

Structure of SJRMC PGY2 Ambulatory Care Residency Learning Experiences

Orientation Plus Quarterly Residency Rotations:

Orientation

Ambulatory Care Five

Ambulatory Care Six

Ambulatory Care Seven

Ambulatory Care Eight

Potential Learning Experiences within Rotations:

Pharmacy residents must complete all of the required experiences of the residency programs; these are included in the residency program's standard quarterly rotation descriptions. The PGY2 pharmacy resident must have a minimum of 4 patient clinics weekly. Should a pharmacy resident have extensive experience in one particular area, the experience time period may be truncated or kept the same but with expectations of independence reached at an earlier time. Elective experiences may be added to the quarterly rotations based on the pharmacy resident's interest and availability of the faculty. In instances where a pharmacy resident has an interest that is not a current rotation, the program will strive develop or find an outside rotation as per the Learning Description Development Policy. As stated previously, this is all addressed as the development plan is being created.

| Experience | Required or Elective | Length of Time | Site | Preceptor |
|----------------------------------|----------------------|---|--|-------------------------|
| Academia | Required | Longitudinal | Family Medicine Center (FMC), Hospital, Universities | Ed Battjes |
| Administration | Required | Longitudinal | FMC, Hospital | Ed Battjes, Ed Sheridan |
| Annual Wellness Clinic | Required | Longitudinal Clinic Per Week | FMC or Family Medicine Faculty Physicians (FMFP) | Angelina Sagarsee |
| Anticoagulation | Required | One Quarter of Clinics then Longitudinal Phone Patients | FMC | Ed Sheridan |
| Diabetes | Required | Longitudinal Clinic Per Week | FMC | Ed Battjes |
| Home Visits | Required | Longitudinal | Patient's Home | Ed Sheridan |
| Medical Director/Pharmacotherapy | Required | Longitudinal Clinic Per Week | FMFP | Jason Isch |
| Pharmacotherapy/MTM | Required | Longitudinal Clinic Per Week | FMC | Jason Isch |

| Experience | Required or Elective | Length of Time | Site | Preceptor |
|----------------------------------|----------------------|--|---|--|
| Navari Clinic | Required | Longitudinal ½ Saturday Per Month | Navari Clinic | Jason Isch |
| Practice Management | Required | Projects and Every Other Week Meetings | FMC, Hospital | Ed Sheridan |
| Residency Project | Required | Longitudinal | FMC | TBD Based on Project |
| Smoking Cessation/Weight Loss | Required | Longitudinal Clinic Per Week | FMC | Jason Isch |
| Staffing | Required | Longitudinal PRN | FMC | Ed Sheridan, Ed Battjes |
| Team Pharmacist | Required | Longitudinal ½ Day Weekly | FMC | Ed Sheridan |
| Transitions of Care – Ambulatory | Required | Two Quarters | FMC | Chris Gildea, Tiffany Vogeler, Angelina Sagarsee |
| Advanced Academia | Elective | Longitudinal | FMC, Universities | Ed Battjes, Jason Isch |
| Asthma | Elective | One Quarter | FMC | Ed Sheridan |
| Cardiology | Elective | One Quarter | Cardiologists Office | Tiffany Vogeler |
| Community Pharmacy/Compounding | Elective | One Quarter | Mishawaka Family Pharmacy | Daniel Cline |
| Geriatrics | Elective | One Quarter | | Ed Sheridan, Ed Battjes |
| Global Health | Elective | 2-3 Weeks (and didactics) | TBD | Ed Sheridan, Ed Battjes |
| Infectious Disease | Elective | One Quarter | Saint Joseph Infectious Diseases Office | Jason Isch |
| Pain/Palliative Care | Elective | One Quarter | Hospital | Lisa Ribble |
| PCMH | Elective | One Quarter | Plymouth Family Internal Medicine | Tiffany Vogeler |
| Physician Network/ACO | Elective | One Quarter | FMC | Chris Gildea |
| Self-Designed/Interest | Elective | One Quarter | TBD | TBD |
| Sports Medicine Consults | Elective | One Quarter | FMC | Ed Sheridan |
| Transitions of Care – Inpatient | Elective | One or Two Quarters | Hospital | Lauren McNace |

Structure and Sequencing of Experiences During the Residency Year:

