



Island Health Pharmacy Practice Residency INTERNAL MEDICINE ROTATION – CLINICAL TEACHING UNIT

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ROTATION DESCRIPTION

The Clinical Teaching Unit (CTU) is an internal medicine-teaching program for medical students and residents that is based on 5N in the Patient Care Centre at the Royal Jubilee Hospital. There are three CTU teams which are led by various attending Internal Medicine physicians who oversee the medical teaching and rotate on a biweekly basis. Each team has a 2nd or 3rd year internal medicine (senior) resident who manages each CTU team. In addition, two to three junior medical residents and two to three medical students make up the rest of the team and carry a patient load. The program strives to have bedside clinical teaching rounds which the pharmacy resident is encouraged to take part in. The unit is structured around teaching and as a result there are many educational opportunities available, including daily morning report, Medicine Grand Rounds, and Interesting Cases Rounds, which the pharmacy resident is expected to attend. The pharmacist participates fully in direct patient care rounds with medical staff, medical residents, nurses and other support staff and provides teaching and education as required.

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 medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (2018 CPRB 3.1.1.b)
 - a. Common disease states/topics encountered that may be discussed:
 - i. Anticoagulation management and VTE prophylaxis
 - ii. Infections (CNS, endocarditis, UTI, respiratory tract, skin and soft tissue)
 - iii. Acute coronary syndrome management (NSTEMI and unstable angina)
 - iv. Pain management
 - v. Renal failure – acute and chronic
 - vi. Diabetes – DKA/HHS
 - vii. AECOPD
 - viii. Acute management of heart failure exacerbation
 - ix. Management of cirrhosis and associated complications
 - x. Laboratory values
 - xi. Pharmacokinetics
 - xii. Others as desired/requested by resident, or as applicable to patients encountered
2. Relate knowledge of pharmacology, pharmacokinetics, pharmaceuticals, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (2018 CPRB 3.1.1.b, 3.1.2.a.b.c)
3. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients. (2018 CPRB 3.2.5, 3.2.6, 3.3.2)

Goal 2: Demonstrate the necessary clinical skills to provide direct patient care as a member of the inter-professional 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. (2018 CPRB 3.1.1.a, 3.1.7)
2. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (2018 CPRB 3.1.4, 3.1.8.a)
3. Gather relevant patient information through patient interview and from all appropriate sources. (2018 CPRB 3.1.8.d.e)
4. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient's admission or clinic visit. (2018 CPRB 3.1.8.f)
5. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (2018 CPRB 3.1.8.c, 3.2.4)
6. Establish and incorporate patient's desired outcome(s) of therapy and principles of shared decision making into his/her practice. (2018 CPRB 3.1.5, 3.1.6, 3.1.8.b.f)
7. Establish care plans for individual patients that include consideration of the patient's goals and the roles of the other team members. (2018 CPRB 3.1.5, 3.1.6, 3.1.8.b.f)
8. 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. (2018 CPRB 3.1.2.b.c, 3.1.8.d.e.f)
9. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (2018 CPRB 3.1.1.d, 3.1.3.c, 3.1.6, 3.1.8.f.g)
10. Design and implement monitoring plans for drug therapy outcomes that accommodate new or changing information. Provide patient education related to their medication, self-management and or monitoring (2018 CPRB 3.1.8.h.i)
11. Establish and maintain effective inter- and intra-professional working relationships for collaborative care. Engage in respectful, compassionate, non-judgmental, culturally safe, tactful conversations with members of the healthcare team. Work effectively with other healthcare professionals by actively participating with other care providers in making care decisions. Provide safe and effective transfer of care responsibility during care transitions (2018 CPRB 3.1.3.a.b.e.f)
12. Recognize when care should be handed over to another team member. (2018 CPRB 3.1.3.a.b.e.f)
13. Proactively communicate care plans using written or electronic means of documentation about the care being provided, in a manner that will optimize

- clinical decision-making, patient safety, confidentiality and privacy. (2018 CPRB 3.1.1.d, 3.1.8.i)
14. 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). (2018 CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e)
 15. Independently prioritize tasks, think critically, use scientific reasoning, problem solve and manage own time. (2018 CPRB 2.1.5.3, 3.1.1.c, 3.4.1)

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, by exhibiting self-direction, motivation. Modify behaviour in response to feedback. Engage in professional conduct by exhibiting punctuality, communication about deadlines, accepting responsibility for recommendations and reliably following through on all assigned tasks. (2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1)
2. Demonstrate commitment to the profession. Demonstrates professional and ethical conduct. Demonstrate respect for colleagues and members of care teams and understand of role within the inter-professional team. (2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4)

Goal 4: Embrace the team environment on CTU and understand the role of the clinical pharmacist as a member of this team.

REQUIRED ACTIVITIES

1. Resident will contact the preceptor 1 week prior to rotation start date and confirm start date/time and obtain required reading material.
2. Resident will attend all discussions and educational events as arranged by preceptor.
3. Resident will be responsible for the assigned ward's pharmacy-related problems and drug information requests/pharmacy consults.
4. Present patient cases to preceptor daily and discuss appropriate management.
5. Participate in team patient care rounds (at discretion of the preceptor).
6. Discuss select therapeutic disease states including pathophysiology and treatment as arranged by preceptor.
7. Attend morning teaching with Medical Residents and Students every Monday and Thursday at 0730.
8. Deliver a case presentation or journal article to pharmacy staff.
9. Prepare and present a teaching session to medical residents and clinical clerks. (May be asked to provide a one pager to summarize and have posted for medical residents use)

PRECEPTOR CONTACT TIME

The preceptor will spend approximately 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.

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