



LE *Ambulatory Care

PGY1 - Community Pharmacy (94007)

Faculty:

CHC (E. Linn): Braden-Suchy, Natalea (Primary Preceptor))

CHC (Corvallis): Ramirez, Stacy (Primary Preceptor)

Training Sites: Community Health Centers of Linn/Benton Counties (CHC)

Status: Active

Type/Duration: Longitudinal, Yearlong

Time: Average of 16-24 hours per week

Description:

The clinical programs and direct patient care experience is a required core longitudinal training experience taking place August through June. The learning experience encompasses pharmacist-driven outreach for medication adherence, diabetes, anticoagulation, and other patient care services.

The resident will collaborate with health care professionals to improve health literacy in culturally diverse and underserved/unique patient populations. The resident will work directly with providers to assure that patients' medication lists are reconciled and therapy is adherent to disease state guidelines and work with patients to address medication adherence.

Role of Pharmacists:

Pharmacists are educated and trained in the areas of practice for which they serve as preceptors. All preceptors utilize the four preceptor roles (i.e., instructing, modeling, coaching, facilitating).

- Community/Ambulatory Care preceptors serve as an integrated part of the care teams within their clinics/pharmacies and work closely with primary care providers at their clinics.

All preceptors involved in site orientations will provide orientation checklists that allow the resident to acquire the knowledge needed prior to patient care skills are employed. For non-direct patient care experiences the resident will be taught the steps needed for successful completion of learning activities. Preceptors in all roles will demonstrate new skills or processes while "thinking out loud" so the resident can witness the thoughts or problem-solving process of the preceptor, as well as the observable actions. Once the resident has demonstrated the ability to think through the problem solving process, the preceptor will begin coaching the resident. The resident will perform skill(s) while being observed by the preceptor, who provides ongoing feedback during the process. When the preceptor no longer feels the need to provide corrective feedback to the resident while they perform the task at hand, they will allow the resident perform independently, while the preceptor remains available if needed and de-briefing with the resident after the fact.

Expectations of Learners:

Expected progression of resident responsibility on this learning experience:

Quarter 1: The resident is expected to bring knowledge of various disease states and therapeutic guidelines to the residency. The resident will work to improve upon their knowledge base. Focus of the first quarter is to complete patient care evaluations, develop clinical decision making skills, and begin documenting patient care activities.

Overview of patient care responsibilities: Complete and review patient care evaluation with preceptor prior to every patient visit. Observe preceptor led patient visits, then be observed during patient visits until resident and preceptor are comfortable with resident leading visits independently. Thereafter, check in with preceptor prior to patient departure from clinic. Focus on patient communication including assessing baseline knowledge and interest in receiving pharmacist education. Improve on provider communication via EMR through clear/concise SOAP note documentation and cc'd chart notes to team members.

Quarter 2: Focus on applying clinical documentation standards for patient care activities, building/maintaining patient panel and providing appropriate patient education.

Overview of patient care responsibilities: Continue to complete patient care evaluations for new patient appointments and as determined by preceptor. Continue/begin recruiting patients for chronic disease management (patient panel) and use CDTMs to appropriately adjust medications and order lab monitoring. Begin completing required written drug-information questions (2-4 for the year).

Quarter 3: Focus on improving quality of patient care documentation, provider and team communication, and assessing patient progress toward clinical goals.

Overview of patient care responsibilities: Continue to manage patients on panel, actively outreach to patients to ensure continuity of care. Act as clinical pharmacist representative on the primary care team. May begin acting as a preceptor-in-training under supervision of licensed preceptor for APPE students in clinic while using the four precepting skills. Provide DI/CE presentation to other HCP. Start/continue taking responsibility for patients of increased complexity.

Quarter 4: Focus on evaluating patient achievement of goals, developing transition plan for panel patients, and training others in the provision of pharmacy care.

Overview of patient care responsibilities: Redesign medication plan based on achievement of clinical goals. Collect and report outcomes data on patient panel. Develop transition plan for all panel patients. Complete written drug-information questions (2-4 for the year). Practice using 4 precepting skills in working with IPPE/APPE students in clinic under supervision of licensed preceptor.