The pharmacy residency has standard learning descriptions that encompass all of the chosen RLS goals and objectives and required experiences. To ensure we have captured the required experiences and the potential elective experiences for the pharmacy resident during individualization for the development plan, the year is plotted out in a chart before having the schedule finalized in PharmAcademic. The following chart summarizes the standard sequencing of required experiences across the different rotations.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 07/02 | 07/09 | 07/16 | 07/23 | 07/30 | 08/06 | 08/13 | 08/20 | 08/27 | 09/03 | 09/10 | 09/17 | 09/24 |
| Ambulatory Care Five | | | | | | | | | | | | |
| <p>Patient Care: Annual wellness, diabetes clinic, home visits, medical director clinic, smoking cessation, team pharmacist, pharmacotherapy, ambulatory transitions of care</p> <p>Academia: Review/Develop teaching materials (rotations and syllabi), attend IPTEC, co-precept, begin precepting, work on student lectures, assist in developing schedule for 1st years, begin teaching Beers to medical residents</p> <p>Practice Management: Assist in the scheduling of PTO for residents and pharmacists, lead leadership sessions, business plan and CDTMA due, lead PGY1's</p> <p>Staffing: Schedule and staff Navari, Schedule and staff faculty coverage</p> <p>Residency Project: Choose project, submit and present to IRB, start project</p> | | | | | | | | | | | | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 10/01 | 10/08 | 10/15 | 10/22 | 10/29 | 11/05 | 11/12 | 11/19 | 11/26 | 12/03 | 12/10 | 12/24 | 12/31 |
| Ambulatory Care Six | | | | | | | | | | | | |
| <p>Patient Care: Annual wellness, anticoagulation clinic, home visits, medical director clinic, smoking cessation, team pharmacist, pharmacotherapy</p> <p>Academia: Precept students/residents, assist with assigning next year's students, lecture, keep teaching portfolio up to date, teach beers to medical residents, write article for newsletter</p> <p>Practice Management: Leadership series, personal mission statement due, monitor own practice, lead/mentor PGY1's, assist in reviewing interview methods</p> <p>Staffing: Schedule and staff Navari, Schedule and staff faculty coverage</p> <p>Residency Project: Continue with implementation and data collection, MCM poster</p> | | | | | | | | | | | | |
| 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 01/07 | 01/14 | 01/21 | 01/28 | 02/04 | 02/11 | 02/18 | 02/25 | 03/04 | 03/11 | 03/18 | 03/25 | 04/01 |
| Ambulatory Care Seven | | | | | | | | | | | | |
| <p>Patient Care: Annual wellness, anticoagulation phone patients, home visits, medical director clinic, smoking cessation, team pharmacist, pharmacotherapy</p> <p>Academia: Precept students/residents, lecture, keep teaching portfolio up to date, teach beers to medical residents</p> <p>Practice Management: Assist in scheduling PTO, Leadership series, administrative rotation: business plan and budget due, begin ambulatory pharmacy services scorecard and competency monitoring, interviews</p> <p>Staffing: Schedule and staff Navari, Schedule and staff faculty coverage</p> <p>Residency Project: Interim data collection, Begin GLPRC presentation and manuscript</p> | | | | | | | | | | | | |
| 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| 04/08 | 04/15 | 04/22 | 04/29 | 05/06 | 05/13 | 05/20 | 05/27 | 06/03 | 06/10 | 06/17 | 06/24 | 06/30 |
| Ambulatory Care Eight | | | | | | | | | | | | |
| <p>Patient Care: Annual wellness, anticoagulation phone patients, home visits, medical director clinic, smoking cessation, team pharmacist, pharmacotherapy, wellness activities due</p> <p>Academia: precept students/residents, lecture, keep teaching portfolio up to date, Portfolio due, teach beers to medical residents</p> <p>Practice Management: Orientation calendar, drug monograph, drug utilization evaluation, drug class review due, PDCA/DMAIC due, publication due</p> <p>Staffing: Schedule and staff Navari, Schedule and staff faculty coverage</p> <p>Residency Project: GLPRC and manuscript due this quarter</p> | | | | | | | | | | | | |

Structure/Calendar for an Individual Rotation:

As faculty and the pharmacy resident begin developing the weekly schedule/calendar for a given experience, attention is paid to competing responsibilities. Emulating a clinical pharmacy practice with both short and long term goals to be achieved, pharmacy residents are to negotiate times in which to address responsibilities. Faculty readdress and reinforce this schedule at least every other week while on rotation:

A PGY2 residents week may look something like this across the different quarters:

Ambulatory Care Five

| Time | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----------------------------|-----------------------------------|---|--------------------------------|--|-----------------------------------|--------|
| AM | Diabetes Clinic | Annual Wellness Visit | Ambulatory Transitions of Care | Own MTM/General Pharmacotherapy Clinic | Smoking Cessation Clinic | Navari |
| PM | Teaching, Administration, Project | MTM/General Pharmacotherapy Clinic with Medical Directors | Team Pharmacist | Diabetes Class | Teaching, Administration, Project | |
| Phone Patients/ Home Visits | | | | | | |

Ambulatory Care Six

| Time | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----------------------------|-----------------------------------|---|--------------------------------|--|-----------------------------------|--------|
| AM | Anticoagulation Clinic | Annual Wellness Visit | Ambulatory Transitions of Care | Own MTM/General Pharmacotherapy Clinic | Smoking Cessation Clinic | Navari |
| PM | Teaching, Administration, Project | MTM/General Pharmacotherapy Clinic with Medical Directors | Team Pharmacist | Anticoagulation Clinic | Teaching, Administration, Project | |
| Phone Patients/ Home Visits | | | | | | |

Ambulatory Care Seven

| Time | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----------------------------|-----------------------------------|---|-----------------|--|-----------------------------------|--------|
| AM | Elective | Annual Wellness Visit | Elective | Own MTM/General Pharmacotherapy Clinic | Smoking Cessation Clinic | Navari |
| PM | Teaching, Administration, Project | MTM/General Pharmacotherapy Clinic with Medical Directors | Team Pharmacist | Elective | Teaching, Administration, Project | |
| Phone Patients/ Home Visits | | | | | | |

Ambulatory Care Eight

| Time | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----------------------------|-----------------------------------|---|-----------------|--|-----------------------------------|--------|
| AM | Elective | Annual Wellness Visit | Elective | Own MTM/General Pharmacotherapy Clinic | Smoking Cessation Clinic | Navari |
| PM | Teaching, Administration, Project | MTM/General Pharmacotherapy Clinic with Medical Directors | Team Pharmacist | Elective | Teaching, Administration, Project | |
| Phone Patients/ Home Visits | | | | | | |

Example Learning Description: Ambulatory Care Five

1st Quarter

Main preceptor: Ed Battjes; Adjunct Preceptors: Ed Sheridan, Angelina Sagarsee, Jason Isch, Tiffany Vogeler

Rotation Specific Faculty Practice

Teaching Responsibilities:

Academia/Teaching Experience

| | |
|----------------------------------|---|
| Required | Longitudinal (FMC Rotation Leader) |
| Site(s) | FMC, Hospital, Manchester University, Purdue University |
| Preceptor Job Description | Teach didactic lectures and labs at Purdue and Manchester University Colleges of Pharmacy. Additionally, precept students from the respected colleges of pharmacy, in addition to precepting medical residents on rotation at the Family Medicine Center. |

Preceptor: Ed Battjes

At the completion of this longitudinal experience, the pharmacy resident will be able to effectively and efficiently precept pharmacy students independently. The pharmacy resident will design, organize, and precept PharmD candidates for at least one complete APPE rotation. Additionally, the resident will evaluate the PharmD candidate and assist them in the self-evaluation process. The pharmacy resident will take responsibility for the instruction and/or coordination of the family medicine residency FMC rotation. By the end of this experience, the pharmacy resident will be able to effectively present didactic lectures to pharmacy students and family medicine resident physicians. The pharmacy resident will create, administer and grade examination questions for nursing or pharmacy students. The pharmacy resident will have met the requirements for the Indiana Pharmacy Resident Teaching Certification by completion of the residency program. (Patient education will be addressed on specific direct patient care rotations.)

