



Island Health Pharmacy Practice Residency INTERNAL MEDICINE ROTATION VGH

Preceptors

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ROTATION DESCRIPTION

The clinical rotation in internal medicine provides the Pharmacy Resident with training and experience in a variety of medical conditions, including but not limited to: pain managements, diabetes, anemia, common infections, cardiovascular diseases, geriatric medicine, 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, dieticians, occupational therapists, nurse liaisons, , and clinical pharmacists. 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
- assist with medication reconciliation
- obtaining patient's own medications
- proposing interventions and discussing care plans with physicians and team members
- 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 and presentations for the North 6 or South 4 team or pharmacy department and participating in therapeutic discussions on relevant medical conditions.. 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 their preceptor(s).

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)
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 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. (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 interprofessional team. (2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4)

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 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.
3. 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.

4. Relate pharmacological knowledge of relevant medications to pathophysiology of AKI/CKD to make/suggest appropriate and patient specific renal dose adjustments.

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. Present patient cases to preceptor on a daily basis and discuss appropriate management and follow-up.
3. Prepare for and attend multi-disciplinary patient care rounds.
4. Select and discuss therapeutic disease states including pathophysiology and evidence-based treatment options
5. Deliver a case presentation to pharmacy staff.
6. Facilitate a Journal Club for pharmacy staff and/or prepare and present an in-service to allied health care members (e.g. 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.

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)