Preceptor Interaction:

Daily:

- Beginning of shift –Discuss patient care activities/ Follow-up on previous day's work
- End of shift - Review patient care activities for the day

Ongoing:

- Throughout the day - Feedback on patient care evaluations prior to patient visits and feedback on documentation after completion of patient visits
- Weekly- Check-in regarding performance of patient care activities

Required Reading(s):

- Pharmacy policies and CDTM protocols
- Training materials for pharmacy clinical services
- Mitchell, Pamela, et al. Core principles & values of effective team-based health care. Washington, DC: Institute of Medicine, 2012.
 - <https://www.nationalahec.org/pdfs/vsrt-team-based-care-principles-values.pdf>

Communication:

- Daily to prepare for patient care activities: Residents to prepare patient care evaluations prior to patient visits to discuss recommendations with preceptor.

- EMR inbox messages: To be used for patient care questions. Residents are expected to check inbox messages at least twice a day in the morning and afternoon.
- E-mail: Email to be used for non-patient care questions or follow-up and should be checked at least daily.
- Personal cell phone: Residents must call (no texting) preceptor for urgent/emergency personal situations. Residents may communicate non-urgent situations via text outside of office/clinic hours. Notify preceptor and clinic staff by 7am if unable to come to work due to illness or personal emergency.

Evaluation:

What type of evaluation	Who	When
Formative (SOAP notes)	Preceptor	Daily
Formative + Formative Self	Preceptor, Resident	See below
Summative	Preceptor	Quarterly, see below
Summative Self-evaluation	Resident	Quarterly
Preceptor, Learning Experience Evaluations	Resident	Bi-Annually

PGY1 Summative Evaluation Schedule for Longitudinal Rotations

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
AmCare		Start		x			x			x		F

PGY1 Formative and Self-Evaluation Schedule for Learning Activities

Formative evaluations have been scheduled in PharmAcademic for the month the activity is assigned. Reminders will be sent to residents and preceptor on the first day of the month, and evaluations must be completed within one week of the activity due date.

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
AmCare			1				2			3		

1. SOAP note
2. Written DI response
3. CE presentation to HCPs

<u>2016 GOAL</u>	<u>2016 GOAL DESCRIPTION</u>	<u>2016 OBJ</u>	<u>2016 OBJECTIVE DESCRIPTION</u>	<u>2016 ACTIVITY</u>	<u>REPETITIONS</u>	<u>T/TE</u>
R1.1	Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.	R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.	(Q1,2,3,4) Prioritize patient care activities over other assignments. Perform daily/weekly self-assessments of timely completion of patient care duties.	50	TE
		R1.1.1		(Q1,) Engage with other members of the healthcare team and accept handoffs and referrals for collaborative disease state management.	10	TE
		R1.1.1		(Q2,4) Employ a personal system for keeping up with literature and applies new learnings to practice	5	TE
		R1.1.2	(Responding and Applying) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	(Q1,3) Demonstrate respect of every patient at all times, both in and out of the exam room. Model patient respect for team members and learners. Patient-pharmacists relationship includes effective communication during visits such as: an introduction of resident (role of resident on medical team & reason for visit with resident), use of open-ended questions to gather patient preferences and opinions about health care and treatment options,	25	TE

				discussion of pros/cons of different treatment modalities, recognition of patient autonomy in decision making, and respect for patient skills/ beliefs/ knowledge/ barriers and preferences in health care decision making.		
		R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	(Q1) Categorize subjective and objective patient information (including but not limited to a complete current medication list, medication use history, test results, lifestyle habits and socioeconomic factors) and organize it in a way to sort out extraneous information.	5	TE
				(Q1) Analyze relevant lab data. Collect vitals and/or point of care values when appropriate.	5	TE
				(Q1, 2) Distinguish, collect and record the most pertinent patient information from all available resources. Identify when information is missing and seek out solutions. Differentiate between necessary and extraneous information. Propose patient care evaluations that are clear, organized and reasonable.	5	TE
				(Q2) Examine patient baseline knowledge of disease states, lifestyle management, and medication use through open ended questions. Inquire about questions, concerns, barriers and educational needs of each patient.	5	TE
				(Q2) Determine appropriate labs and demonstrate ability to order labs according to CDTM protocols and/or provider referrals and patient need for safety or efficacy monitoring.	5	

