

Preceptor: XXXX, Pharm.D., Clinical Pharmacy Specialist, Internal Medicine
Office: 4S-115 **Pager: 555-0547** e.mail@address.com

General Description

Internal Medicine (IM) is a required, four week learning experience at Patients Come First Hospital. There are 200 IM beds in the hospital, housed on 4 different units. There are two IM teaching teams. Each of the teaching teams includes an attending physician, a PGY2 or PGY3 medical resident, a primary care nurse and a clinical pharmacy specialist. Pharmacy residents and other health professionals in training also participate when assigned to IM teaching teams. Typically the IM team will be responsible for the care of approximately 20 patients.

The clinical pharmacy specialist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team. Routine responsibilities include: reconciling medications for all patients admitted to the team, addressing formal consults for non-formulary drug requests, therapeutic drug monitoring, and anticoagulation. The pharmacist will also provide drug information and education to healthcare professionals as well and patients and caregivers.

Disease States

Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common diseases including, but not limited to:

- Cardiovascular disorders
 - Hypertension, heart failure, stroke, hyperlipidemia
- Renal disorders
 - Acute renal failure, end-stage renal disease, glomerulonephrosis
- Respiratory disorders
 - COPD, asthma
- Gastrointestinal disorders
 - GERD, PUD, pancreatitis, hepatitis
- Endocrinologic disorders
 - Diabetes Mellitus, thyroid disorders, osteoporosis
- Infectious diseases
 - UTI, pneumonia, endocarditis, sepsis, skin and soft tissue infections, bone and joint infections

Topic discussions and reading key articles will be used to help develop the resident's patient care skills for common disease states or acquiring knowledge about diseases seen infrequently on the service.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume responsibility for all of the patients within the assigned unit. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

Goals and objectives to be taught and formally evaluated:

Goals and Objectives		Activities
Competency Area R1	Patient Care	
Goal R1.1	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.	
Objective R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	Participate in daily rounds with assigned internal medicine team. Be prepared to provide recommendations on assigned patients and answer drug information questions in a timely manner.
Objective R1.1.3:	(Analyzing) Collect information on which to base safe and effective medication therapy.	Collect pertinent information for each assigned patient from medical record, patient's nurse, and patient (as applicable) every morning for assigned patients and record pertinent data on a patient monitoring form.
Objective R1.1.4:	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	Identify any issues with medication therapy and be prepared to discuss problems identified with preceptor prior to 10am patient rounds.
Objective R1.1.5	(Creating) Design or re-design safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	For all patients with pharmacy consults for dosing, assess whether changes are needed in the medication dosing regimen or levels need to be ordered. For other patients, be prepared to discuss recommendations for addressing problems with preceptor prior to morning rounds with team.
Objective R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	Discuss recommendations with internal medicine team after getting approval from preceptor. Follow-up after rounds to ensure any

		agreed upon changes have been implemented. Identify patients started on warfarin, one of the novel oral anticoagulants, or enoxaparin within the last 24 hours. Provide patient education if the plan is to discharge the patient on one of these medications.
Objective R1.1.8	(Applying) Demonstrate responsibility to patients.	For patients on novel oral anticoagulants, ensure patient's insurance provides coverage prior to patient's discharge. If not, discuss financial impact with patient and provider and recommend appropriate alternatives which are covered by the patient's insurance plan. For all patients, ensure all identified medication-related issues are resolved by the end of the day. If cannot be resolved, ensure that any outstanding issues are communicated to evening pharmacy prior to leaving for the day.

Preceptor Interaction

Daily: 8:30 - 9:30 Pre-rounds with resident
1:00 – 2:00 Preceptor available in office for topic discussions, reviewing progress notes, patient updates, etc.

Communication:

- A. Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
- B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
- C. Office extension: Appropriate for urgent questions pertaining to patient care.
- D. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care
- E. Personal phone number: Provided to resident at time of learning experience for emergency issues.

Expected progression of resident responsibility on this learning experience:

(Length of time preceptor spends in each of the phases will be personalized based upon resident's abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident.

Week 1: Resident to work up approximately 1/3 of the team's patients and present to preceptor daily. Preceptor to attend and participate in team rounds with resident, modeling pharmacist's role on the health care team.

Week 2: Resident to work up approximately half of the team's patients and discuss problems with preceptor daily. Preceptor to attend team rounds with resident, coaching the resident to take on more responsibilities as the pharmacist on the team.

Weeks 3-6: Each week the resident is expected to take over the responsibility of working up more of the team's patients, continuing to discuss identified problems with preceptor daily. Once the resident is able to take responsibility for all patients assigned to the team, the preceptor will no longer attend team rounds, but will continue to facilitate the resident as the pharmacist on the team.

Evaluation

PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience.

What	Who	When
Summative	Preceptor	End of week 6
Preceptor/Learning Experience Evaluation	Resident	End of week 6