PGY-1 Residency Training Program

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Internal Medicine

Description:

The internal medicine rotation at Emory University Hospital (EUH) integrates the resident into a multidisciplinary, hospital medicine, teaching team at a large, academic, tertiary care facility. The rotation exposes the resident to a diverse group of diseases states including but not limited to: acute coronary syndrome, autoimmune diseases, cancer, cirrhosis, COPD, cystic fibrosis, diabetes, heart failure, infectious diseases, renal disease, and venous thromboembolism. For the 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.

ASHP Goal R2.2: Place practice priority on the delivery of patient-centered care to patients

Learning activities:

(1) Evaluate the following prior to medical team rounds each day

   Daily Pre-rounds.
   a. Review the team’s patient list each morning
   b. Review the electronic History and Physical and/or Progress Notes
   c. Identify medication allergies
   d. Evaluate each medication, dose, route, frequency, and indication.
   e. Identify potential drug interactions, therapy duplications, IV/PO conversions, etc. Develop recommendations for how these should be managed.
   f. Medications prior to admission
   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

(2) Identify and monitor assigned pharmacokinetics and warfarin patients
(3) Effectively balance patient care and other residency responsibilities

**ASHP Objective:**
Choose and manage daily activities so that they reflect a priority on the delivery of appropriate patient-centered care to each patient. **Cumulative direct observation of practice; interviews with other staff regarding choice of daily activities**

**ASHP Goal R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships.**

Learning activities:

1) Conduct medication histories for newly admitted patients, as necessary
2) Counsel all patients receiving warfarin and those to be discharged on enoxaparin
3) Counsel selected patients prior to discharge

**ASHP Objective:**
Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.

**ASHP Goal R2.5: When necessary, make and follow up on patient referrals.**

Learning activities:

1) Contact the Emory Anticoagulation Clinic to obtain information on and schedule follow up for patients discharged on warfarin with Emory Primary Care Physicians
2) Contact outpatient pharmacies and physicians to set up follow up as necessary

**ASHP Objectives:**
1. When presented with a patient with health care needs that cannot be met by the pharmacist, make a referral to the appropriate health care provider based on the patient’s acuity and the presenting problem.
2. Devise a plan for follow-up for a referred patient.

**ASHP Goal R2.6: Design evidence-based therapeutics regimens**

Learning activities:

8-12
(1) Review clinical guidelines to determine goals of therapy, treatment duration, and disease state specific, evidence-based pharmacotherapy

(2) Review patients with preceptor as discussed above

ASHP Objectives:

1 Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations. Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base

2 Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles. Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base

ASHP Goal R2.7: Design evidence based monitoring plans

Learning activities:

(1) Review patients with preceptor.

(2) Review clinical guidelines to determine goals of therapy, treatment duration, and disease state specific, evidence-based pharmacotherapy

ASHP Objective:

Design a patient-centered, evidence-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals. Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base

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

Learning activities:

(1) Document pharmacokinetic notes, patient counseling, and medication histories in the medical record.

(2) Make verbal and/or written recommendations to the team as appropriate

(3) Communicate weekend and day off plans to the appropriate medical professional

ASHP Objective:

Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient. Audit of patient’s medical chart,
resident’s patient information base, or pharmacy department’s patient information base where recommendation to the caregiver is done in writing; direct observation of communication process to a specific patient

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

Learning activities:

(1) Electronic reporting of medication errors and ADEs.
(2) Electronically document all accepted interventions for the month.
(3) Electronically document pharmacokinetics notes, anticoagulation notes, and medication histories in the eEMR.

ASHP Objectives:

1 Appropriately select direct patient-care activities for documentation. **Review of resident documentation of his or her direct patient care activities for a specific period of time**
2 Use effective communication practices when documenting a direct patient-care activity. **Review of resident documentation of his or her direct patient care activities and of reports of medication-related problems for a specific period of time**
3 Explain the characteristics of exemplary documentation systems that may be used in the organization’s environment. **Discussion by resident of documentation systems**