PGY1 – Ambulatory Care Learning Experience

Preceptor – Medford

Anne Teichman, PharmD, BCACP
Email: Anne.Teichman@asante.org
Hours: Monday to Friday, contact preceptor prior to rotation via Asante Email for exact hours and locations

Preceptor – Grants Pass

Jenny Chiang, PharmD, BCACP
Email: Jenny.Chiang@asante.org
Hours: Monday to Friday, contact preceptor prior to rotation via Asante Email for exact hours and locations

General Description

This learning experience is designed to prepare a resident to perform as an ambulatory care pharmacist in Primary Care, with either internal medicine or family medicine care teams. These team practices are with Asante Physician Partners (APP), which is a separate financial entity from Asante Rogue Regional Hospital. Possible locations for this rotation include Grants Pass, Medford, and Ashland. The pharmacist's role in this team model is to provide collaborative drug therapy management (CDTM) for predefined disease states such as diabetes and hypertension, as requested by the primary care provider. In addition, the pharmacist provides drug information service for all team members and patients as requested, and assistance with transitions of care or medication management problems as they arise.

Staffing/Meeting Attendance

Rotation Attendance: Required five days per week.
Rotation Specific Meetings:

- Two care team meetings per week, on average.
- Pharmacy Integration sub-committee meeting if held.
- Ambulatory Care Pharmacotherapy Clinical meeting if held.
- Other groups pertinent to the care of community dwelling patients, as assigned by your primary preceptor.
- Pharmacy & Therapeutics Committee: Required attendance. Usually occurs the third Tuesday of the month.
- Staffing: Residents are required to notify the primary preceptor/preceptor of any scheduled staffing or requested project days. The primary preceptor reserves the right to shift these days to optimize days working together.
- Case Conference or Journal Clubs: The resident may attend any case conference or journal clubs for students.
- Absences: Scheduled time off is not allowed when resident is scheduled with the primary preceptor.
- Others: As deemed necessary by the Residency Director, residency program, and/or preceptor.

Educational Goals/Objectives

The resident's achievement of the goals of the residency is determined through assessment of his/her ability to perform the associated objectives. The table below demonstrates the relationship between the activities the resident will perform on the learning experience and the goals/objectives assigned to the learning experience.

Goals to be TAUGHT and FORMALLY EVALUATED

Competency Area R1: Patient Care	
GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients…following a consistent patient care process.	
Objective: (Applying) Interact effectively with health care teams to manage patients' medication therapy. • Interactions are cooperative, collaborative, communicative, respectful. • Demonstrates skills in negotiation, conflict management, and consensus building. • Demonstrates advocacy for the patient.	R1.1.1
Objective (Applying) Interact effectively with patients, family members, and caregivers. • Participates in patient office visits. • Interactions are respectful and collaborative. • Uses effective communication skills. • Shows empathy. • Empowers patients to take responsibility for their health. • Demonstrates cultural competence. • Utilizes modified motivational interviewing for pharmacy	R1.1.2
Objective: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy. • Reviews patient medical record and interviews patient as part of assessment. • Includes accurate assessment of patient's health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, and immunization status. Identifies medication therapy problems: lack of indication for medication, medical conditions for which there is no medication prescribe, medication prescribed or continued inappropriately for a particular medical condition, suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration), therapeutic duplication, adverse drug or device-related events or potential for such events, clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions, use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies, patient not receiving full benefit of prescribed medication therapy, problems arising from the financial impact of medication therapy on the patient, patient lacks understanding of medication therapy, patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system), laboratory monitoring needed.	R1.1.4

• Discrepancy between prescribed medications and established care plan for the patient.	
Objective: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: relevant patient-specific information including culture and preferences, the patient's disease state(s), medication-specific information, integration of all the above factors influencing the setting of goals. • Designs/redesigns regimens that are appropriate for the disease states being treated. • Designs/redesigns regimens that are appropriate for the therapeutic goals established for the patient, the patient's and caregiver's specific needs. • Regimens considers: any pertinent pharmacogenomic or pharmacogenetic factors, best evidence, pertinent ethical issues, pharmacoeconomic components (patient, medical, and systems resources), patient preferences, culture and/or language differences, patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. • Care plans follow applicable ethical standards, address wellness promotion and lifestyle modification, address medication-related problems and optimize medication therapy, engage the patient through education, empowerment, and self-management. • Designs/redesigns monitoring plans that: effectively evaluate achievement of therapeutic goals, reflect consideration of best evidence, have appropriate value ranges selected for the patient, have parameters that measure efficacy, have parameters that measure potential adverse drug events, have parameters that are cost-effective, reflects consideration of compliance, reflects preferences and needs of the patient.	R1.1.5
Objective: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. • Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team. • Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). • Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. • Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.	R1.1.6
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.	
Objective: (Applying) Manage transitions of care effectively. • Participates in thorough medication reconciliation. • Follows up on all identified drug-related problems.	R1.2.1

• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions. • Prepare medication review prior to TCM visit. • Participate in TCM visits on the same day as the PCP visit, with specific questions to improve therapy.	
Competency Area R3: Leadership and Management	
GOAL R3.2: Demonstrate management skills.	
Objective: (Applying) Manage one's own practice effectively. • Reports to preceptor (in writing or verbally) areas for focused learning at least once per week. Integrate advices from preceptor and team members about how to gain and then apply new learning. • Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice. • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable learning opportunities when performance does not meet expectations. • Reports to preceptor (in writing or verbally) areas for focused learning at least once per week. Integrate advice from preceptor and team members about how to gain and then apply new learning.	R3.2.4

Communication

Daily as necessary with preceptor
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.
Halo: Appropriate for urgent matters

Expected Progression of resident responsibility on this learning experience

Week 1: Preceptor will review learning objectives, activities and expectations with resident. Preceptor will review a draft schedule of meetings, and of days with alternative supervisors in the primary clinic or an alternate clinic with resident. Resident will prepare to lead a discussion of "motivational interviewing" techniques and how they apply to care of community dwelling patients. Preceptor will schedule 1 hour for this discussion. Resident will prepare to lead a discussion of one Collaborative drug therapy policy (CDTM), as assigned. Preceptor will schedule at least 1 hour for this discussion, and formative feedback/advice for the resident to improve in this type of presentation. Resident will verbally present 1-2 patients per day, prior to the resident and/or preceptor meeting with the patient to establish the goals of the visit. Preceptor will assess resident's pharmacotherapy knowledge relevant to gathering needed data from chart review (For example: history of admissions for COPD, most recent TSH for thyroid disease, specialist consult notes from cardiology or nephrology). Preceptor will instruct, as time permits, with the goal of improving resident's ability to gather needed information from medical record. Preceptor may assign patient review 1-2 days ahead of scheduled visit, if resident needs more time to prepare appropriately.

- Optional: If the resident needs to gain perspective on the practice of others within the team model, the preceptor may assign the resident to "shadow" a primary care provider and/or medical assistant for a portion of a clinic day. The expectation from such as assignment is for the resident to better shape his/her practice around the needs of the team.

Week 2: Resident will verbally present several patients per day, prior to the resident and/or preceptor meeting with or calling the patient to establish the goals of the visit or call. Resident will prepare to lead a discussion of one CDTM, as assigned. Preceptor and resident will independently complete snapshot for presentation. If resident understanding of the CDTM is judged to be sufficient, preceptor may assign additional CDTM reading for the resident to complete independently without preceptor review. Resident will conduct patient visits with or without the preceptor present, as decided by the preceptor. Resident will document these patient visits, with each visit documented being evaluated by the primary preceptor and improved/corrected as needed. Resident will manage assigned patient phone contacts and document in the patient's record.

Weeks 3 through 4: Address areas of strength & opportunities for improvement. If both preceptor and resident are satisfied with progress, resident may be in attending team meetings and patient care visits without the preceptor present. Patient care visits will be reviewed by the preceptor on an as-needed basis.

Evaluation Strategy

The preceptor will provide both written and verbal formative feedback during the course of the rotation. Additional customized assessments and/or snapshots may be conducted at the discretion of the preceptor or directive of the RPD to assess the resident's skill in a particular area.

What	Who	When
Summative	Preceptor	End of rotation
Preceptor/Learning Experience Evaluation	Resident	End of rotation

Content of the evaluation

The preceptor is expected to grade the resident on the following scale:

NI (Needs Improvement): Resident needs a more exposure and additional formal evaluation on the topic, likely in two separate rotations. Will be accompanied by actionable feedback from the preceptor. Example: The resident's therapeutic plans are not appropriately evidence based; more guideline or primary literature consultation is recommended to improve the recommendations for patients with dyslipidemia.

SP (Satisfactory Progress): Resident is doing what they need to be doing, considering the place they are in the program, but the preceptor does not yet feel that they have achieved the goal. Will be accompanied by actionable feedback from the preceptor. Example: The resident's analysis of the patient problem list is insufficient; the resident does not actively question the presence of each order to determine its appropriateness.

Ach (Achieved): Resident is doing what would be expected of a resident at or near the end of his or her program or comparable to a pharmacist with a year of time spent working. Does not mean that the resident cannot improve, but it means that the resident would not likely benefit much from further additional formal evaluation.

Timing of the Evaluation

At the end of the learning experience (preferably on the final day, if able, and no later than 7 days from the last day of rotation) the preceptor will be expected to discuss the evaluation – face-to-face - with the resident to help clarify any potential misunderstandings and to ensure that residents get the most out of the feedback provided.