

# PGY2 Residency: Internal Medicine Pharmacy

The PGY2 Residency in Internal Medicine Pharmacy Practice is designed to build upon competencies and skills gained in the first year of post-graduate residency training with specific focus on the care of the internal medicine patient. The program strives to increase the resident's depth of knowledge, skills, and abilities so that he/she can assume an advanced level of practice as an internal medicine pharmacist (acute or ambulatory settings) and clinical preceptor.

The residency program is a 12-month period of concentrated training with emphasis placed in the areas of internal medicine clinical pharmacy services. The program is flexible in that it will adapt to the needs of the individual resident in internal medicine areas, yet still provide the foundation for quality pharmacy practice. It will include exposure to practical, education, research, and administrative aspects of pharmacy practice. Emphasis will primarily be placed on practical and applied clinical services in acute care internal medicine, ambulatory care internal medicine, infectious disease, and critical care medicine. Elective learning can be in a variety of subspecialty medicine areas. The residency program begins on July 1 (or the closest weekday following). It adheres to the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standard for Pharmacy Residencies and utilizes the Residency Learning System (RLS) as its formal evaluation tool.

**Program Goals:** Upon completion of the Internal Medicine Residency, the resident will be able to:

1. Provide comprehensive pharmaceutical care services to enhance patient outcomes in a variety of internal medicine settings
2. Interact in a confident way with other members of the healthcare team
3. Exhibit successful problem solving skills
4. Increase knowledge of drug information systems and formulary management through evidence-based literature
5. Develop a system for staying current with pertinent internal medicine literature
6. Assume an increased responsibility and accountability for optimal medication therapy outcomes
7. Possess and maintain program development skills
8. Streamline effective time management and other organizational skills
9. Be proficient in written and oral communication
10. Contribute well-designed research to the professional literature

**Training site:** *Phoenix Healthcare System, Phoenix, AZ*

**Full health benefits package available.**

**Yearly Stipend:** \$45,536

**Responsibilities:** The primary responsibility of the Internal Medicine Resident is performing drug therapy monitoring and disease state management of all patients assigned to his/her multidisciplinary team. The resident will rotate through various required clinical areas including inpatient medicine, critical care medicine, primary care, infectious disease, and pharmacoconomics (see back for brief descriptions). The resident will always be under the supervision of the program director or a designated preceptor; however, the resident is encouraged to function at an independent level congruent with his/her degree of comfort. Other ancillary activities include participation in assigned hospital committees, development and delivery of seminar presentations and case discussions, and co-precepting pharmacy students and PGY1 pharmacy residents. The resident is also responsible for the development, implementation, and completion of a research project.

**Evaluation Process:** The Residency Learning System (RLS) is used as the formal evaluation tool for the internal medicine residency. Goals and Objectives for residency training in Internal Medicine Pharmacy Practice as defined by ASHP are used as the foundation for evaluation. Evaluations will be multipronged and include: resident's evaluation of the preceptor, preceptor's evaluation of the resident, and resident self-evaluation.

***Applicant Qualifications:*** The applicant should be a US citizen, possess a pharmacy degree from an accredited college of pharmacy, hold an active pharmacy license in any state, and have successfully completed PGY1 Pharmacy Residency Training.

## **REQUIRED LEARNING EXPERIENCES**

### **INTERNAL MEDICINE 1, 2, 3, 4, 5**

The Internal Medicine learning experiences are designed to provide the resident with the main experiential component of the residency program. The resident will be involved in the acute management of disease states commonly seen on an internal medicine service. Common conditions seen include acute MI, decompensated heart failure, pneumonia, acute renal failure, hepatic disease, DVT/PE, urinary tract infections, GI bleeding and others. The resident functions as a member of a multidisciplinary team that includes an attending physician, medical resident, and medical interns. Daily activities include reviewing patient data (labs, drugs, radiographic studies, etc.), rounding with the medical team, following up on clinical issues, writing progress notes, providing medication education/counseling to patients and/or caregivers, and participating in discussions with the preceptor regarding disease-state and pharmacotherapeutic issues. Longitudinal activities during the course of the month include answering drug information questions, preparing short discussions on pre-defined internal-medicine-related disease states, journal article review, co-precepting students or PGY1 residents, and nursing education as appropriate.

### **INTENSIVE CARE 1, 2**

The Intensive Care learning experiences are designed to provide the resident with experience in the management of acute illnesses requiring intensive care. Common conditions seen include acute myocardial infarction, unstable angina, decompensated heart failure, septic shock, severe pneumonia, acute renal failure, gastrointestinal bleeding, drug overdoses, and others. The resident functions as an integral member of a multidisciplinary team that includes an attending physician (specialist in intensive care) and medical residents. Daily activities include reviewing patient data, rounding with the intensive care team, following up on clinical issues, writing progress notes, and participating in discussions with the preceptor regarding pharmaceutical care issues. Longitudinal activities during the course of the month include answering drug information questions, preparing short discussions on pre-defined internal-medicine-related disease states, journal article review, co-precepting students or PGY1 residents, and nursing education as appropriate. The resident's activity can also involve the initiation and monitoring of parenteral nutrition (TPN/PPN) for all patients within the institution. If elected, the resident would function as a member of a multidisciplinary Nutrition Support team, which includes an attending physician, residents, interns and dietitians, who round once weekly. Nutritional related topics are also discussed and reviewed. The resident may be required to present a formal in-service to the Nutrition Support team on a pertinent topic.