Patient Care Responsibilities:

Annual Wellness Clinic

| | |
|----------------------------------|--|
| Required | Longitudinal Clinic Per Week |
| Site(s) | |
| Preceptor Job Description | Providing annual screening and medication/disease state evaluation to Medicare recipients. |

Preceptor: Angelina Sagarsee

The pharmacy resident will work with physicians to identify patients that meet the Medicare Wellness Visit requirements. Qualified and interested patients will be scheduled for a one hour appointment where the pharmacy resident will complete a health risk assessment, review list of current providers, establish medical and family history, review medications, screen for depression, assess functional ability and level of safety, gather vital signs, assess cognitive function and develop recommendations including a list of referrals and / or screenings. The PGY2 may precept PGY1 pharmacy residents in this clinic as a preceptor in training.

Diabetes Experience

| | |
|----------------------------------|---|
| Required | One Quarter with Longitudinal Patients (in own clinic) |
| Site(s) | FMC |
| Preceptor Job Description | Create and maintain a diabetes education program. Achieve and maintain AADE (American Association of Diabetes Educators) accreditation and maintain board certification within a diabetes specialty. Serve as an advocate for local and state law regarding diabetes education. Maintain and expand services of diabetes education for ambulatory care services within SJRMC. |

Preceptor: Ed Battjes

A diabetes clinic was initiated at the Family Medicine Center in 2011. Patients are initially scheduled for group sessions to learn more about diabetes; they then attend individual appointments with the pharmacist. Patients with diabetes are referred to the pharmacist for both education and management regarding their disease state. Clinics function in much the same way as the anticoagulation clinic. In addition to these clinics the ambulatory pharmacy services department works closely with specialty clinical services, including pediatric endocrinology. Physicians routinely welcome pharmacists to take part in their pediatric clinics.

| Home Visits | |
|----------------------------------|--|
| Required | Longitudinal |
| Site(s) | Patient's House |
| Preceptor Job Description | Faculty are sometimes called to assist medical residents with MTM on patients that are homebound |

Preceptor: Ed Sheridan

See the graduation policy for the appropriate number of patient encounters. The pharmacy resident is to develop a patient care plan before going to the patient's home. All attempts must be made to schedule the visit at a time when faculty can take part in the first few visits. Should the appointment take place with only the resident, the faculty should be notified so that they can assist in telephonic support as needed. The patient care is documented in the patient's record. This experience is designed to help the resident understand the non-medical factors that impact patient adherence to health care regimens.

| Medical Director Pharmacotherapy Clinic Experience | |
|---|--|
| Required | Longitudinal Clinic per Week |
| Site(s) | Family Medicine Faculty Practice |
| Preceptor Job Description | Identify patients that may benefit from complete pharmacotherapy review and medication therapy management. Conduct visits with patients to gather appropriate information and prepare medication therapy plan for provider approval. |

Preceptor: Jason Isch

The pharmacotherapy clinic was conceived in 2007 and begun in 2009. A pharmacist sees patients alongside a physician to determine the appropriateness of the patient's medication regimen. This clinic sees the full spectrum of family medicine disease states. In addition to seeing patients with the physician, some patients are referred to the pharmacist for ongoing management and monitoring. It is also common for the pharmacy resident on the pharmacotherapy rotation to take part in the medical chart review/staffing process.

| Pharmacotherapy/MTM Experience | |
|--|--|
| Required | Longitudinal Clinic per Week |
| Site(s) | Family Medicine Center |
| Preceptor's Usual Practice Responsibility | Identify patients that may benefit from complete pharmacotherapy review and medication therapy management. Conduct visits with patients to gather appropriate information and prepare medication therapy plan for provider approval. |

Preceptor: Ed Sheridan, Ed Battjes, Jason Isch

The PGY2 resident conducts a few different clinics weekly. One of these clinics is their own pharmacotherapy clinic. The PGY2 is expected to build and maintain this clinic/patient population across the course of the year. In this clinic, the PGY2 conducts MTM visits and manages complex patients with a diversity of disease. The PGY2 is responsible for marketing this clinic and ensuring its sustained viability. The PGY2 may precept PGY1 residents as a preceptor in training under the mentorship of the faculty.

| Smoking Cessation/Weight Loss Experience | |
|---|---|
| Required | Longitudinal Clinic Weekly |
| Site(s) | Family Medicine Faculty Physicians |
| Preceptor Job Description | Identify patients interested in smoking cessation/weight loss. Conduct weekly visits with the patient to assist them in cessation or meeting weight loss goals. |

Preceptor: Jason Isch

The pharmacy resident will assist patients in their attempt to quit tobacco. Utilizing motivational interviewing techniques the pharmacy resident will help patients select a quit date, develop new coping techniques and identify triggers. Additionally, the pharmacy resident will recommend appropriate pharmacotherapy for smoking cessation and adjust as necessary. The structured approach used in the clinic is supported by the Council for Tobacco Treatment Training Programs. The pharmacy resident will meet with patients in individual one hour office visits to help patients interested in weight loss. Residents will utilize motivational interviewing to assist patients in setting realistic and patient-specific goals.

Responsibilities may include reviewing the spirit and techniques of motivational interviewing, discussing obesity guidelines and researching general principles regarding diet, exercise and medications as they pertain to weight loss

| Staffing | |
|--|--|
| Required | Longitudinal PRN (See also Navari Experience) |
| Site(s) | FMC |
| Preceptor's Usual Practice Responsibility | To provide exceptional patient care to referred and ordered patients to the respected pharmacy-managed specialty clinics. Pharmacists are expected to be multidisciplinary and provide expertise regardless of disease state. Pharmacists are also responsible for procurement and accurate dispensing of medications if the setting demands it. Preceptor is to be used as a resource to promote independent practice, and used only as a resource to ensure safe and sound medical/pharmacy practice. |

Preceptors: Ed Sheridan, Ed Battjes

Once trained, the PGY1 and PGY2 residents may be called upon to cover faculty clinics as a service to the organization, should the need arise. The Navari Clinic experience could also be considered part of the staffing rotation as well as community outreach.

| Team Pharmacist | |
|----------------------------------|--|
| Required | Longitudinal ½ day weekly |
| Site(s) | FMC |
| Preceptor Job Description | The FMC pharmacists serve as support to the nurses, medical residents, and staff of the FMC on a daily basis |

Preceptor: Ed Sheridan

This longitudinal experience focuses on building a consistent presence within the Family Medicine Center. Residents will be assigned to a team of medical residents and will serve as pharmacy support for the team. Responsibilities will include being present in the team work room ½ day per week, answering drug information questions, conducting impromptu patient education sessions as requested by the medical team and appropriately documenting all interventions.

| Transitions of Care Ambulatory Experience | |
|--|--|
| Required | Two Quarters (usually at the start of the residency) |
| Site(s) | FMC |
| Preceptor Job Description | Pharmacist is to provide Transitions of Care services to bundled payment Medicare patients recently discharged from the hospital. Pharmacist is to work within an multidisciplinary team to promote medication adherence and to recommend appropriate changes to patients medication regimens upon follow up. Pharmacist is expected to either meet with patient in clinic, follow up through phone conversation, or both. Pharmacist is to be up-to-date on current billing codes and legal issues surrounding such a clinic. |

Preceptor: Angelina Sagarsee, Tiffany Vogeler

In an effort to decrease hospital readmissions, the transition of care service was initiated as a pharmacy resident project in 2013. Residents will conduct post discharge phone calls and face to face MTM-type office visits. They will determine the appropriate method of communication with the patient's discharging physician or PCP if there are any concerns identified or recommendations to be made. They will also refer appropriate patients to the care coordinator for further follow up as needed.

| Navari Clinic | |
|----------------------------------|--|
| Required | Longitudinal ½ Saturday Every Month |
| Site(s) | IU School of Medicine Volunteer Clinic |
| Preceptor Job Description | Pharmacist is to provide patient and student education, using patients as a teaching tool for 1-3 rd year medical students. Pharmacist is also responsible for ordering medications and in dispensing medications from the physicians office. |

Preceptor: Jason Isch

The IU medical school clinic operates for half a Saturday two times monthly. The PGY2 Ambulatory Care resident will provide, coordinate, or delegate pharmacy support to the Indiana University Clinic. The resident will assist with the

dispensary infrastructure, process, formulary, supply of stock, scheduling of pharmacists and students, securing finances through philanthropic means. They will teach the medical students pharmacotherapy pearls. They will develop and conduct MTM services. The PGY1 ambulatory care resident will provide assistance to the PGY2 resident. Where possible the PGY1 acute care residents may avail themselves of this opportunity but must maintain duty hours and staffing responsibilities at the hospital.

