of pharmacy residents were found in the medical literature.<sup>2–10</sup> Thus, this article will briefly describe our recent experience serving on the medical staff at Camp Hamwi as a component of our Post-Graduate Year (PGY) 1 and PGY2 ambulatory care pharmacy residencies, how we integrated ourselves into a medical team unaccustomed to inclusion of pharmacists, and the professional and personal rewards gained, in hopes of urging other residency programs to consider pursuing such opportunities in the future.

## Our experience

At Saint Joseph Regional Medical Center (SJRM) in Mishawaka, IN, 2014 marked the inaugural year of incorporating into the ambulatory care pharmacy residency programs a volunteer experience at a summer camp for children and adolescents with diabetes. With an associate residency director specializing in diabetes care, incorporating such an experience had been a goal of the residency program for some time. However, finding the right partner to utilize pharmacists’ skills was a few years in the making

as local camps generally filled the medical staff with nurses and physicians with no defined position for pharmacists, or had already partnered with pharmacy schools sending students for advanced pharmacy practice experiences (APPEs). Eventually a partnership was formed with Camp Hamwi. While the camp’s medical director was initially unclear as to what role pharmacists would assume within the medical staff, he agreed to incorporate us as pharmacy support. He explained that our main role would be to assist with the medication storage and distribution process for the campers and staff and serve as diabetes educators, but that he did not anticipate this taking two pharmacists a great deal of time, so we would be able to incorporate ourselves into other medical staff activities as opportunities arose.

In the month prior to camp, we were immersed in a concentrated diabetes rotation within our practice site. An important feature of this rotation was a simulated diabetes experience that provided tremendous insight into the amount of effort required of patients to appropriately manage this condition on a daily basis. To simulate a variety of different treatment options available, we were asked to monitor our blood glucose, count carbohydrates consumed, and inject saline on a daily basis to mimic administering insulin injections, utilizing differing regimens from week to week. For example, 1 week consisted of administering four injections per day to simulate a basal–bolus insulin regimen, while another required only two injections per day to simulate an intermediate/short-acting insulin combination therapy, but additionally included specific limitations as to how many carbohydrate servings were to be consumed with each meal. In the final week before camp we had the opportunity to wear the two most commonly used insulin pumps within the camp, the Medtronic<sup>®</sup> and OmniPod<sup>®</sup> systems, to gain a better understanding of their functionality, as the majority of campers are treated with pump therapy. In addition to the simulated diabetes experience, we were tasked with developing and presenting a daily didactic curriculum for the two pharmacy students on APPE rotation who would also be attending the camp, but as camp counselors. The components of this curriculum are listed in the Table. In spending a great deal of time preparing these presentations for the students, we were well prepared for camp and quickly able to demonstrate the value pharmacists could bring to the medical team, and as a result our role rapidly expanded.

Table  
Diabetes crash course curriculum taught by residents to students

Diabetes overview	Glucometers and blood glucose testing
Complications of diabetes	Management of hypoglycemia
Ketone testing, diabetic ketoacidosis, and hyperglycemic hyperosmolar syndrome	Non-insulin antidiabetic medications
Insulin pharmacology, dosing, and administration	Insulin pumps
Landmark diabetes trials	Diabetes across the lifespan, particularly differences in treatment of diabetes in children versus adults

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