		R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.	(Q1,3) Review and analyze appropriate disease state guidelines needed to create patient care evaluations that prioritize all healthcare needs	5	TE
				((Q2) Categorize MRPs identified at patient visits following guidelines and clinic resources (including HCPs)	5	TE
		R1.1.5	(Valuing and Creating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	(Q1) Complete patient care evaluations including therapeutic goals for identified medical problems using evidence based guidelines.	5	TE
				(Q1) Design patient care evaluations that assess the current regimen, offer options to change/maximize therapy and lifestyle, and evaluate all therapeutic options based on patient-specific details including co-morbidities, preferences and costs.	10	TE
				(Q1) Design patient care evaluations with details for monitoring medical problems, evaluating medication therapy for safety and efficacy, and assessing progress towards patient-related goals for wellness. Monitoring plans must be derived from manufacturer or guideline recommendations, as well as patient-specific details including co-morbidities and expense.	10	TE
				(Q2) Create and provide education to reinforce current knowledge, correct misinformation, or supply missing	10	TE

				information regarding disease states, lifestyle choices, and medication regimens with priority on patient reported preferences/needs. If applicable, supply written or visual educational materials, including a comprehensive medication list.		
		R1.1.6	(Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	(Q1) Demonstrate ability to document all patient care activities in EMR according to type of encounter (ancillary services, interim, telephone, refill request, etc).	10	TE
				(Q1,3) Demonstrate documentation of SOAP note assessment and plan section of patient visits follows clinic standards. Note is complete and concise.	10	TE
				(Q2) Apply process of ordering medications according to CDTM protocols per provider referrals and patient need to achieve therapeutic goals.	10	TE
				(Q2) Practice proper referral processes for the patient to necessary services which may including CDE, behavioral health, social work, nurse care management, and/or primary care provider for patient care concerns outside of pharmacy protocols.	5	TE
				(Q3) Apply referral process by CC'ing chart notes to provider or specialty service with brief overview of visit and any concerns encountered.	5	TE
				(Q4) Implement a transition plan for all patients at the end of the residency year (to PCP, to RN, stay with CPS, etc.)	5	TE

		R1.1.7	(Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	(Q2,4) Maintain a patient panel list in the EMR to monitor chronic disease state management patients. Report baseline and most recent clinical outcome measures to evaluate change from baseline.	3	TE
				(Q3)Formulate and document evidence-based recommendations for modifications to drug therapy, lifestyle management, and preventative care plans improve clinical outcomes and achieve therapeutic goals.	10	TE
				(Q3) Validate achievement of therapeutic goals utilizing EMR and/or outside records when conducting a patient care evaluation and document in the visit SOAP note. utilizing	10	TE
		R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	(Q2) Use teach-back method for all education and instruction provided.	1010	TE
		R1.1.9		(Q1,3) Demonstrate Principles of Team Based Healthcare in chart notes and office communications - shared goals, clear roles, mutual trust, effective communication, measureable process and outcomes. Principles of Team Based Health Care (https://www.nationalahec.org/pdfs/vsrt-team-based-care-principles-values.pdf)	10	TE
				(Q1, 2, 3,4) Practice monitoring patients for adverse events and understand when it's necessary to refer patient to clinician.	5	T
		R1.1.10	(Applying) Document patient care activities appropriately and efficiently.	(Q1,2) Utilize site standards to write SOAP notes including, but not limited to format, content and timeliness	10	TE

