

Structure of SJRMC PGY1 Ambulatory Care Residency Learning Experiences

Orientation Plus Quarterly Residency Rotations:

Orientation

Ambulatory Care One

Ambulatory Care Two

Ambulatory Care Three

Ambulatory Care Four

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. Depending on the interests and experience of the incoming pharmacy resident as part of the initial development plan, the experience time period may be shortened 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. Some elective experiences may be scheduled in a block rotation format. In this case the pharmacy resident still attends to his/her longitudinal responsibilities. 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.

Experience	Required or Elective	Length of Time	Site	Preceptor
Academia	Required	Longitudinal	Family Medicine Center (FMC), Hospital, Universities	Ed Battjes, Ed Sheridan
Administration	Required	One Quarter	FMC	Ed Sheridan
Advanced Adult General Medicine	Required	One Quarter	Hospital	Lisa Ribble-Fay
Annual Wellness	Required	One Quarter	FMC	Angelina Sagarsee
Anticoagulation	Required	One Quarter of Clinics then Longitudinal Phone Patients	FMC	Ed Sheridan
Community Pharmacy	Required	One Quarter	Mishawaka Family Pharmacy	Daniel Cline
Diabetes	Required	Intro to Class and One Quarter	FMC	Ed Battjes
Home Visits	Required	Longitudinal	Patient's Home	Ed Sheridan
Navari Clinic	Required	Longitudinal ½ Saturday Per Month	Navari Clinic	Jason Isch
Orientation	Required	2-3 Weeks	FMC, Hospital	Ed Battjes, Ed Sheridan
Practice Management	Required	Longitudinal	FMC, Hospital	Ed Sheridan

Potential Learning Experiences within Rotations (continued):

Experience	Required or Elective	Length of Time	Site	Preceptor
Residency Project	Required	Longitudinal	FMC	TBD Based on Project
Staffing	Required	Longitudinal PRN	FMC	Ed Sheridan, Ed Battjes
Team Pharmacist	Required	Longitudinal ½ Day Weekly	FMC	Ed Sheridan
Transitions of Care – Inpatient	Required	Two Quarters	Hospital	Lauren McNace
Transitions of Care – Ambulatory	Required	Two Quarters	FMC	Chris Gildea, Tiffany Vogeler, Angelina Sagarsee
Asthma	Elective	One Quarter	FMC	Ed Sheridan
Cardiology	Elective	4 Weeks	Hospital	Tony Patterson
Critical Care	Elective		Hospital	Tony Patterson
Diabetes Camp	Elective	One Week		Ed Battjes
Global Health Track	Elective	2-3 Weeks	TBD	Ed Sheridan, Ed Battjes
Infectious Disease	Elective	4 Weeks	Hospital	Laura Gillespie
NICU/Pediatrics	Elective	4 Weeks	Hospital	Brian Heckman
Nutrition Support	Elective	4 Weeks	Hospital	Linda Lim
Pain/Palliative Care	Elective	One Quarter	Hospital	Lisa Ribble
PCMH	Elective	One Quarter	Plymouth Family Internal Medicine	Tiffany Vogeler
Pharmacotherapy/MTM	Elective	One Quarter	FMC	Jason Isch
Physician Network/ACO	Elective	One Quarter	FMC	Chris Gildea
Self Designed/Interest Experience	Elective	One Quarter	TBD	TBD
Weight Loss	Elective	One Quarter	FMC	Jason Isch

Structure and Sequencing of Experiences During the Residency Year:

The residency program does have standard rotation learning descriptions that encompass the required experiences as well as the chosen goals and objectives from the RLS. Experiences considered required for the program are completed/scheduled earlier in the academic year than electives. Though rotations are a quarter long, for purposes of timing and tracking of percentages in different areas as well as for scheduling of electives that must take place in a block, the experience sequence is planned out on a weekly planner consisting of four thirteen week cells, thusly:

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 One Patient Care: Anticoagulation clinic, diabetes introduction (see academia), home visits, inpatient transitions of care, team pharmacist Academia: Develop teaching materials, attend IPTEC, co-precept, begin precepting, work on student lectures, observe and teach patients with diabetes Practice Management: Leadership series, clinic billing, begin tracking scorecard Staffing: Navari, Faculty coverage Residency Project: Choose project, submit and present to IRB, start project												
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 Two Patient Care: Annual wellness, anticoagulation-phone patients, diabetes clinic, home visits, transitions of care inpatient, team pharmacist Academia: Precept students, assist with assigning next year's students, lecture, keep teaching portfolio up to date, teach patients with diabetes Practice Management: Leadership series, personal mission statement due, review interview methods Staffing: Navari, Faculty coverage Residency Project: Continue with implementation and data collection, MCM poster												
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 Three Patient Care: Anticoagulation-phone patients, General medicine, community pharmacy, ambulatory transitions of care, team pharmacist Academia: Precept students, lecture, keep teaching portfolio up to date Practice Management: Leadership series, administrative rotation: business plan and budget due, interviews Staffing: Navari, Faculty coverage Residency Project: Interim data collection, Begin GLPRC presentation and manuscript												
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	06/10	06/17
Ambulatory Care Four Patient Care: Anticoagulation phone patients, home visits, ambulatory transitions of care, team pharmacist Academia: precept students, lecture, keep teaching portfolio up to date, Portfolio due Practice Management: Orientation calendar, drug monograph, drug utilization evaluation, drug class review due, PDCA due Staffing: Navari, Faculty coverage Residency Project: GLPRC and manuscript due this quarter												

Example of Weekly Schedule Broken Down Into Half Day Increments per Quarter:

Ambulatory Care 1

Time	Mon	Tues	Wed	Thurs	Fri	Sat
AM	Elective	Inpatient Transitions of Care	Elective	Teaching, Practice Management, Residency Project	Elective	Navari
PM	Elective	Inpatient Transitions of Care	Team Pharmacist	Elective	Teaching, Practice Management, Residency Project	
Anticoagulation Phone Patients/Home Visits						

Ambulatory Care 2

Time	Mon	Tues	Wed	Thurs	Fri	Sat
AM	Inpatient Transitions of Care	Anticoagulation Clinic	Teaching, Practice Management, Residency Project	Teaching, Practice Management, Residency Project	Anticoagulation Clinic	Navari
PM	Inpatient Transitions of Care	Team Pharmacist	Elective	Diabetes Class	Teaching, Practice Management, Residency Project	
Anticoagulation Phone Patients/Home Visits						

Ambulatory Care 3

Time	Mon	Tues	Wed	Thurs	Fri	Sat
AM	Diabetes Clinic	Annual Wellness Visits	Ambulatory Transitions of Care	Elective	Diabetes Clinic	Navari
PM	Teaching, Practice Management, Residency Project	Team Pharmacist	Ambulatory Transitions of Care	Diabetes Class	Teaching, Practice Management, Residency Project	
Anticoagulation Phone Patients/Home Visits						

Ambulatory Care 4

Time	Mon	Tues	Wed	Thurs	Fri	Sat
AM	Community Pharmacy	Ambulatory Transitions of Care	Teaching, Practice Management, Residency Project	Elective	Elective	Navari
PM	Community Pharmacy	Ambulatory Transitions of Care	Team Pharmacist	Teaching, Practice Management, Residency Project	Elective	
Anticoagulation Phone Patients/General Medicine/Home Visits						

Example Learning Description: Ambulatory Care One First Quarter

Main preceptor: Ed Sheridan; Adjunct preceptors: Ed Battjes, Jason Isch, Lauren McNace
Preceptor Interaction: note on calendar

Teaching Responsibilities:

Academia/Teaching Experience	
Required	Longitudinal
Site(s)	FMC
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, Ed Sheridan

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. 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:

Anticoagulation Experience	
Required	One quarter & Longitudinal
Site(s)	FMC
Preceptor Job Description	The preceptor conducts anticoagulation patient care visits in the FMC three half days weekly, educating patients and managing medications.

