Internal Medicine/Hospital Medicine @ EUHM Learning Activities:

Preceptor: Melissa M. Chesson, PharmD

Office: EUHM Peachtree Building Room 2182

Resident Hours: ~7:00 – 4:00

Preceptor Hours: ~ 8:00 – 5:00

Desk: 404-686-3768

Pager: 16086

Mercer office phone: 678-547-6123

Personal cell phone: 678-313-5735

**General Description**

Internal Medicine (IM) is a four week learning experience at Emory University Hospital Midtown. There are two teaching IM hospitalist teams, Team Davis and Team Fischer. Team Fischer predominantly admits to Unit 51. Each team consists of an attending physician, two medical interns (PGY-1s), one or two medical students (M3s), and two pharmacy students (P4s).

The pharmacy resident is responsible for identifying and resolving medication therapy issues for patients admitted to Team Fischer. For their patients on his/her service, the resident is expected to review the medical history, evaluate the medication regimen, monitor laboratory values, identify adverse drug events and medication errors, provide patient education, and drug information. In addition, the resident will provide and document therapeutic drug monitoring services for patients receiving vancomycin or aminoglycosides on unit 51 as well as any Team Fischer patients located on alternate floors. Documentation must be completed within the electronic medical record on the day service was provided. The resident is responsible for providing and documenting education to patients on their team that are to be discharged on anticoagulation. Patient education is not limited to anticoagulated patients, but others as deemed necessary. Education and documentation must be completed no later that the day of discharge. The resident is responsible for verifying the medication history is documented correctly in the computer for each patient on the team. If P4 students are on rotation, the resident will be responsible for leading at least one topic discussion with the students and will be required to aid the students in managing their patients.
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. In addition to patient care, the resident must provide education to the medical team, unit 51 nurses, or pharmacists as the need arises. Educational presentations are required to be presented to the medical team during the learning experience.

**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 include, but are not limited to:

- Cardiovascular disorders: acute coronary syndromes, hypertension, heart failure, secondary stroke prevention, atrial fibrillation, and venous thromboembolism
- Respiratory disorders: COPD, asthma
- Endocrine disorders: diabetes mellitus, thyroid disorders
- Renal disorders: acute renal failure, CKD, ESRD
- Hepatic: cirrhosis
- Infections: urinary tract infections, pneumonia, skin and soft tissue infections, bloodstream infections, opportunistic infections in the setting of AIDS
- Sickle Cell Crisis (pain management)

**Goals Selected**

Goals selected to be taught and evaluated during this learning experience include:

- Goal R1.4; Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system
- Goal R1.5: Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, healthcare providers, and the public.
- Goal R2.1: As appropriate, establish collaborative professional relationships with members of the healthcare team.
- Goal R2.2: Place practice priority on the delivery of patient-centered care to patients.
- Goal R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships.
- Goal R2.4: Collect and analyze patient information.

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Goal R2.6: Design evidence-based therapeutic regimens.

Goal R2.7: Design evidence-based monitoring plans.

Goal R2.8: Recommend or communicate regimens and monitoring plans.

Goal R2.9: Implement regimens and monitoring plans.

Goal R2.10: Evaluate patients’ progress and redesign regimens and monitoring plans.

Goal R2.12: Document direct patient care activities appropriately.

Goal R5.1 Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

**Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Goal</th>
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<tbody>
<tr>
<td>Ensure medications are appropriately reconciled upon admission and discharge.</td>
<td>R1.4, R2.12, R5.1</td>
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<tr>
<td>Identify and report medication errors and adverse drug events for patients on your team. Educate the team on how to avoid or minimize errors and/or adverse events.</td>
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<td>Provide counseling to patients being discharge on any anticoagulant</td>
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<tr>
<td>Provide accurate and concise responses to drug information requests in a timely manner</td>
<td>R1.5</td>
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<tr>
<td>Participate in daily rounds with the assigned team</td>
<td>R1.4</td>
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<tr>
<td>Understand the roles of each member of the healthcare team</td>
<td>R2.1</td>
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<tr>
<td>Develop effective working relationships with team members</td>
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<tr>
<td>Evaluate the following prior to medical team rounds each day</td>
<td>R1.4, R1.5, R2.1</td>
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<tr>
<td>Daily Pre-rounds.</td>
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<tr>
<td>a. Review the team’s patient list each morning</td>
<td>R2.2</td>
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<tr>
<td>b. Review the ED History and Physical or Clinic Referral Note for all new patients</td>
<td>R2.4</td>
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<tr>
<td>c. Identify medication allergies</td>
<td>R2.6</td>
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<tr>
<td>d. Evaluate each medication, dose, route, frequency, and indication.</td>
<td>R2.7</td>
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<tr>
<td>e. Identify potential drug interactions, therapy duplications, IV/PO conversions, etc. Develop recommendations for how these should be managed.</td>
<td>R2.9</td>
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<tr>
<td>f. Medications prior to admission</td>
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</table>
g. Evaluate laboratory and microbiologic data. Pay specific attention to laboratory and microbiologic data that effect drug selection, dosing, and monitoring.

h. Review the MAR Summary

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<tr>
<th>Follow all patients receiving aminoglycosides and/or vancomycin on your assigned teaching team and Unit 51. Complete the appropriate paperwork for weekend monitoring. Document pharmacokinetic interventions into the Clinical Notes section of PowerChart.</th>
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</thead>
<tbody>
<tr>
<td>Identify and monitor assigned pharmacokinetics and warfarin patients</td>
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<tr>
<td>Effectively balance patient care and other residency responsibilities</td>
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<table>
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<tr>
<th>Review patients with preceptor.</th>
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| o Patient presentations:

1) Briefly summarize the patient in 3 sentences a) Reason for admission and primary medical problem, b) past medical history, c) updates for the day |

2) Problem list in order of severity. Include medications and treatments associated with each problem and any pertinent monitoring parameters. (Example: #1. COPD exacerbation: on day 2 of azithromycin and prednisone. Patient is also receiving tiotropium and scheduled albuterol nebs. Patient respiratory rate was WNL and O2 saturation is 95% on 2L of nasal cannula oxygen.) |

Review medication indication, MOA, ADEs, drug interactions, and monitoring for each medication on the patient’s profile and be prepared to discuss them with the preceptor |

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<th>Review clinical guidelines to determine goals of therapy, treatment duration, and disease state specific, evidence-based pharmacotherapy</th>
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<tr>
<td>Complete a minimum of 1 topic discussion per week as related to patients encountered on the rotation.</td>
</tr>
<tr>
<td>Review patients with preceptor as discussed above</td>
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<th>Implementation of regimens and monitoring plans per protocol or when requested by verbal orders per MD.</th>
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<tr>
<td>Monitor laboratory values pertinent to medication therapy.</td>
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<tr>
<td>Educate patients and caregivers on discharge medications and all anticoagulants.</td>
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<tr>
<td>Electronic reporting of medication errors and ADEs.</td>
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<tr>
<td>Electronically document all accepted interventions and ADERS for the month in Pharmacy One</td>
</tr>
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Electronically document pharmacokinetics notes, anticoagulation notes, and medication histories in the eEMR. Use the standardized pharmacokinetics note.

In-service to healthcare professionals

Complete an in-service for the medicine team (5 minutes in length). Topic should be decided by the middle of the second week and approved by preceptor. A rough draft of the required handout (prefer 1 page front and back) prepared in Microsoft Word with references should be completed and presented to preceptor 1 day prior to presentation. At least one primary literature source should be used for preparation.

Patient counseling

Document medication variances in STARS Event Reporting System

Serve as co-preceptor for pharmacy students when applicable

Balance patient care and other residency responsibilities

Preceptor Interaction

Daily: Preceptor available from 0930 to 1000 (time may vary based on team rounding schedule) for pre-rounds with resident on Unit 51.
Team rounds can vary in time of day and duration depending upon the attending on service.
Preceptor available for patient presentations, reviewing progress notes, and/or topic discussions in the afternoons 1330 to 1600.
Preceptor available by pager and telephone when at Mercer University.

Expected progression of resident responsibility on this learning experience:

Day 1: Resident to print profiles for patients on Team Fischer and begin reviewing medications and the medical record. Preceptor to review IM learning activities and expectations with resident.

Week 1: Resident to work-up team patients and present major issues to preceptor prior to team rounds.
Preceptor may attend and participate in team rounds. Resident to present the majority of patients in-depth after rounds to the preceptor. The resident will actively participate in topic discussions.

Week 2: Resident to work-up team patients and present major issues to preceptor prior to team rounds.
Preceptor may attend and participate in team rounds. Resident to present the majority of
patients in-depth after rounds to the preceptor. The resident will actively participate in topic discussions.

**Week 3-4:** Resident to work-up team patients and major issues to preceptor prior to team rounds. Preceptor will require a summary of recommendation made by the resident during rounds. The resident will be expected to be citing primary literature and guidelines to substantiate recommendations made during rounds. Preceptor will always be available for questions and will follow patients independently to monitor resident skill development in all aspects of the learning experience. Preceptor will expect the resident to identify major pharmacotherapy issues that will need to be handled when the preceptor is off-site (i.e. Mercer University). The resident will lead one topic discussion for the students.

Note: The length of time the preceptor spends in each of the phases of learning will depend BOTH on the resident’s progression in the current rotation and when the rotation occurs in the residency program

**Evaluation Strategy**

ResiTrak will be used for documentation of evaluations. For formative evaluations, residents will perform the activity appropriate to the snapshot with the preceptor present as appropriate. Resident and preceptor will then independently complete the snapshot. After both have signed the evaluation, the resident and preceptor will compare and discuss the evaluations. This discussion will provide feedback both on their performance of the activity and the accuracy of the self-assessment. Formative evaluation will also occur as verbal feedback on a daily basis.

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<tr>
<th>What</th>
<th>Snapshot</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Midpoint Summative Self-Evaluation</td>
<td>Resident</td>
<td></td>
<td>End of week 2</td>
</tr>
<tr>
<td>Midpoint Summative Evaluation</td>
<td>Preceptor</td>
<td></td>
<td>End of week 2</td>
</tr>
<tr>
<td>Summative Self-Evaluation</td>
<td>Resident</td>
<td></td>
<td>End of learning experience – deadline to be signed and submitted by 1300 the day following rotation completion.</td>
</tr>
<tr>
<td>Summative Evaluation</td>
<td>Preceptor</td>
<td></td>
<td>End of learning experience – deadline 7 days post final day of rotation to meet with resident to discuss.</td>
</tr>
<tr>
<td>Preceptor &amp; Learning Experience Evaluation</td>
<td>Resident</td>
<td></td>
<td>End of learning experience – deadline 7 days post final day of rotation.</td>
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