

ROTATION DESCRIPTION

ROTATION TITLE

Adult Internal Medicine – Month Two (PGY2)

PURPOSE

The IM rotation provides the opportunity for PGY2 Internal Medicine residents to refine their knowledge base and pharmacotherapeutic skills while optimizing care for acutely ill patients. The resident will demonstrate mastery of pharmacotherapy for the most commonly encountered disease states, explore pharmacotherapy for major disease states that may be encountered less commonly, critically evaluate landmark trials and other medical literature, and assume responsibility for the education of team members and patients. PGY2 residents may work with 2 internal medicine teams at the discretion of the preceptor. In addition, the resident will refine skills for prioritizing daily activities and patient care.

LEARNING EXPERIENCE DESCRIPTION

This rotation will provide exposure to a broad range of disease states and patient populations. Month two is a continuation of the skills and experiences from the first month and residents will be expected to build upon these skills. The pharmacy resident is expected to provide comprehensive pharmaceutical care for two teams, including prospective drug utilization review, providing recommendations to the team to improve pharmacotherapy, coordinate pharmaceutical services when needed, and counsel patients upon admission and/or discharge when appropriate. The PGY2 resident will be expected to work more as an advanced independent practitioner and develop as an expert in their area by utilizing additional evidence-based medicine principles in practice.

The internal medicine team consists of internal medicine attending, an upper level medicine resident, two interns (1st year medical residents), a case manager, dietician, nurses, and a Pharm.D. The resident will spend five days a week with the internal medicine team. The team generally meets on 8E, though patients may be located throughout the hospital, and the census varies. Each team is on call every other day. Rounds generally start around 9:00 or 9:30 a.m. and last until noon. The preceptor will occasionally round with the resident if deemed necessary by the preceptor to provide appropriate patient care or to observe the residents progress.

Residents will discuss any issues requiring preceptor input briefly with the preceptor prior to rounds and in more depth after rounds. The resident will lead or participate in topic discussions and literature evaluation at least twice weekly. When students are also on rotation, the resident will assist in supervision and education of the student and will provide midpoint and final evaluations for the student with the input of the preceptor.

LEARNING EXPERIENCE ACTIVITIES

The following activities are required during the second and subsequent internal medicine rotations for a PGY2 resident. Activities directly related to RLS objectives evaluated on this rotation are noted.

- 1. Collect and interpret data to apply to patient care, including the following activities:**
(R1.1.1)

- a) Apply medical publications to evidence-based patient care.
(R1.4.1; R2.6.1; R2.6.2)
- b) Interpret and integrate relevant subjective and objective information in disease state management.
(R2.6.1; R2.6.2; R2.10.3)
- c) Obtain or review a medication history for selected patients.
- d) Review, monitor, and modify therapeutic regimens considering the following components: adherence, interactions, adverse drug reactions, efficacy, toxicity, appropriate drug and dosing, and duplicate therapy.
(R2.7.1; R2.10.3)
- e) Prepare and maintain a monitoring system for each patient, and use this tool to present a patient in a concise and organized manner.

2. Build and apply his or her fund of knowledge.

- a) Display understanding of the role of pharmacists in the institutional setting.
(R1.1.1; R2.9.3; R3.1.1; R3.1.3)
- b) Apply knowledge of pathophysiology, signs and symptoms, diagnosis and pharmacotherapy of specific disease states.
(R2.6.1; R2.6.2; R3.1.1; R3.1.3)
- c) Demonstrate technical drug knowledge including pharmacokinetics, mechanism of action, administration, adverse reactions, contraindications, interactions, and formulations.
(R2.6.1; R2.6.2)
- d) Understand patient safety initiatives as they apply to improving patient care.

3. Design and implement a pharmacotherapeutic plan.

- a) Develop medication management plans to ensure positive patient outcomes, therapeutic endpoints, and cost-effectiveness.
(R1.1.1; R2.6.1; R2.6.2; R2.9.3; R2.10.3)
- b) Implement a reasonable patient care plan using problem-solving skills, contacting health care professionals, following up as needed and reassessing plans.
(R2.3.1; R2.6.2; R2.7.1; R2.9.3; R2.10.3)
- c) Understand continuity of care between health care settings.
(R2.3.1; R2.7.1)
- d) Identify medication errors and adverse drug reactions.
- e) Counsel selected patients prior to discharge, emphasizing new medications or medications for which lack of comprehension is likely to have serious consequences. Discharge counseling is preferred for all patients and mandatory for inhalers, anticoagulants, and antibiotics.

4. Improve communication skills

- a) Communicate effectively and professionally with patients and healthcare professionals.
(R1.1.1; R2.3.1; R2.9.4; R3.1.1)
- b) Use appropriate terminology; provide accommodations (language, hearing, etc) for intended audience.
(R1.1.1; R2.3.1; R3.1.1; R3.1.3)
- c) Practice active listening, empathy and compassion using nonverbal communication techniques.

(R2.3.1; R3.1.3)

- d) Seek and provide conflict resolution promptly.
(R3.1.1)

5. Document appropriately.

- a) Any addendum to the medication history should be noted in the chart, both on the discharge portion of the medication reconciliation form and in a progress note.
- b) Progress notes should be written in order to enhance communication; topics include but are not limited to pharmacokinetics and direct thrombin inhibitors.
(R1.1.1)
- c) Discharge counseling will be documented either in the progress notes or any other specified location.
- d) All interventions must be documented in eMeds.
- e) Medication errors and adverse drug reactions must be reported in patient safety net. If appropriate, report errors or reactions to VAERRS, ISMP, the FDA, the drug manufacturer, etc. In addition, the resident should discuss all reports with the preceptor.

6. Display professional behavior and attitude

- a) Give advance notification of illness or schedule conflict.
- b) Dress appropriately (white lab coat and ID badge required) and conduct oneself in a manner consistent with professional standards.
- c) Effectively use his/her time.
- d) Follow through on assigned tasks in a conscientious manner.
- e) Demonstrate and accept responsibility.
(R3.1.1; R3.1.3)
- f) Demonstrate intellectual curiosity, initiative, integrity, and cooperation.
(R3.1.1)
- g) Maintain confidentiality and an awareness of ethical and legal standards
(R2.3.1; R2.6.2; R3.1.3)
- h) Establish trust, confidence, and rapport with patients and the interdisciplinary team.
(R 1.1.1; R2.3.1)
- i) Practice self-evaluation and when necessary, solicit feedback from others for comparison.
- j) Embrace life long learning and plans for future continuing education through career.

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours

Generally the resident will need to be present from 7 am to 5 pm. These hours may vary based on the resident's efficiency, activities occurring that day, and non-rotation activities. The resident shall alert the preceptor if they anticipate they will exceed the resident work hours set forth in the ACGME policy on resident work hours.

Required meetings

Daily rounds

Medicine Grand Rounds: Tuesdays 8-9 am at the IOP auditorium

Medicine Journal Club 1st and 2nd Wednesday each month

Pharmacy Resident Seminar: Mondays, 1:00-2:00pm

Pharmacy Resident Rite presentations: Fridays, 12:00-1:00pm

Med-U-Way: 3rd Thursday each month, 12:00-1:00pm

Any other learning opportunity designated by the RPD

Morning Report: Monday, Wednesday, and Friday 8:30-9:30 a.m. CSB 305

Pharmacy Grand Rounds: Wednesdays, 12:00-2:00pm (optional)

Required presentations

The resident will prepare and deliver at least one brief topic presentation to the medical team or supervise a student's presentation if applicable. In addition, the resident will present informally to the preceptor throughout the rotation, and, if a student is present, supervise student presentations.

Required readings

Reading material will vary depending on topics discussed and the resident's demonstration of knowledge. The resident is expected to be familiar with all major guidelines for disease states of patients for which the resident is providing care and to research other primary medical literature as necessary to optimize care or answer questions posed by the team.

ROTATION PRECEPTOR

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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.

The resident will receive formal written and verbal evaluation approximately two weeks after starting the rotation and within 3 days of completing the rotation, usually on the final day of the rotation. The final evaluation will reflect the goals and objectives identified for the rotation in E-Value. Evaluations will incorporate feedback from the interdisciplinary team when available. In addition, the preceptor will make every attempt to provide informal feedback to the resident throughout the month. The resident is encouraged to seek feedback at any time.

The resident is expected to provide verbal feedback to the preceptor regarding any areas of the rotation that could be improved to enhance the rotation, both for the month and in the future, at the midpoint and final evaluations. Interim feedback is welcome.