Preceptor: Ed Sheridan

The resident will manage patients both face to face and telephonically. Pharmacists conduct patient interviews, perform necessary labs, initiate medications as needed, and adjust medication dosages for approximately 25 – 50 patients. In addition to providing anticoagulation services, pharmacy residents are required to read literature, participate in discussions with the preceptor and educate the family medicine resident physicians. The resident may continue to manage the care of a small amount of patients over the course of the residency year for further experience as part of the ambulatory longitudinal rotation. It is the expectation that residents can function independently by the end of the scheduled experience.

Diabetes Experience Intro	
Required	One quarter
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)	
Preceptor Job Description	Preceptor 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 preceptor can take part in the first few visits. Should the appointment take place with only the resident, the preceptor 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.

Staffing	
Required	Longitudinal PRN (and see Navari Experience)
Site(s)	FMC, Hospital
Preceptor Job Description	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 preceptor 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.

Transitions of Care Inpatient Experience	
Required	Two Quarters (usually first two)
Site(s)	Hospital
Preceptor Job Description	Pharmacist is to provide Transitions of Care services to patients currently hospitalized. Pharmacist is to identify bundled payment Medicare patients and will ensure the accuracy of each patient's home medication list. Pharmacist will do this through conversations with the patient/caregiver, PCP, and pharmacies if needed. Pharmacist will rectify any discrepancies with current medications by contacting the hospitalist or consulting physician as appropriate. Pharmacist will also be responsible for maintaining an accurate patient list to communicate with the ambulatory TOC team.

Preceptor: Lauren McNace

In an effort to decrease hospital readmissions, the transition of care service was initiated as a pharmacy resident project in 2013. Residents will conduct inpatient medication reconciliations and rectify any discrepancies with current medications by contacting the hospitalist or consulting physician as appropriate. Residents will document thoroughly and accurately in each patient's EMR and document each patient on a patient list to communicate with the ambulatory TOC team.

Navari Clinic	
Required	Longitudinal
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.

Team Pharmacist	
Required	Longitudinal
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.

Leadership/Practice Management Responsibilities:

Residency Project	
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 depending on project

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.

Practice Management Experience	
Required	Longitudinal
	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, Ed Battjes

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.

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 rotation calendar should be followed for patient care activities, topic discussions, and meetings with the preceptor. The structure should be complementary to that of the pharmacy preceptor's schedule. The pharmacy resident is expected to staff the IU Navari clinic every third weekend.

Resident Specific Progression/Milestones (By the end of Ambulatory Care 1 the resident should):

Teaching/Academia	Beginner in precepting (unconsciously and consciously incompetent). Make teaching philosophy and reflect. Make learning descriptive independent. Slowly share preceptorship
Patient Care	Beginning in patient care. Unconsciously incompetent with long term patient relationship, with confidence in owning entire patients. care skills developing Scorecard. I think this is what I should do. Able to dispense with phone call backup.
Practice Management	IRB proposal for project. I think this is what I should do.

Feedback/Assessment:

The resident and preceptor will meet for weekly feedback. Informal formative feedback while on a learning experience will be timely and continuous. Informal evaluation to take place at midpoint. Formal summative evaluation will take place at rotation's end. Resident expected to complete self assessment, evaluation of learning experience, and evaluation of preceptors.

Rotation Goals, Objectives, Tasks:

Goals Taught, Not Evaluated:

Goal R2.1	Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.	
OBJ R2.1.1	(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	Progress Reviewed: A drug class evaluation and drug monograph needs to be completed by the end of the year. Protocol or treatment guideline as available.
OBJ R2.1.2	(Applying) Participate in a medication-use evaluation.	Progress Reviewed: An MUE needs to be completed by the end of the year.
OBJ R2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.	Progress Reviewed: Interdisciplinary performance improvement project needs to be completed by the end of the year.
OBJ R2.1.4	(Applying) Participate in medication event reporting and monitoring.	Progress Reviewed: Appropriately report medication events through the appropriate channels.

Goals Taught and Evaluated Final Time:

Goal 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.	
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goals Taught and Evaluated more than once:

Goal 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.	
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	Discuss in Practice Management the importance of professional relationships and how to communicate within an interprofessional team (topic to be scheduled with PGY2). Advocate on behalf of the patient. Demonstrate assertiveness and persuasiveness when collaborating with the team
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	Discuss in Practice Management the importance of professional relationships and how to communicate in differing patient scenarios (topic to be scheduled with PGY2). Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	Discuss the formation of mutual goals and/or breaking a larger goal into smaller steps and the sequence of implementation. Discuss appropriate documentation in the patient record.
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	Demonstrate appropriate documentation in the patient record by having preceptors and directors review patient notes and other documentation. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated.

Goal R1.2:	Ensure continuity of care during patient transitions between care settings.	
OBJ R1.2.1	(Applying) Manage transitions of care effectively.	Conducts a thorough medication reconciliation upon patient admission to the hospital. Identifies discrepancies by speaking with the patient, family members, PCP offices and pharmacies. Reports discrepancies to attending physician and offers to fix the orders for the physician.

Goal R2.2:	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.	
OBJ R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.	Resident successfully implements the change in an organized fashion with Clear communication to those involved or affected

Goal R3.1:	Demonstrate leadership skills.	
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	Demonstrate reflection and self assessment in daily activities and responsibilities. The resident will conduct formative and summative self assessments

Goal R3.2:	Demonstrate management skills.	
OBJ R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	patient care scorecard up to date, relating it back to the quality metrics defined by Trinity Health

Goals Taught and Evaluated more than once (continued):

Goal R4.1:	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).	
OBJ R4.1.2:	(Applying) Use effective presentation and teaching skills to deliver education.	Create teaching philosophy. will Summarize resident approach to building rapport with learners. will ensure the content and delivery of any education is commensurate with a pharmacy residency graduate . Will conduct enough educational opportunities to qualify for IPTeC Identify areas of strength and areas targeted for improvement after completing several teaching tasks.
OBJ R4.1.3:	(Applying) Use effective written communication to disseminate knowledge.	Create one monthly newsletter per quarter to distribute to physicians. Writes complete chart notes in a professional manner.
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.	Outline assessment requirements for APPE rotation in rotation description. will Submit exam questions for all assigned lectures. will Discuss student performance on exam questions and explain how to improve future questions. Gives timely, honest, helpful, kind feedback to students, colleagues, preceptor and patients in a supportive manner

Goal R4.2:	Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).	
OBJ R4.2.1:	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	Outline assessment requirements for APPE rotation in rotation description. will Submit exam questions for all assigned lectures. will Discuss student performance on exam questions and explain how to improve future questions. Gives timely, honest, helpful, kind feedback to students, colleagues, preceptor and patients in a supportive manner
OBJ R4.2.2:	(Applying) Effectively employ preceptor roles, as appropriate.	Directly observed using the different preceptor roles. Will also reflect with preceptor when different roles have been used in situations not directly observed

