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**SRAHEC Ambulatory Care I Learning Activities:**

**Preceptor: Kimberly Lewis, Pharm.D., BCACP, CPP**

**Office:** **Second Floor, Room Number 233**

**Hours: 8am – 5pm**

1. **General Description**

The family medicine/ambulatory clinic rotation is a collaborative practice designed to provide the resident with experience and training in the clinical care of patients in an outpatient setting. It serves as a valuable learning environment that will provide the resident with the opportunity to broaden their knowledge of asthma, diabetes, and warfarin therapy, in addition to other disease states that are commonly encountered in primary care. Improved management of chronic disease states and appropriate medication therapy is expected to help improve the patient’s health status and reduce complications that lead to emergency room visits and hospital admissions. The resident will develop skills and techniques necessary to properly educate patients through patient interviews and obtaining medication histories.

The acute care pharmacy resident is required to complete 2, four-week learning experiences in Ambulatory Care; Ambulatory Care I in the fall and Ambulatory Care II in the spring. The ambulatory care pharmacy resident is required to complete 1, four-week learning experience in Ambulatory Care. Both Ambulatory Care I and II will be completed at Southern Regional Area Health Education Center (SR-AHEC), where the resident will be working with a team of medical residents, medical students, family medicine faculty, medical assistants and nurses. The clinical pharmacy specialist on the patient care team is responsible for ensuring safe and effective medication use for all patients, including active participation in the clinic on a daily basis; collaboration with physicians and marriage and family therapists; education of patients and their family members, education of physicians and nurses, and education of pharmacy trainees; participation in the pharmacology conference series; and, participation in quality improvement initiatives. It is responsible for identifying and resolving medication therapy issues for patients and will provide and document therapeutic drug monitoring services, including continued education, for patients receiving anticoagulation therapy. The resident is responsible for diabetes education and management and documentation must be completed on the day service was provided. Good communication and interpersonal skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

During Ambulatory Care I, the pharmacy resident will be primarily spend their time with the pharmacy preceptor, who will be modeling his/her current clinical and preceptor role. It is expected that by week 2 of the learning experience, the resident will be able to cover at least one patient-care team of 5-6 providers and maintain the pharmacy-managed clinics independently, with coaching by the preceptor. By the end of the experiences, the resident should be able to cover the 2 patient care teams of 10-12 providers and all pharmacy-managed clinics with facilitating from the preceptor.

1. **Disease States**

Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to, acute and chronic management of:

* 1. Cardiovascular disorders
     1. Hypertension
     2. Heart failure
     3. Hyperlipidemia
     4. Myocardial infarction
     5. Stroke
     6. Atrial fibrillation
  2. Endocrinologic disorders
     1. Diabetes
     2. Thyroid disorders
  3. Respiratory disorders
     1. Asthma
     2. COPD
     3. Allergic rhinitis
     4. Upper respiratory infections (viral and bacterial)
  4. Neurological disorders
     1. Diabetic peripheral neuropathy
     2. Headaches
     3. Pain management (acute and chronic)
  5. Infectious diseases
     1. Sexually transmitted diseases
     2. Urinary tract infections
     3. Otitis media
     4. Pneumonia
     5. Skin and soft tissue infections
     6. HIV
  6. Dermatological disorders
     1. Acne
     2. Rashes
  7. Gastrointestinal disorders
     1. Diarrhea and constipation
     2. GERD
     3. Hepatitis
  8. Psychological disorders
     1. Depression
     2. Bipolar disorder
     3. Schizophrenia
  9. Kidney diseases (acute/chronic)
  10. Hematological disorders
      1. Anemias
      2. Coagulation disorders

1. **Goals and Objectives**The goals selected to be taught and evaluated during the ambulatory care I learning experiences include:

R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

R1.1.1 Interact effectively with health care teams to manage patients’ medication therapy

R1.1.2 Interact effectively with patients, family members, and caregivers

R1.1.3 Collect information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate

R1.2.1 Manage transitions of care effectively

R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement

1. **Preceptor Interaction**

Daily: 7:50am Meet with resident to discuss the plan for the day

8am-12pm Morning clinic session

12:50pm-4:45pm Afternoon clinic session

4:45pm-5:00pm Preceptor available for patient updates and charting

review

Twice weekly: 12pm-1pm Meet for topic discussions, journal article, guideline

review

**5) Communication:**

1. Twice weekly meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
2. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
3. Office extension and flags/alerts in the EHR: Appropriate for urgent questions pertaining to patient care.
4. Personal phone number: Provided to resident at time of learning experience for emergency issues.

**Expected progression of resident responsibility on this learning experience:**

***(Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)***

*Ambulatory Care I*

Day 1: Preceptor will review learning activities and expectations with resident and orient

him/her to the practice site.

Week 1: Resident to spend their time with the pharmacy preceptor, who will be modeling his/her current clinical and preceptor role.

Week 2: Resident will be able to cover at least one patient-care team or 3 half-days of pharmacist-managed clinic independently, with coaching and facilitating by the preceptor. The preceptor will be available, daily, to discuss problems.

Weeks 3-4: Resident will be able to cover 2 patient care teams or 6 half-days of pharmacy-managed clinics with facilitating from the preceptor, continuing to discuss identified problems with preceptor daily, and continued facilitation of the resident as the pharmacist on the patient care team.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the midpoint performance evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | Midpoint |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |