



## Island Health Pharmacy Practice Residency INTERNAL MEDICINE ROTATION

### Preceptors

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### ROTATION DESCRIPTION

The clinical rotation in internal medicine provides the Pharmacy Resident with training and experience in pain, diabetes, anemia, infection, cardiovascular disease, geriatric, gastroenterology, and respiratory pharmacotherapy. The rotation may occur on either of two medicine units: North 6 floor or South 4 floor at the Victoria General Hospital (VGH). Both the A and B units of South 4, as well as, the C and D units of North 6, have a capacity for approximately 50 patients presenting with various medical and surgical issues. The general medicine team consists of house physicians (rotating approx. weekly), specialist physicians, nurse practitioners, registered nurses, licensed practical nurses (LPN), registered care aides, physiotherapists, social workers, dietician, occupational therapist, chaplains, and the clinical pharmacist. Multidisciplinary students

and residents are regular participants in both of the units. A majority of rotation time is spent on direct patient care activities, including but not limited to:

- active participation in daily patient care rounds
- developing and implementing care and monitoring plans
- interviewing and counselling patients
- performing medication reconciliation
- obtaining patient's own medications
- proposing interventions and discussing care plans with physicians and team
- documenting interventions and recommendations in the patient's chart
- documenting resolved drug therapy problems in rDTP tracker (CARI)
- assisting in acquiring special authority
- creating discharge prescriptions
- creating medication calendars for patient teaching.

The remainder of the time is comprised of working on assigned projects such as journal club and/or presentations for the North 6 or South 4 team and participating in therapeutic discussions such as pain, diabetes, COPD, anticoagulation, delirium and specific infections. The resident is provided with informal feedback on a daily basis and is formally evaluated at the rotation midpoint and at the end of rotation by one or both preceptors.

## **ROTATION GOALS AND OBJECTIVES**

**Goal 1:** Develop and integrate the knowledge required to provide direct patient care as a member of the interprofessional team.

### **Objectives:**

The resident will be able to:

1. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of common medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
2. Relate knowledge of pharmacology, pharmacokinetics, pharmaceuticals, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
3. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients. (CPRB 3.2.5)

**Goal 2:** Demonstrate the necessary clinical skills to provide direct patient care as a member of the interprofessional team.

### **Objectives:**

The resident will be able to:

1. Place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug therapy problems. (CPRB 3.1.3)
2. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (CPRB 3.1.4.a)
3. Gather relevant patient information through patient interview and from all appropriate sources. (CPRB 3.1.4.c.d)
4. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient's admission or clinic visit. (CPRB 3.1.4.e)
5. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (CPRB 3.1.4.b)
6. Advocate for the patient in meeting their health-related needs and their desired goals of therapy. (CPRB 3.1.2)
7. Identify, prioritize, assess, and justify a list of reasonable therapeutic alternatives and discuss pros/cons of each, considering efficacy, safety, patient factors, administration issues, and cost. (CPRB 3.1.4.e)
8. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (CPRB 3.1.4.e.f)
9. Design and implement monitoring plans and/or plans for continuity of care that accommodate new or changing information. (CPRB 3.1.4.g)
10. Proactively provide patient education and seamless care. (CPRB 3.1.4.h)
11. Proactively communicate healthcare issues (including medication order clarifications) and care plans verbally to the appropriate team members and/or patient, as appropriate. (CPRB 3.1.4.f.i, 3.2.4.c)
12. Proactively document healthcare issues (including medication order transcriptions/clarifications) and care plans, as appropriate (CPRB 3.1.4.e.f.i, 3.2.4.b.c)
13. Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills and appropriate means of communication (verbal or written, as appropriate). (CPRB 3.5.1.a.b.c.d.e)

**Goal 3:** Demonstrate the attitudes and behaviours that are hallmarks of a practice leader and mature professional.

**Objectives:**

The resident will:

1. Demonstrate responsibility for own learning, through the refinement and advancement of critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills. (CPRB 3.4.1)
2. Demonstrate commitment to the profession, collaboration and cooperation with other healthcare workers, and an understanding of the role of the pharmacist in

the interprofessional team in the improvement of medication use for patients.  
(CPRB 3.1.1, 3.2.2, 3.3.3)

**Goal 4:** Develop and apply knowledge and clinical skills specifically related to this rotation.

**Rotation-Specific Objectives:**

1. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of atrial fibrillation including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations.
2. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of acute or chronic pain including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations.
3. Apply knowledge of risk factors of venous thromboembolism versus haemorrhage to assess the appropriateness and recommend a regimen of prophylactic anticoagulation in general medicine patients.
4. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of delirium including symptoms, physical and mental assessment, relevant diagnostics, and laboratory finding to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations including the use and management of antipsychotics.
5. Relate knowledge of pharmacology, pharmacokinetics, pharmaceuticals, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations for at least TWO of: vancomycin, gentamicin, phenytoin, and/or digoxin.
6. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of anemia including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations.
7. Relate knowledge of antimicrobial susceptibility, pharmacokinetics, pharmacodynamics, patient compliance, and therapeutics to assess and formulate antimicrobial stewardship recommendations to narrow antimicrobial therapy and/or switch from intravenous to oral therapy.

**REQUIRED ACTIVITIES**

1. Present patient cases to preceptor on a daily basis and discuss appropriate management and follow-up.
2. Prepare for and attend multi-disciplinary patient care rounds.
3. Discuss select therapeutic disease states including pathophysiology and treatment.
4. Deliver a case presentation to pharmacy staff.

5. Optional: Facilitate a Journal Club for pharmacy staff and/or prepare and present an in-service to allied health care members (e.g. medical residents and clinical clerks or nurses).

### **PRECEPTOR CONTACT TIME**

1. The preceptor will spend a minimum of one hour per day with the resident discussing patient cases and approaches to identification, prevention, and resolution of drug-related problems, development of therapeutic plans, and development of monitoring plans. This will not include time spent with the resident during patient care rounds.
2. The preceptor will spend a minimum of two hours per week with the resident discussing select patient specific therapeutic disease states.

### **EVALUATIONS**

The resident and preceptor shall complete and review together the mid-point and final evaluations. The mid-point evaluation should be completed at the half-way point of the rotation. Final evaluations shall be completed at the end of the rotation.

#### **Mid-point evaluations:**

- preceptor's evaluation of the resident

#### **Final evaluations:**

- resident's self-evaluation
- resident's evaluation of the rotation and preceptor
- preceptor's evaluation of the resident (Direct Patient Care Rotation In-Training Evaluation of Resident, or ITER)