August/September Ambulatory Care One Calendar: Diana Mechelay

General	Mon	Tue	Wed	Thu	Fri
<ul style="list-style-type: none"> • Topic: Dyslipidemia • Read 15 minute hour • Topic: Lipids • Kristy Lau Starts 	<p>1 0800 Diana Presents MTM Patients 0900 MTM Clinic</p> <p>1130 Diana Present Patients</p>	<p>2 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i></p>	<p>3 Ed S Off Project Meeting Ambulatory Care Meeting</p> <p>Student stuff?</p>	<p>4 Ed S Off Lipids</p> <p>Student stuff?</p>	<p>5 Ed S Off 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i></p>
	<p>1245 1245 <i>Anticoagulation/Asthma Clinic</i></p>	<p>Team Pharmacist Spirometry Student Stuff?</p>	<p>1200 Didactics</p>	<p>1200 Expectations/Evaluation/Feedback 1400 DM Group</p>	<p>1300 Topic with Group</p>
<ul style="list-style-type: none"> • Topic: PAD/CAD • Compare and Contrast different inhalers 	<p>8 Ed S Off 0800 Diana Presents MTM Patients 0900 MTM Clinic</p> <p>1130 Diana Present Patients</p>	<p>9 Ed S Off 0845 <i>Anticoagulation/Asthma Clinic</i></p>	<p>10 Project Meeting Ambulatory Care Meeting</p>	<p>11 Topic</p>	<p>12 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i></p>
	<p>1245 1245 <i>Anticoagulation/Asthma Clinic</i></p>		<p>1300 Team Pharmacist</p>	<p>1200 Policy/General Clarification 1400 DM Group</p>	<p>1300 Topic with Group</p>
<ul style="list-style-type: none"> • Topic: Obesity • Billing discussion 	<p>15 0800 Diana Presents MTM Patients 0900 MTM Clinic</p> <p>1130 Diana Present Patients</p>	<p>16 0845 1245 <i>Anticoagulation/Asthma Clinic</i></p>	<p>17 Project Meeting Ambulatory Care Meeting</p>	<p>lptec</p>	<p>lptec</p>
	<p>1245 1245 <i>Anticoagulation/Asthma Clinic</i></p>	<p>1300 Team Pharmacist Spirometry</p>	<p>1200 Didactics</p>		
<ul style="list-style-type: none"> • Topic: Depression/Anxiety 	<p>22 0800 Diana Presents MTM Patients 0900 MTM Clinic</p> <p>1130 Diana Present Patients</p>	<p>23 0845 1245 <i>Anticoagulation/Asthma Clinic</i></p>	<p>24 Project Meeting Ambulatory Care meeting</p>	<p>25 Topic</p>	<p>26 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i></p>
	<p>1245 1245 <i>Anticoagulation/Asthma Clinic</i></p>		<p>1300 Team Pharmacist</p>	<p>1200 Incorporating the student into practice 1400 DM Group</p>	<p>1300 Topic with Group</p>
<ul style="list-style-type: none"> • Topic: Bipolar/Schizophrenia • 15 min hour finished • Katherine Clark Starts 	<p>29 0800 Diana Presents MTM Patients 0900 MTM Clinic</p>	<p>30 0845 <i>Anticoagulation/Asthma Clinic or OLOR</i></p>	<p>PGY1 Accreditation</p>	<p>1 PGY1 Accreditation</p>	<p>2 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i></p>
	<p>1245 <i>Anticoagulation/Asthma Clinic</i></p>	<p>1300 Team Pharmacist Spirometry</p>		<p>1200 Lectures....Ed B 1400 DM Class</p>	<p>1300 Topic with Group</p>

August/September Ambulatory Care One Calendar: Diana Mechelay

General	Mon	Tue	Wed	Thu	Fri
<ul style="list-style-type: none"> • Topic: PUD/GERD • 15 min hour finished 	5 0800 Diana Presents MTM Patients 0900 MTM Clinic 1245 <i>Anticoagulation/Asthma Clinic</i>	6 0845 <i>Anticoagulation/Asthma Clinic or OLOR</i>	7 Project Meeting Ambulatory Care Meetings Topic 1300 Team Pharmacist	8 Topic 1200 Clarification Policy/General 1400 DM Class	9 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i> 1300 Topic with Group
	12 0800 Diana to present patients 0845 FMC DM Clinic 1245 <i>Anticoagulation/Asthma Clinic</i>	13 0845 <i>Anticoagulation/Asthma Clinic or OLOR</i> 1300 Team Pharmacist 1245 Spirometry	14 Project Meeting Ambulatory Care Meetings 1200 Didactics	15 Topic 1200 Support Group 1400 DM Class	16 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i> 1300 Topic with Group
<ul style="list-style-type: none"> • Topic: Osteoporosis 	19 0800 Diana to present patients 0845 FMC DM Clinic 1245 <i>Anticoagulation/Asthma Clinic</i>	20 0845 <i>Anticoagulation/Asthma Clinic or OLOR</i>	21 Project Meeting Ambulatory Care Meetings Topic 1300 Team Pharmacist	22 Team 1200 Lectures Ed B 1400 DM Class	23 0815 Present patients 0845 <i>Anticoagulation/Asthma Clinic</i> 1300 Diana Rotation Evaluation