

Preceptors: A., Preceptor

Description:

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.

Pharmacist Role: 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 as 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

Expectation and Progression of Residents:

Topic discussions and reading key articles will be used to help develop the resident's patient care skills for common disease 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.

Expected progression of resident responsibilities on this learning experience: (length of time preceptor spends in each of these phases will be personalized based upon resident's abilities and timing of the learning experience during the residency 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.

Taught and Evaluated Objectives		Activities
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.	2(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> • Conduct an organized, focused patient interview incorporating active listening and open-ended questions • Use motivational interviewing techniques when appropriate to promote lifestyle changes • Provide literacy level appropriate education to patients and/or caregivers on medications including potential adverse drug reactions and drug-drug, drug-food interactions • Teach patient how to properly administer insulin or how to use self-monitoring devices. Demonstrate empathy, respect, and collaboration in interactions Integrate HIPPA regulations into daily practice

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 redesign 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 provided coverage prior to patient's discharge. If not, discuss financial impact with patient and provides 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.

Evaluations:

Evaluation	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed

Residency Program Design and Conduct

Learning Experience Description Criteria Checklist

Criteria	Criteria Met?
Includes activities that clearly outline opportunities for the residents to develop the skills that are specified by the educational goals and objectives	
Clearly differentiate the activities and the level of involvement by the resident (e.g., student vs. resident, PGY-1 vs. PGY-2, etc.)	
Specifies learning activities that are congruent with the learning level of the objectives they are teaching	