### **PRIMARY CARE**

The Primary Care learning experience is designed to provide the resident exposure to the management of chronic disease states in a primary care environment. The resident will see patients in one of the

general primary care clinics or one of the specialty medicine clinics. Common disease states that will be encountered include hypertension, dyslipidemia, diabetes mellitus, gout, osteoarthritis, chronic coronary artery disease, and chronic pain. The resident will participate in a collaborative practice with the medical staff to assist with pharmacotherapeutic regimen planning and medication counseling. Longitudinal activities during the course of the month include answering drug information questions, preparing short discussions on pre-defined internal-medicine-related disease states, co-precepting students or PGY1 residents, and clinic staff education as appropriate.

## **INFECTIOUS DISEASE**

The Infectious Disease learning experience is designed to give the resident a concentrated look into treating infectious diseases with antimicrobial therapy. The primary preceptors for this rotation will include the Infectious Disease physicians; however, the ID team will be made up of the ID physicians, medical residents on ID elective, and the PGY2 pharmacy resident. Activities will include reviewing patients that the ID team has been consulted on or is seeing in the outpatient clinic, actively engaging in the selection and dosing of antimicrobials that are chosen by the team for various infectious diseases, and responding to drug information requests from the team. The resident is expected to participate in daily discussions with the team and may even be expected to present a talk to the team regarding an infectious disease pharmacotherapy topic.

## **PHARMACOECONOMICS**

The Pharmacoeconomics rotation is designed to provide the resident with formulary management experience in an integrated health system. Pharmacoeconomic topics include incorporating the medical literature into evidence-based guidelines, planning and performing drug utilization evaluations, interfacing with the pharmaceutical industry, understanding cost analysis, and addressing drug recalls or shortages. The resident functions as a member of the formulary management team which consists of the pharmacoeconomists and the Pharmacy & Therapeutics Committee. Activities include attendance at the local Pharmacy & Therapeutics Committee meeting and participation in the regional and national formulary meetings via conference call. The resident participates in the management of pharmacy services by writing a new or revising a current proposal for a medication-related service, writing a drug therapy monograph, comparing medications within a common class for formulary inclusion, developing plans for addressing drug shortages, and developing or revising an evidence-based medication guideline.

## **SEMINARS (2)**

The resident will be scheduled for two seminars throughout the year (Fall, Spring). The topics for the lectures will be selected by the resident and approved by the program director and should represent topics that are of particular interest to the resident and are pertinent to the practice of internal medicine pharmacy. Time should be budgeted to allow a maximum of 45 minutes for the actual presentation and another 15 minutes for questions and discussion.

The presentation should include the following major headings:

Pre-Assessment Questions – develop 2-3 questions to gain an understanding of the audience's knowledge of the topic to be presented

Objectives- list what the audience should expect to gain from the presentation

Body of Presentation:-the information to be provided regarding the selected topic; the resident is encouraged to incorporate graphs, photos, cases, and charts to illustrate important points for the audience

Conclusion-provide the audience with a summary of your important points

## **CASE PRESENTATIONS**

The resident will be required to present 3-4 case presentations during the residency year. These presentations are designed to help develop the resident's clinical thinking ability and presentation skills along with learning about various internal medicine topics. The audience may include but is not limited to inpatient pharmacists, clinical pharmacists (inpatient/outpatient), and other pharmacy residents. An example case will be presented by one of the program directors or preceptors at the beginning of the residency year.

The format of the case presentations can take many individual forms; however, the resident is asked to utilize a 'sleuth' format such that the attendees are required to actively participate in 'solving' the case. Once the case is solved, the resident should spend a short time discussing some pertinent internal medicine topic with the audience. Slides and handouts are required.

## **CODE BLUE MEDICAL EMERGENCY TEAM**

The resident will serve as a member of the Code Blue Medical Emergency Team during the course of the year. Pharmacists on the Code Blue Team are responsible for recording the events of the code and providing drug information to the code team. The resident will serve as a co-pharmacist with one of the clinical pharmacists. Code Blue warnings and locations are announced via the overhead paging system in the hospital. The resident and his/her co-pharmacist will attend the code and document the events of the code using the hospital's standardized recording form.

The resident will be given the opportunity to attend an ACLS workshop during the month of July prior to serving on the Code Blue Team. In addition, one of the clinical pharmacists will meet with the residents during the first month of the residency to discuss the logistics of Code Blues at Phoenix VA and also to educate the residents on the contents of the code carts.

Following each Code Blue that is attended by the resident, the preceptor pharmacist will have a debriefing with the resident to answer any questions that he/she may have regarding the events of the code and to review the overall events (rhythms, airway management, medications administered, barriers to smooth code activities).

## **PRACTICE MANAGEMENT**

The Practice Management learning experience is designed to train the resident in activities that involve the profession of pharmacy on a more global scale instead of direct patient care. The resident will participate in various activities related to the objectives throughout the residency year. The focus of this learning experience will be to highlight ways that the resident can develop skills regarding medication use evaluation, evaluation and implementation of policies affecting patient care, developing and publishing newsletters on medication-related matters or policies, review of regulatory and accreditation requirements, commitment to professional practice, maintaining an active Curriculum vitae, establishing a PGY2 pharmacy residency in internal medicine, and participate in systems redesign activities when available.

## **APPLICATION DEADLINE:**

January 15

## **CONTACT INFORMATION:**

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