****This fulfills part of the Am Care staffing requirement.****

Practice Management/Leadership Responsibilities

| <i>Administration Experience</i> | |
|---|--|
| Required | Longitudinal |
| Site(s) | FMC, Hospital |
| Preceptor Job Description | The pharmacy director/manager is responsible for oversight of all pharmacy related operations of the hospital. They are accountable for both the clinical and financial performance of the department. |

Preceptor: Ed Sheridan, Ed Battjes

The PGY2 ambulatory care resident will be expected to develop a marketable business plan and initiate the new service or program within the first quarter of his/her residency program. The PGY2 pharmacy resident will determine, monitor, and report on the benchmarks of success for the new service or program. The resident will also assist in the ongoing financial monitoring of the department as well as assist with the department manpower.

| <i>Practice Management Experience</i> | |
|--|--|
| Required | Longitudinal (Leader) |
| Site(s) | FMC, Hospital |
| Preceptor Job Description | The pharmacists will help facilitate, mentor and participate when discussing various methods of practice and utilization of management tools with the residents. The pharmacist will have a strategic time organizational method to maintain his/her practice. |

Preceptor: Ed Sheridan

The scope of practice and structure of pharmacy services is complex. There are many stakeholders and pharmacists must interact with a variety of health professionals on a daily basis. To be successful in this environment the pharmacist resident must gain expertise in managing his or her pharmacy practice. The pharmacy resident will be expected to explore generalities of practice management by reading books, reviewing articles and discussing these issues with preceptors. (Examples of topics include personal mission statement, time management, project management etc.) The pharmacy resident will have opportunities in all rotations to hone their ability to manage their practice and observe how the preceptor manages his or her practice. However, because some topics may not be experienced during the course of a specific rotation, practice management will have longitudinal components as weekly topics and as required projects as part of the longitudinal experience. The PGY2 ambulatory care pharmacy resident assesses, revises, and maintains the longitudinal curriculum.

| <i>Residency Project</i> | |
|----------------------------------|---|
| Required | Longitudinal |
| Site(s) | FMC, Hospital, Manchester University |
| Preceptor Job Description | Review IRB submissions, guide residents in creating a timeline, and being available for residents to check in for progress meetings of their projects. Preceptors are also to review Great Lakes Pharmacy Residency Conference Slides, as well as review material for posters submitted for ASHP Midyear or other local, state, or national meetings. Preceptor is also to help guide resident on the creation of their manuscript. |

Preceptor: TBD

The pharmacy resident will complete a pharmacy residency project that is either research or performance improvement based. The project will be relevant and useful to the respective site. The pharmacy resident will present the final project at Great Lakes Residency Conference in April (required) and at ASHP Midyear in December (if interim data is available). The

PGY1 resident will take necessary steps during the course of the residency to publish the article in an appropriate journal. The PGY2 resident is required to publish.

Past resident projects:

Pharmacy Medication Education Impact on Hospital Readmission Rates, Impact of Fair Balance Pharmacology Updates on Sources Family Medicine Residents Utilize to Obtain Information Regarding Medication, Continuous Quality Improvement Of Ambulatory Medication Safety: MIDAS Reporting, Opportunities To Serve The Underserved: A Hospital Based Medication Assistance Program, Prescription Methods Assessment Project (a multi-center, national, double dummy clinical trial), Evaluation Of A Pharmacist Managed Medication Review Clinic, Medication Reconciliation Failure Mode and Effect Analysis, Diabetes Group Visits, Antibiotic Stewardship, Team Based Learning in a family medicine residency program, increasing colorectal cancer screening through an informational mailer, multisite preceptor development, pharmacist involvement in obtaining NCOA certification, Global health training postgraduate pharmacy, Renal effects of vancomycin and pip/tazo, and REMS.

Resident Rotation Description:

General Work Schedule: Duty hours must be followed. The resident is expected to be at a rotation site during the operating hours of the family medicine center at a minimum. The schedule during this time is flexible and best broken down by half days: five half days of own clinic, one half day of being on your team, one half day didactics, and one half day for administrative functions. The rest of your time can be used for your elective experiences. The structure should be complementary to that of the pharmacy faculty's schedule. The pharmacy resident is expected to staff the IU Navari clinic every 4th weekend.

