

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

Adult Internal Medicine (PGY1)

### **PURPOSE**

The IM rotation provides the opportunity for PGY1 residents to improve their knowledge base and pharmacotherapeutic skills while enhancing care for acutely ill patients. The resident will become familiar with the pharmacotherapy for the most commonly encountered disease states, review major guidelines and landmark trials for relevant disease states, and participate in the education of team members and patients. PGY1 residents will work with one internal medicine team.

### **LEARNING EXPERIENCE DESCRIPTION**

This rotation will provide exposure to a broad range of disease states and patient populations. The pharmacy resident is expected to provide comprehensive pharmaceutical care for one team, including prospective drug utilization review, providing recommendations to the team to improve pharmacotherapy, coordinating pharmaceutical services when needed, and counseling patients upon admission and/or discharge when appropriate.

The internal medicine team consists of internal medicine attending, an upper level medicine resident, two interns (1<sup>st</sup> 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. The 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 round with the resident as often as possible until such time as the resident is comfortable rounding solo. This will be expected to occur in 3-10 days, depending on the resident's level of experience and the team dynamics. After that time, the preceptor will occasionally round with the resident if requested by the resident or if deemed necessary by the preceptor to provide appropriate patient care or to observe the resident's progress.

Residents will discuss patients 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 input for the student's evaluation.

### **LEARNING EXPERIENCE ACTIVITIES**

The following activities are required during the internal medicine rotation for a PGY1 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:**

(R2.2.1; 2.4.1)

- a) Retrieve, evaluate, and apply medical publications to provide drug information to health care practitioners and patients.

(R2.6.1)

- b) Analyze clinical drug guidelines and current practice standards in the context of developing medication management plans.  
(R2.6.1)
- c) Collect, interpret, and integrate relevant subjective and objective information in disease state management including age, allergies, weight, past medical history, etc.  
(R2.4.3, R2.6.2; R2.7.1; R2.10.1; R2.10.2)
- d) Obtain or review a medication history for all patients.  
(R2.9.2)
- e) Review, monitor, and modify therapeutic regimens considering the following components: adherence, interactions, adverse drug reactions, efficacy, toxicity, appropriate drug and dosing, and duplicate therapy.  
(R1.4.1; R2.4.2; R 2.7.1; R2.10.1; R2.10.2)
- f) Prepare and maintain a monitoring system for each patient, and use this tool to present a patient in a concise and organized manner.  
(R2.4.3, R2.7.1)

**2. Build and apply his or her fund of knowledge. (R2.4.2)**

- a) Display understanding of the role of pharmacists in monitoring therapy, assessing medication orders, and formulating medications for patients in the institutional setting.  
(R2.1.1; R2.6.1; R2.10.1; R2.10.2)
- b) Apply knowledge of pathophysiology, signs and symptoms, diagnosis and pharmacotherapy of specific disease states. Clearly understand and discuss at least 5 of the following topics:  
(R2.6.1; R2.6.2; R5.1.3)
  - ◆ Chronic obstructive pulmonary disease
  - ◆ Heart failure
  - ◆ Myocardial infarction
  - ◆ Diabetes
  - ◆ Renal failure
  - ◆ Hypertension
  - ◆ Pharmacokinetics of aminoglycosides and vancomycin
  - ◆ Anticoagulation
  - ◆ Stroke/Transient ischemic attacks
  - ◆ Seizures
  - ◆ HIV
  - ◆ Opportunistic infection prophylaxis
  - ◆ Pneumonia
  - ◆ Meningitis
  - ◆ Urinary tract infection
  - ◆ Asthma
  - ◆ Osteoporosis
  - ◆ Other topic pre-approved by preceptor

- c) Demonstrate technical drug knowledge including pharmacokinetics, mechanism of action, administration, adverse reactions, contraindications, interactions, and formulations.  
(R2.6.2; R2.7.1; R2.10.1; R2.10.2)
- 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.  
(R2.1.1; R2.6.1; R2.6.2; R2.10.1)
- b) Implement a reasonable patient care plan using problem-solving skills, contacting health care professionals, following up as needed and reassessing plans.  
(R2.1.1; R2.2.1; R 2.7.1; R2.8.1; R2.9.1; R2.10.2)
- c) Provide comprehensive organized written/oral drug information including recommendations for prescription and non-prescription medications, and dietary supplements.  
(R2.8.1)
- d) Understand continuity of care between health care settings.  
(R2.8.1)
- e) Identify medication errors and adverse drug reactions.  
(R1.4.1; R2.2.1; R 2.4.2; R2.7.1; R2.10.2)
- f) Counsel 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.  
(R2.2.1; R2.4.2; R2.8.1; R2.9.2)

**4. Improve communication skills**

- a) Communicate effectively and professionally with patients and health care professionals.  
(R2.1.1; R2.4.1; R2.4.2; R2.8.1; R2.9.2; R5.1.3)
- b) Effectively present oral/written communications, including patient consultations, drug information responses, and progress notes.  
(R2.8.1; R2.10.1)
- c) Use appropriate terminology, provide accommodations (language, hearing, etc) for intended audience.  
(R2.4.2; R2.8.1; R2.9.2; R5.1.3)
- d) Practice active listening, empathy and compassion using nonverbal communication techniques.  
(R2.1.1; R 2.9.2; R5.1.3)
- e) Seek and provide conflict resolution promptly.  
(R2.1.1; R5.1.3)

**5. Document appropriately. (R2.2.1)**

- 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.  
(R2.7.1; R2.8.1)

- c) Discharge counseling will be documented either in the progress notes or any other specified location.  
(R2.4.2; R2.8.1)
- d) All interventions must be documented in eMeds.
- e) Medication errors and adverse drug reactions must be reported in patient safety net. In addition, the resident should discuss all reports with the preceptor.  
(R1.4.1; R2.4.2; R2.7.1)

#### **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.  
(R2.2.1)
- d) Follow through on assigned tasks in a conscientious manner.  
(R2.2.1)
- e) Demonstrate and accept responsibility.
- f) Demonstrate intellectual curiosity, initiative, integrity, and cooperation.
- g) Maintain confidentiality and an awareness of ethical and legal standards  
(R2.2.1; R2.6.2)
- h) Display respect and empathy for patients and other health care professionals.  
(R2.1.1)
- i) Establish trust, confidence, and rapport with patients and interdisciplinary team.  
(R2.1.1; R2.4.2; R2.8.1)
- 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

Internal Medicine Journal Club

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

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

Med-U-Way: 3<sup>rd</sup> Thursday each month, 12:00-1:00pm

Any other learning opportunity designated by the RPD

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, participate in supervising student presentations.

**Required readings**

Reading material will vary depending on topics discussed and the resident's demonstration of knowledge. During the first week of rotation, a PGY1 resident will be responsible for reviewing the Hartford nomogram original study and concept to clinic paper, as well as the CHEST guideline chapter relating to VTE prophylaxis in medical patients.

**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.