ROTATION DESCRIPTION

ROTATION TITLE
Family Medicine Inpatient (PGY2)

PURPOSE
The purpose of this family medicine inpatient rotation is to ensure that the resident develops advanced pharmacotherapeutic skills in the identification and resolution of drug therapy problems, demonstrates appropriate communication skills with other members of the team and assures positive drug therapy outcomes. The PGY2 resident should be able to demonstrate a level of independence above and beyond what a PGY1 resident would have.

LEARNING EXPERIENCE DESCRIPTION
The family medicine inpatient rotation encompasses a variety of therapeutic issues and disease states in the general medicine patient. The most common admitting diagnoses include: CHF exacerbation, angina, asthma/COPD exacerbations, community acquired pneumonia, urosepsis/UTI, atrial fibrillation, sickle cell disease, acute thromboembolism (DVT, PE), stroke and complications from diabetes mellitus.
A typical day begins with preparation for team rounds which commence at approximately 9AM and last roughly 2-3 hours. The average census is 8-10 patients. The resident will round independently with the team in the morning and then meet with the preceptor to review patient care issues in the afternoon. Topic discussions, work up of new admissions, literature retrieval/evaluation, medication reconciliation and patient discharge counseling also occurs in the afternoons. The resident will be provided feedback in the form of formal evaluations (midpoint and final) as well as informal feedback from day to day. The resident should also provide prompt feedback to the preceptor of topics not being properly explained to them and/or of areas of improvement for the preceptor/team. The PGY2 experience builds on primary care and general medicine concepts developed in PGY1 residency. This experience further refines these skills and will develop the residents into experts in inpatient family medicine.

LEARNING EXPERIENCE ACTIVITIES
- Independently provide effective education to medical residents, attendings, preceptor and 4th year pharmacy students on rotation.
  (R.5.1.1, R.5.1.2, R.5.1.3, R.5.1.4, R.5.1.5, R.5.1.6, R.5.1.7)

- Implement regimens and monitoring plans based upon policies/procedures of the hospital system (including knowledge of inpatient formulary and pharmaceutical industry).
  (R.6.1.1, R.6.1.2, R.6.1.3, R.6.2.1, R.6.2.2, R.6.2.3, R.6.2.4, R.6.4.1, R.6.4.2)

- Demonstrate advanced responsibility for patient care by resolving pharmacy-related problems and having appropriate follow-up.
  (R.6.3.1)

- Autonomously establish collaborative professional relationships with members of the health care team, including medical residents, attendings and rotation preceptor.

(E.4.1.1, E.4.6.1)

- Appropriately collect, analyze and prioritize patient information/data from eMeds, Oacis and Practice Partner.
  (E.4.2.1, E.4.2.2, E.4.2.3)

- Ensure continuity of pharmaceutical care to and from the acute setting.
  (E.4.3.1, E.4.9.1, E.4.9.2)

- Design advanced evidence-based therapeutic regimens for each problem noted, including formulation of appropriate monitoring plans. This includes demonstrating knowledge of primary literature and appropriate guidelines.
  (E.4.4.1, E.4.4.2, E.4.5.1)

- Provide effective discharge/other counseling to patients and/or their caregivers. (E.4.7.1)

- Evaluate patients' progress with regard to disease states/problems and drug therapies and redesign regimens and monitoring plans on a daily basis.
  (E.4.8.1, E.4.8.2)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
~7:00 AM to 5:00 PM

Required meetings
Team rounds in AM and meetings with preceptor in PM, as necessary
Internal medicine student case presentations, Fridays 2-4PM
RITE, Fridays 12-1PM
Seminar, Mondays 1-2PM

Required presentations
Pharmacotherapy topic presentation to team (15-20 minutes, 1-2 per rotation)
Topic discussions with preceptor, to be assigned

Required readings
As assigned

ROTATION PRECEPTOR(S) (Please list all possible preceptors)
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METHOD OF EVALUATION

Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). The preceptor and resident will review the resident's customized plan and the learning experience introduction document on the first day of rotation. Feedback will include, but not be limited to, verbal and written mid-point and end of rotation evaluations.