



**Internal Medicine II Learning Experience:**

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**Hours: 8am – 5pm**

1. **General Description**

The Internal Medicine II learning experience is required, four week rotations with the Southern Regional Family Medicine inpatient service at Cape Fear Valley Hospital. Internal Medicine II is completed in the second half of the residency year. The Family Medicine inpatient service consists of an attending physician, a clinical pharmacist, family medicine residents (PGY1 – 3), and medical (MSIII or MSIV) and pharmacy students (PY4). Additionally a marriage and family therapist and a medical librarian attend rounds once weekly. This collaborative team is designed to provide the resident with experience and training in the clinical care of patients in the inpatient setting for an average of 15 patients per day. The experience serves as a valuable learning environment that provides the resident with the opportunity to work closely with medical residents in the care of hospitalized patients while allowing the pharmacy resident to enhance his or her knowledge in a variety of disease states in the acute care setting.

The clinical pharmacist on the team is responsible for ensuring safe and effective

medication use for all patients admitted to the team, including active participation in work and attending rounds daily; admission and discharge medication reconciliations; pharmacokinetic dosing and monitoring of a variety of medications (i.e. aminoglycosides, vancomycin, warfarin, etc.); education of patients and their family members; education of physicians and medical residents; education of pharmacy trainees; and collaboration with decentralized pharmacists to assure timely medication availability.

The pharmacy resident is responsible for identifying and resolving medication therapy issues for patients and will work towards assuming care of all patients on the service throughout the learning experiences. The resident will develop or enhance the skills and techniques in how to work up a hospitalized patient and how to conduct a medication history in a timely manner. The resident will provide drug related problem recommendations to the team and document recommendations in the Siemens pharmacy computer system regularly throughout the rotation. The resident will document therapeutic drug monitoring services for patients on their team receiving drugs requiring monitoring including, but not limited to vancomycin and aminoglycosides. Documentation must be completed on the day service was provided. The resident is responsible for providing medication education to patients on the team upon discharge. The resident will complete medication reconciliation with the SRAHEC Centricity electronic medical record within 48 hours of patient discharge. The resident is responsible for providing education to the inpatient family medicine team throughout the rotation to include formal presentations. The resident will be involved in precepting pharmacy students during this rotation.

Internal Medicine II will begin where Internal Medicine I left off in regards to the expectations of the resident regarding clinical care. At the beginning of this experience, the resident should be able to cover the service with only facilitation from the preceptor. The second Internal Medicine experience focuses more on the aspect of precepting pharmacy students in a clinical rotation. In addition to the being responsible for the clinical aspects of patient care for the service, the resident will complete many of the activities of a preceptor and serve as the primary preceptor, under preceptor coaching and facilitating, such as calendar development, facilitating topic discussion presentations, and providing feedback and evaluations for the student(s).

Time management skills and good communication and interpersonal skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. **Disease States**

Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to, acute management of:

* 1. Cardiovascular disorders
     1. Hypertension Urgencies/Emergencies
     2. Heart failure
     3. Myocardial infarction
     4. Stroke
     5. A fib and other arrhythmias
  2. Endocrinologic disorders
     1. DKA
     2. Thyroid disorders
  3. Respiratory disorders
     1. Asthma
     2. COPD
     3. Upper respiratory infections (viral and bacterial)
  4. Neurological disorders
     1. Seizures
     2. Pain management (acute and chronic)
  5. Infectious diseases
     1. Urinary tract infections
     2. Pneumonia
     3. Skin and soft tissue infections
     4. Sepsis
     5. HIV
  6. Gastrointestinal / Liver disorders
     1. GI Bleeds
     2. Peptic Ulcer Bleeds
     3. Hepatitis
     4. Pancreatitis
     5. Alcoholic Cirrosis
  7. Psychological disorders
     1. Depression
     2. Bipolar disorder
     3. Schizophrenia
  8. Fluid/Electrolyte Management
  9. Kidney Diseases (Acute and Chronic)
  10. Pulmonary Embolism / DVTs
  11. Anemia
  12. Teaching / Learning Topics
      1. Teaching Clinical Skills to Learners
      2. One Minute Preceptor and other Preceptor Techniques
      3. Providing Effective Feedback to Learners
      4. Evaluation Process and Errors in the Evaluation Process
      5. Teaching Philosophy

1. **Goals and Objectives**

The goals selected to be taught and evaluated during the Internal Medicine II learning experience include:

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

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow – up actions

R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate

R1.1.8 Demonstrate responsibility to patient

R1.2 Ensure continuity of care during patient transitions between care settings

R.3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement

R4.1 Provide effective medication and practice related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

R4.1.1 Design effective educational activities

R4.1.2 Use effective presentation and teaching skills to deliver education

R4.1.3 Use effective written communication to disseminate knowledge

R4.1.4 Appropriately assess effectiveness of education

R4.2 Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

R4.2.1 When engaged in teaching, select a preceptor role that meets learners’ educational needs

R4.2.2 Effectively employ preceptor roles, as appropriate

1. **Preceptor Interaction**

Daily: 0700 – 1000 Work rounds with medicine team

0930 Meet with resident to discuss the plan for the day

1000 - 1200 Attending rounds

Afternoon Discharge patients, educate patients, continue patient work ups, and update Centricity EHR

Twice weekly: 1400 - 1600 Meet for topic discussions, journal article, guideline review, teaching topics

1645 – 1700 Preceptor available for patient updates

**5) Communication:**

1. Morning meeting: Resident to prioritize difficult / new patients and drug related problems identified to be discussed with preceptor
2. Twice weekly meeting times: Residents to be prepared for discussions by reading/reviewing for the topic to be discussed and come to meetings with questions or areas that need clarification
3. 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.
4. Personal phone number: Provided to resident at time of learning experience for easy access to preceptor.

**Expected progression of resident responsibility on this learning experience:**

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

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

Week 1: Resident will be able to cover the SRAHEC inpatient medicine team independently, with coaching and facilitating by the preceptor. The preceptor will be available, daily, to discuss problems. Resident will develop student pharmacist calendars and schedules. Teaching / Learning discussions take place. Begin written reflections.

Weeks 2-4: Resident is expected to take over all clinical responsibilities of the preceptor on the inpatient service independently, in addition to serving as primary preceptor for any students on the advanced pharmacy practice experience, which includes coordinating the student pharmacist calendar, facilitating discussions and providing feedback and evaluations. Continued discussions on teaching / learning topics. Continue written reflections.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the midpoint performance evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | Midpoint |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |