

University of Utah Health: PGY1 Residency Program Salt Lake City, Utah

Rotation Name:

Internal Medicine (Required PGY1 Rotation – Acute Care I or II)

Rotation Preceptors:

Jennifer Babin, PharmD, BCPS
Zubin Bhakta, PharmD
Ashley Zabka Cline, PharmD, BCPS (Preceptor in training)
Ashley Crosby, PharmD, BCPS
Kristine Ferreira, PharmD, BCPS
Amanda Gallegos, PharmD, BCPS
Adya Mishra, PharmD, BCPS
Katie Nighorn Scerbo, PharmD
Heather Nyman, PharmD, BCPS
Brian Spence, PharmD, BCPS
Jennifer Wiederrich, PharmD, BCPS (Preceptor in training)

Duration: 4 weeks

Site Description:

This specific rotation site is located at the University of Utah Hospital which is a 490 bed, level 1 trauma center. The internal medicine service at the University of Utah Hospital currently consists of seven teams, with potential to expand to eight teams in the near future. Four teams consist of an attending physician, resident/intern physicians, and medical students. The other three teams are composed of an attending physician and may also include an advanced practice clinician, PA fellow, or PA student. Some internal medicine teams can consist of up to 22 patients with a total census of up to 135 internal medicine patients throughout the hospital. The majority of internal medicine patients are located on one of three internal medicine units (AIMA, AIMB, or WP5), however patients can be located throughout the hospital. Common reasons for admission include infection, coagulopathies, pulmonary dysfunction, liver dysfunction, and renal failure. Patients often present with multiple disease states and complicated drug regimens.

Role of the Pharmacist:

The Internal Medicine pharmacist functions as part of a multidisciplinary team. Primary responsibilities include daily review of medication profiles, patient educations, reconciliation of home medications and improving medication dosing and utilization in all patients.

Rotation Description:

Residents contribute to patient care by monitoring patients, making recommendations to the medical team to improve care, and by facilitating the delivery of medications. Residents will round with one of the internal medicine teams and will be expected to serve as that team's pharmacist during their rotation.

Presentations include daily patient presentations to rotation preceptor. Topic discussions, formal case presentations, journal club, and educational presentation/in-service will be assigned at the discretion of your primary preceptor.

Project Descriptions:

1. Formal case presentation

- Patient presentation in SOAP note format
- Topic presentation that focuses on a specific disease state relevant to a patient
- Formal hand-out and presentation
- 2. Topic discussion
 - Formal hand-out and presentation
 - Examples of topics: AKI, alcoholic hepatitis, anemia, pneumonia
- 3. Journal Club
 - Topic must be related to internal medicine
 - Article published within the last year
 - Likely to impact patient care
 - Formal hand-out and presentation
- 4. In-service presentation
 - Examples of past topics include: DVT prophylaxis, insulin review, bowel regimens, overview of QTc prolonging medications, antibiotic coverage, overview of DOACs
 - Formal hand-out and presentation

Typical Daily/Weekly/Monthly Activities:

- A typical day on rotation will be from 07:00-15:30 but additional hours are usually necessary to complete projects, readings for topic discussions, journal club and attend meetings.

07:00-09:00	Round preparation. Patient monitoring and medication reconciliations.
09:00-12:00	Internal medicine rounds
12:00-13:00	Grab lunch, work on completing medication histories, update pharmacy notes
13:00-14:00	Patient presentations. Identify and resolve follow-up issues with medical team.
14:00-15:00	Learning activities/assignments (i.e. topic discussion, case presentation, etc.)
15:00-15:30+	Additional time to work on medication reconciliations, projects, topic discussions and resolve any remaining follow-up issues with medical team

Expected Progression:

First Day:

- Preceptor will orient resident to the unit, health care professionals, and workflow. Preceptor will review learning activities and expectations with resident
- Resident is expected to arrive ready to discuss progress to date, areas of excellence and areas of improvement needed, and resident goals for rotation.
- Resident is expected to arrive on time and prioritize activities with a focus on exceptional patient care.

Week 1:

- Resident to work up approximately 1/3 of the team's patients and present to preceptor as interventions arise or at completion of triage workup by the end of the week.
- Resident is expected to be able to complete medication histories, anticoagulation education, and discharge medication reconciliation (when discharging to another facility) for all patients they are assigned
- Resident will prioritize patient care based on acuity and may have to pass off patient care information to preceptor in order to participate in RRTs, codes, residency-requirements, etc.
- Residents will take into account each patient's comorbidities, allergies, weight, laboratory values, vitals, renal function, hepatic function, and current medications prior to recommending a new drug therapy.
- The resident will document med histories in the patient chart for all assigned patients.
- Preceptor to stay in unit and participate in work up and bedside attendance with resident, modeling pharmacist's role on the health care team.

Week 2:

- Resident expected to work up all patients and independently intervene in a proactive manner without preceptor's confirmation for all decision making by the end of the week. Preceptor will be in the unit or available at all times through pager and/or personal phone.
- The resident will strive to develop excellent written and verbal communication skills.
- The resident will document on every assigned patient using the hand-offs tool daily.

Week 3:

- The resident must devise efficient strategies for accomplishing patient care prioritization, communication, and interpersonal skills.
- The team should be reaching out primarily to the resident to answer questions.
- The resident will identify all common issues and begin identifying and addressing more complex therapy issues.
- The resident will demonstrate that information learned in the first 2 weeks can be incorporated readily into their patient care recommendations moving forward.
- Residents will document anticoagulation educations, medication histories, pain management, iVents or hand offs, and pharmacokinetic notes (when applicable) on patients.
- Residents will complete assigned presentations/projects as assigned, turning in drafts for review in advance of the final due date.

Week 4:

- The resident is expected to provide comprehensive pharmaceutical care to all patients on their service.
- Residents will make recommendations during rounds after formulating evidence-based therapeutic regimens for all patients
- The resident will complete medication histories, analyze all appropriate patient-specific data, develop complete therapeutic and monitoring plans, round with the multidisciplinary team, resolve all medication-related issues, and provide patient education and counseling.
- All presentations and project documents or revisions will be due no later than the next to the last day of residency.
- The resident should be independent in the practice site by the last day of rotation.
- ***IF the resident is in the second internal medicine rotation, expectations are moved up 1 week for all clinical activities. The resident will be expected to precept any students on rotation, unless otherwise notified by the preceptor. Expectations for projects and presentations will be that they will need fewer edits and will have better accuracy and focus for the stated audience.

RLS Goals and Objectives:**Rotation Activities and Teaching Methods Linked to Objectives**

Rotation Activity	Teaching Method(s)	Objective
Residents will act as an effective member of the medication-use safety team to ensure the safety and welfare of the patient. Examples: assisting physicians with medication dosing/route, assisting nursing staff with questions such as IV compatibility.	Instruction Modeling Coaching Facilitation	R1.1.1 Interact effectively with health care teams to manage patients' medication therapy Internal Medicine I Internal Medicine II
Residents will round daily with one internal medicine team. Preceptor will accompany resident on rounds until preceptor feels resident is able to round solo. The number of patients the resident follows will vary daily depending on the team's census and the resident's progression.	Instruction Modeling Coaching Facilitation	R1.1.1 Interact effectively with health care teams to manage patients' medication therapy Internal Medicine I
Residents will complete admission medication histories, provide anticoagulation educations and provide medication counseling to patients and their families when appropriate.	Coaching Facilitation	R1.1.2 Interact effectively with patients, family members, and caregivers Internal Medicine I