Rotation Specific Schedule:

Resident will create schedule which will be formally approved by primary preceptor.

Resident Specific Progression/Milestones (By the end of Ambulatory Care 5 the resident should be):

| | Quarter 1 |
|---------------------|--|
| Teaching/Academia | Consciously competent in precepting and functions almost independently. Able to modify previous teaching materials to practice site or create new materials with little assistance. Can readily define teaching style and verbally translate into teaching philosophy. Successfully develops timeline for teaching responsibilities. |
| Patient Care | Able to clearly explain in which areas of patient care / disease states the resident is consciously, incompetent, consciously competent, and unconsciously competent. Consciously competent in basics of developing relationships with patients. Independently sees patients in anticoagulation and diabetes clinics. |
| Practice Management | Consciously competent in creating timeline for residency project and completing IRB application. Seeks out mentorship independently for areas that the resident has self-identified as areas requiring mentorship. Consciously incompetent in developing learning descriptions, etc. |

Feedback/Assessment:

The resident and preceptor will meet for weekly feedback. A mutually agreeable time for these meetings will be established during the first week of the rotation. Informal formative feedback while on a learning experience will be timely and continuous. Formal summative evaluation will take place at midpoint, and at rotation's end.

Rotation Goals, Objectives, Tasks

Goals and Objectives Taught but Not Evaluated

| | | |
|-------------|--|---|
| R1.1 | Provide comprehensive medication management to ambulatory care patients following a consistent patient care. | |
| R1.1.2 | Interact effectively with ambulatory care patients, family members, and caregivers. | Demonstrate opening conversation during introduction with a new patient. |
| R1.1.5 | Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for ambulatory care patients. | Walk through your approach to designing a regimen with the preceptor. Select pertinent evidence-based literature required to support recommendations. Distinguish surrogate markers and patient outcomes. Describe cultural, ethical and socioeconomic issues that are important to consider when designing a patient-centered regimen. Determine the characteristics that must be considered when designing monitoring for patients. Differentiate between ideal monitoring plan and realistic monitoring plans. |
| R1.1.6 | Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions. | Discuss the communication, ordering of medications, administering vaccinations, ordering appropriate lab tests, and return visits with the preceptor |
| R1.1.7 | Document direct patient care activities appropriately in the medical record, or where appropriate. | Differentiate between situations that require chart documentation and situations that do not. Discuss the reason for documenting patient care activities in the medical record with the preceptor |
| R1.1.8 | Demonstrate responsibility to ambulatory care patients for patient outcomes. | Discuss the communication, ordering of medications, administering vaccinations, ordering appropriate lab tests, and return visits with the preceptor. Discuss the prioritization of patient care, especially where patient care conflicts with patient care. Discuss the potential for less than optimal outcomes despite all appropriate measures being taken. Discuss how to be a patient care and safety advocate in various health systems meetings. |
| R3.1 | Demonstrate leadership skills. | |
| R3.1.2 | Apply a process of ongoing self-evaluation and personal performance improvement. | Reflect regarding performance/productivity during preceptor/resident touch base meetings. Write thoughtful reflective comments on self evaluation forms. |
| R3.2 | Demonstrate management skills in the provision of care for ambulatory care patients. | |
| R3.2.1 | Manage one's own ambulatory care practice effectively. | Develop weekly schedule with faculty during initial rotation discussions. |
| R4.1 | Demonstrate excellence in providing effective medication and practice-related education. | |
| R4.1.3 | Use effective written communication to disseminate knowledge related to ambulatory care. | Observe the written communication amongst the pharmacy residency and ambulatory pharmacy services department. Determine information that would necessitate written communication. |
| R4.1.4 | Assess effectiveness of education related to ambulatory care. | Observe preceptors in a teaching role. Discuss how the preceptors evaluate students and patient's comprehension of the subject matter taught. |
| R4.2 | Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care. | |
| R4.2.2 | Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to ambulatory care. | Describe examples of applying the four teaching roles in different situations |
| E6.1 | Ensure continuity of care during ambulatory care patient transitions between care settings. | |
| E6.1.1 | Manage transitions of care effectively for ambulatory care patients. | Work with preceptor to manage patients transitioning from one setting to another. Present assigned patients to the preceptor. Begin to manage assigned transitions of care patients |

