

ROTATION DESCRIPTION

ROTATION TITLE

Adult Internal Medicine – Month One (PGY2)

PURPOSE

The IM rotation provides the opportunity for PGY2 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.

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 or 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. 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 several times during the first week of rotation. After that time, 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 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 midpoint and final evaluations for the student with the input of the preceptor.

LEARNING EXPERIENCE ACTIVITIES

The following activities are required during the internal medicine rotation 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:**
(IM R1.1.1)

- a) Apply medical publications to evidence-based patient care.
(PCT R2.6.1; R2.4.2; R2.6.2; IM R1.4.1; R1.5.9; R2.6.1; R2.6.2; R6.1.5)
- b) Interpret and integrate relevant subjective and objective information in disease state management.
(PCT R2.4.1; R2.6.1; R2.6.2; R2.11.1; IM R1.5.9; R2.2.1; R2.4.1; R2.6.1; R2.6.2; R2.10.1; R6.1.5)
- c) Obtain or review a medication history for selected patients.
(PCT R2.3.1; R2.4.1; PP E7.4.1; E2.3.1; E2.4.1)
- 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.
(PCT R1.3.1; R2.4.1; R2.4.2; R2.7.1; R2.11.1; R2.11.2; IM R2.2.1; R2.4.3; R2.7.1; R2.10.1)
- e) Prepare and maintain a monitoring system for each patient; and use this tool to present a patient in a concise and organized manner.
(PCT R2.4.3; IM R2.4.1; R2.4.3)

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

- a) Display understanding of the role of pharmacists in the institutional setting.
(PCT R1.31; R2.10.1; PP E7.4.1; IM R1.1.1; R2.1.1; R2.2.1; R2.5.2; R3.1.3; R6.1.3)
- b) Apply knowledge of pathophysiology, signs and symptoms, diagnosis and pharmacotherapy of specific disease states.
(PCT R2.6.1; R2.6.2; IM 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.
(PCT R2.4.1; R2.4.2; R2.6.2; R2.7.1; IM R1.5.9; R2.6.1; R2.6.2; R6.1.5)
- d) Understand patient safety initiatives as they apply to improving patient care.
(PCT R3.2.6; IM R1.7.1; R6.1.3)

3. Design and implement a pharmacotherapeutic plan.

- a) Develop medication management plans to ensure positive patient outcomes, therapeutic endpoints, and cost-effectiveness.
(PCT R2.6.1; 2.6.2; IM R1.1.1; 2.4.3; 2.5.2; 2.6.1; 2.6.2; 6.1.5)
- b) Implement a reasonable patient care plan using problem-solving skills, contacting health care professionals, following up as needed and reassessing plans.
(PCT R1.3.1; R2.1.1; R2.4.2; R2.8.1; R2.10.1; IM R1.5.9; R2.1.1; R2.3.1; R2.5.2; R2.6.2; R2.7.1; R2.8.1; R2.10.1)
- c) Understand continuity of care between health care settings.
(PCT R2.10.5; IM R2.1.1; R2.3.1; R2.5.2; R2.7.1; R2.11.1)
- d) Identify medication errors and adverse drug reactions.
(PCT R1.3.1; R1.3.2; R2.4.1; R2.4.2; IM R1.7.1)
- 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.
(PCT R1.3.1; R1.3.2; R2.3.1; R2.8.2; R2.9.1; R2.9.2; R2.10.4; PP E7.4.1; IM R1.7.1; R2.2.1; R2.3.1; R2.5.2; R2.7.1; R2.8.1)

4. Improve communication skills

- a) Communicate effectively and professionally with patients and healthcare professionals.
(PCT R1.1.4; R1.3.1; R1.3.2; R2.1.1; R2.2.1; R2.8.1. R2.8.2; R2.9.1; R2.9.2; R2.10.4; R2.10.5; PP R2.12.2; IM R1.1.1; R2.1.1; R2.3.1; R2.8.1; R2.11.1; R3.1.1; R3.1.3; R6.1.3)
- b) Use appropriate terminology, provide accommodations (language, hearing, etc) for intended audience.
(PCT R1.3.1; R2.3.1; R2.8.1; R2.8.2; R2.10.4; R2.13.2; PP R2.12.2; IM R1.1.1; R2.3.1; R2.8.1; R3.1.1; R3.1.3)
- c) Practice active listening, empathy and compassion using nonverbal communication techniques.
(PCT R1.1.4; R2.1.1; R2.3.1; R2.8.2; R2.10.4; IM R2.1.1; R2.3.1; R3.1.1)
- d) Seek and provide conflict resolution promptly.
(PCT R1.1.4; R2.1.1; IM R2.1.1; R3.1.3)

5. Document appropriately. (IM R1.7.1)

- 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.
(PCT R1.3.1; R2.1.1; R2.13.2; PP R2.12.2)
- b) Progress notes should be written in order to enhance communication; topics include but are not limited to pharmacokinetics and direct thrombin inhibitors.
(PCT R1.3.1; R2.1.1; R2.7.1; R2.13.2; R2.12; IM R1.1.1; R2.1.1)
- c) Discharge counseling will be documented either in the progress notes or any other specified location.
(PCT R2.1.1; R2.10.4; R2.13.2; PP R2.12.2)
- d) All interventions must be documented in eMeds.
(PCT R2.8.1; R2.12)
- 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.
(PCT R1.3.2; R2.4.2; R3.2.6)

6. Display professional behavior and attitude

- a) Give advance notification of illness or schedule conflict.
(PCT PP R3.1.2; PP E7.4.1)
- b) Dress appropriately (white lab coat and ID badge required) and conduct oneself in a manner consistent with professional standards.
(PCT PP R3.1.2; R1.1.4)
- c) Effectively use his/her time.
(PCT PP R3.1.2; PP E7.4.1; IM R2.2.1)
- d) Follow through on assigned tasks in a conscientious manner.
(PCT R1.1.4; PP E7.4.1; IM R2.1.1; R2.2.1; R2.3.1)
- e) Demonstrate and accept responsibility.
(PCT PP R3.1.2; R2.1.1; IM R2.1.1; R3.1.3)

- f) Demonstrate intellectual curiosity, initiative, integrity, and cooperation.
(PCT R1.1.4; PP R3.1.3)
- g) Maintain confidentiality and an awareness of ethical and legal standards
(PCT R2.6.1; PP R3.1.3; IM R1.7.1; R2.3.1; R2.6.2)
- h) Establish trust, confidence, and rapport with patients and the interdisciplinary team.
(PCT R2.1.1; R2.8.1; R2.10.4; IM R1.1.1; R2.1.1; R2.3.1; R2.8.1)
- i) Practice self-evaluation and when necessary, solicit feedback from others for comparison.
(PCT R1.1.1; PP E7.4.1)
- j) Embrace life long learning and plans for future continuing education through career.
(PCT R1.1.1)

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

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

Morning Report: Mon, Wed, Fri 8:30-9:30 a.m. CSB 305 (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. 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.