R1.3	Provide safe and effective medication-related patient care when patients transition between care settings.	R1.3.1	(Analyzing) Identify needs of individual patients experiencing care transitions.	(Q1) Detect patients experiencing TOC through utilization of phone/fax/e-communications and EPIC Care everywhere (as available) to track hospital admissions of patients. Take part in setting up follow-up appointments for pharmacist clinic visits (ie. anticoagulation) as indicated.	5	TE
		R1.3.2	(Applying) Manage and facilitate care transitions between patient care settings.	(Q1) Provide accurate, complete and timely transfer information to another facility, level of care, pharmacist, or other health care professional, as appropriate.	5	TE
		R1.3.2		(Q2) Demonstrate ability to accurately assess and report MRP/HRPs identified during care transition	5	TE
		R1.3.2		(Q3) Implement/modify therapy as authorized, provide education and follow-up as needed for effective patient consultation to address MRPs/HRPs. Utilize EMR to document interventions.	5	TE
		R1.3.2		(Q4) Independently perform medication reconciliation and counseling. Ensure appropriate follow-up appointments are understood by patient, answer any patient questions, and document in EMR.	5	TE
R2.2	Demonstrate personal and professional leadership skills.	R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	(Q1) Demonstrate respectful interactions with all team members and understand the role each member plays in the care of patients (additional activity Q2)	10	TE
R2.2				(Q2) Implement feedback that you actively requested from team-members regarding communication preferences and performance on patient care activities into practice.	2	TE

R4.1	Provide effective education and/or training	R4.1.1	(Creating) Design effective education and/or training activities based on the learners' level and identified needs.	(Q3,4) Develop a CE/DI program (slides, handouts, scripts) with relevant and accurate content. Create learning objectives that are specific, measurable and relevant that meet the learning needs of the audience. Develop assessment tools to accurately evaluate participant learning from CE/DI presentation.	1	TE
		R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	(Q3,4) CE/DI presentation(s) to provider and/or clinical team at site. Demonstrate thorough understanding of the presentation topic and devise teaching methods that are appropriate, concise, visually pleasing, easily understandable and free of errors.	1	TE
				(Q3,4) CE/DI presentation(s) to provider and/or clinical team at site. Perform effective delivery of presentation content: avoiding distracting habits, preparation and confidence apparent in delivery, good eye contact, appropriate rate of speech, correct length of presentation and able to respond to provider questions.	1	TE
		R4.1.3	(Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	(Q1) DI Questions- Act upon team, patient or family requests for drug information, and document question and response and save in DI file at site on a timely basis.	2	TE

				(Q2,4) DI Questions- Demonstrate ability to conduct thorough, efficient literature review to identify pertinent reference. Provide written response to provider incorporating evidence based literature and patient details. #2-4/year	2	TE
				(Q2,4) DI Questions- Demonstrate ability to write drug information responses that are evidence-based and incorporate patient specific information. Until authorized, discuss drug information questions that can be answered from memory with clinic preceptor to evaluate appropriateness prior to response.	2	TE
				(Q2,4) DI Questions- Employ a strategy to clarify question and background information needed to formulate a response prior to developing a search strategy. Literature search strategy designed to identify all relevant literature.	2	TE
				(Q3,4) CE/DI presentation(s) to provider and/or clinical team at site. Write the presentation demonstrating thorough understanding of the content and at a level appropriate for the target audience. Create a presentation that utilizes tables, graphs and figures to help enhance the learner's understanding of the topic, as well as summarizes key points. Construct teaching materials with correct citations and references. Demonstrate willingness and interest in feedback.	2	TE
				(Q3,4) DI Questions- From identified literature results, apply evidence to answer DI question in a way that is relevant to clinical site patients and providers. Formulate a concise answer and/or recommendation for practice at clinic.	2	TE

				(Q3,4) DI Questions- During a search eliminate irrelevant and/or low quality literature, identify literature that relates to question, and select highest quality/most pertinent results for presentation.	2	TE
R4.2	Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	R4.2.1	(Analyzing) Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	(Q1-2) After completing CEI Core Preceptor modules, analyze a current student's learning and model four preceptor roles (direct instruction, modeling, coaching, facilitation).	1	TE
				(Q3-4) Arrange to co-precept IPPE/APPE students in clinic. Provide direct instruction pertaining to clinic documentation & rotation expectations. Model patient care and documentation activities. Coach students in care plan development & patient care visits. Facilitate student self-reflection on performance in patient care visits & preparation.	1	TE
		R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	(Q1, 2) Identify appropriate timing and methods for formative feedback	1	TE
				(Q3, 4) Analyze IPPE/APPE performance and use as a context for writing/conducting summative evaluations for intern including action and monitoring plans for opportunity areas	1	TE