Residents will collect and update daily pharmacy progress notes with the newest laboratory results, microbiology results, pertinent imaging results and review any pertinent progress notes related to the patient's care. Residents are expected to update daily pharmacy progress notes prior to the start of rounds each day. Residents will complete accurate medication histories and provide appropriate documentation.	Modeling Coaching Facilitation	R1.1.3 Collect information on which to base safe and effective medication therapy Internal Medicine II
Residents will take into account each patient's comorbidities, allergies, weight, laboratory values, vitals, renal function, hepatic function, and current medications prior to recommending a new drug therapy.	Modeling Coaching Facilitation	R1.1.4 Analyze and assess information on which to base safe and effective medication therapy Internal Medicine I
Residents will make medication recommendations based on changes in patient's conditions (ie. SCr, BP, BG, drug levels, labs, cultures)	Modeling Coaching Facilitation	R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) Internal Medicine I
Residents will be responsible for implementing the medication changes discussed during rounds and subsequent medication monitoring (efficacy, side effects). Residents will follow-up with their team daily after discussing patients with their preceptor.	Modeling Coaching Facilitation	OBJ R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions Internal Medicine II
Residents will document anticoagulation educations, medication histories, pain management, iVents or Handoffs, and pharmacokinetic notes (when applicable) on patients.	Instruction Modeling Coaching Facilitation	R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate Internal Medicine I
Residents will evaluate each patient thoroughly and follow-up on recommendations and medication management of the patient throughout the day.	Coaching Facilitation	R1.1.8 Demonstrate responsibility to patients Internal Medicine I Internal Medicine II
Residents will update pharmacy pass-off notes daily to ensure continuity of care during transitions of care. If information needs to be communicated in a timely manner, resident will call or page the new pharmacist with the information. Residents will also review patient's discharge medication list to ensure proper medications are continued or stopped upon discharge and enter discharge medication lists on patients discharging to a facility.	Modeling Coaching Facilitation	R1.2.1 Manage transitions of care effectively Internal Medicine I
Residents will assess all requests for non-formulary medications for their patients and determine appropriateness of use in the hospital. Residents will find cost-effective alternate medications or follow the patient's own medication policy to use patient-supplied	Instruction Modeling Coaching Facilitation	R1.3.2 Manage aspects of the medication-use process related to formulary management Internal Medicine II

medications for expensive, non-formulary therapies.		
Residents will make recommendations during rounds after formulating evidence-based therapeutic regimens for all patients on their internal medicine team. Residents will present patients to the preceptor daily and make follow-up recommendations with their internal medicine team if needed after rounds.	Modeling Coaching Facilitation	R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership Internal Medicine I
Residents will be conscientious of their work and strive toward providing the best possible care at all times.	Facilitation	R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement Internal Medicine II
Residents are expected to act as the primary pharmacist for their internal medicine team. Residents are expected to update all pharmacy progress notes for patients on their internal medicine team daily before rounds and to complete all patient care activities prior to meeting with the preceptor in the afternoons.	Instruction Modeling Facilitation Coaching	R3.2.4 Manages one's own practice effectively Internal Medicine II
Residents are expected to provide patient education as appropriate. These include anticoagulation educations, medication education of an existing home medication, or new medication educations. Residents will tailor education to their specific audience. Patient educations, physician in-service, case-presentations, topic discussions, and journal clubs are examples of educational activities on rotation. Residents will provide specific learning objectives during formal presentations. i.e. internal medicine physician in-service When applicable, residents will serve as a role-model for DP4 students on their internal medicine rotation.	Instruction Facilitation Coaching	R4.1.1 Design effective educational activities Internal Medicine II

Readings and Preparatory Work:

Various topics will be encountered and covered during this rotation. Some guidelines and policies that may be helpful to review include:

- Chest 9th Edition Practice Guidelines
- AASLD Practice Guidelines
- KDOQI Guidelines
- IDSA Practice Guidelines
- University of Utah Medication Management Policies

Evaluations:

Evaluations will be documented in PharmAcademic™. At the midpoint of the rotation, the preceptor will evaluate the resident. At the end of each rotation, the resident will self-evaluate, the preceptor will evaluate the resident, and the resident will evaluate both the preceptor and the learning experience.