Goals and Objectives Taught and Evaluated the Final Time

| | | |
|-------------|---|--|
| R1.1 | Provide comprehensive medication management to ambulatory care patients following a consistent patient care. | |
| R1.1.1 | Interact effectively with health care teams to collaboratively manage ambulatory care patients' medication therapy. | Create a plan to integrate self into the team and discuss with preceptor at the beginning of the quarter. Complete a brief reflection at midpoint about progress on plan and identify areas to work on for the remainder of the quarter. Ensure proper communication is delivered when making recommendations or documenting patient care. |
| R1.1.3 | Collect information to ensure safe and effective medication therapy for ambulatory care patients. | Formulate a systematic method to collect pertinent information from the assigned patients' charts prior to the visit or phone call. Demonstrate the ability to collect relevant patient histories during the visit or phone call. Demonstrate competency in the measurement of pertinent vital signs. |

| | | |
|-------------|---|--|
| R2.1 | Manage the development or revision, and implementation, of proposals related to the ambulatory care setting. | |
| R2.1.1 | Prepare or revise a protocol (e.g., work flow, scope of practice, collaborative practice agreement, or clinical practice protocols) related to ambulatory care. | Review Indiana Law for the requirements, and the ACCP survival book for examples of collaborative practice agreements. Create a written collaborative practice agreement based on the requirements. Review the agreement with the preceptor, demonstrating how the document meets Indiana law requirements |
| R2.1.2 | Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service. | Develop a business plan that proposes a new pharmacy service. Present the business plan to the GME leadership. The plan may be hypothetical, based off of a service you would hope to run in your future practice, or a patient population you would like to incorporate into your current clinic |

| | | |
|-------------|---|--|
| R2.2 | Demonstrate ability to conduct a research project. | |
| R2.2.4 | When applicable, implement the project. | Before implementing, communicate the residency project to affected associates as needed. Should the need arise, garner a champion from another discipline. Ensure all the necessary materials for the residency project are created or obtained. Pick a set start date and notify the residency project preceptor. |

| | | |
|-------------|--|---|
| R3.3 | Manage the operation of an ambulatory care pharmacy service. | |
| R3.3.2 | Assure that the service operates in accord with legal and regulatory requirements. | In conjunction with business plan, assess complete pharmacy service line focusing both on clinical excellence and practice model. Will assertively present potential changes to services to faculty |

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| R4.1 | Demonstrate excellence in providing effective medication and practice-related education. | |
| R4.1.1 | Design effective educational activities related to ambulatory care. | Design a syllabus, calendar, and execute a experiential rotation for assigned pharmacy students, the practice management leadership series, and the Trinity Preceptor Development Network. |

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| R4.2 | Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care. | |
| R4.2.1 | When engaged in teaching related to ambulatory care, select a preceptor role that meets learners' educational needs. | Determine the skill level of a student/resident. Employ the appropriate preceptor role for the student and situation. Reflect and discuss with faculty the appropriateness of the role that was chosen |

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| E1.3 | Develops and practices a philosophy of teaching. | |
| E1.3.1 | Develop or update a teaching philosophy statement. | Create a teaching philosophy that is unique to you. It should be evident in any of your teaching: didactics, experiential, patients..etc. Should you have already created a teaching philosophy, review your current philosophy with faculty. |

Goals and Objectives Taught And Evaluated More than Once

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| R1.1 | Provide comprehensive medication management to ambulatory care patients following a consistent patient care. | |
| R1.1.4 | Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients. | Demonstrate a replicable systematic process for evaluating the information gleaned from the assigned patients' medical records and the visit or phone call by discussing the patient case with the preceptor during the patient interaction. |

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| R3.1 | Demonstrate leadership skills. | |
| R3.1.1 | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership. | Choose and devise the schedule for the leadership books to read across the course of the year. Demonstrate the implementation of some of the philosophies. Demonstrate the ability to lead the PGY1 pharmacy residents. Begin developing a personal mission statement. |

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| R3.3 | Manage the operation of an ambulatory care pharmacy service. | |
| R3.3.1 | Effectively manage ongoing operational functions of the service. | Assist the ambulatory pharmacy services manager and RPD with scheduling times away and coverage (begin collection of scorecard metrics and competency activities). |