

## **ROTATION DESCRIPTION**

### **ROTATION TITLE**

Family Medicine Outpatient (PGY2)

### **PURPOSE**

The purpose of this family medicine outpatient rotation is to ensure that the resident develops advanced pharmacotherapeutic skills in the identification and resolution of drug therapy problems, demonstrates appropriate communication skills with patients and other members of the healthcare team, and assures positive drug therapy outcomes. The PGY2 resident should be able to demonstrate a level of independence above and beyond what a PGY1 resident would have in this area.

### **LEARNING EXPERIENCE DESCRIPTION**

The Family Medicine Center is a multidisciplinary health care site consisting of attending physicians, mid-level providers, nursing staff, and pharmacists. It is used as a training area for medical students, physician assistant students, and pharmacy residents and students. The clinic has two patient care areas and also houses a pharmacy and laboratory.

Clinical pharmacy services include: diabetes education and management service (also includes hypertension, hyperlipidemia, and preventive care), anticoagulation management service, drug information services, and multidisciplinary patient education and disease state management. Additional rotation requirements will expose the resident to many evidence-based medicine principles. A typical day begins with preparation of scheduled clinic patients. Appointments are scheduled from 8AM to 5PM. The PGY2 resident is responsible for coordinating journal club and facilitating one topic discussion throughout the month. The resident will be provided feedback in the form of formal evaluations (midpoint and final) as well as informal feedback from day to day. The resident should also provide prompt feedback to the preceptor of topics not being properly explained to them and/or of areas of improvement for the preceptor. The PGY2 experience builds on primary care concepts developed in PGY1 residency. This experience for PGY2 residents further refines skills to practice independently and develop into a family medicine pharmacotherapy expert.

### **LEARNING EXPERIENCE ACTIVITIES**

- Provide autonomous disease-state management to family medicine patients and participate in multidisciplinary care based on advanced evidence-based medicine principles.  
(R2.1.1, R2.2.1, R2.3.1, R2.4.1, 2.4.2, R2.4.3, R2.4.4, R2.5.1, R2.5.2, R2.6.1, R2.6.2, R2.7.1, R2.8.1, R2.8.2, R2.9.1, R2.10.1, R2.10.2, R2.10.3, R2.10.4, R2.10.5, R2.10.6, R2.11.1, R2.11.2, R6.3.1)
- Exhibit knowledge of the formulary, prescribing processes, special order medications and pharmaceutical industry  
(R.6.1.1, R.6.1.2, R.6.1.3, R6.2.1, R6.2.2, R6.2.3, R6.2.4, R6.4.1, R6.4.2)

- Independently coordinate/facilitate pharmacotherapy discussions group and journal club. (R2.6.1,R2.6.2, R2.7.1, R5.1.1, R5.1.2, R5.1.3, R5.1.4, R5.1.5, R5.1.6, R5.1.7)
- Communicate with Family Medicine inpatient team and provide continuity of care when needed.  
(R2.1.1, R2.12.1, R2.12.2)
- Document all patient encounters via SOAP note and patient care interventions in the electronic medical record, Practice Partner.  
(R2.13.1, R2.13.2, R2.13.3, R2.13.4)
- Co-precept pharmacy students on ambulatory care rotation and independently develop precepting style and skills.  
(R5.1.1, R5.1.2, R5.1.3, R5.1.4, R5.1.5, R5.1.6, R5.1.7)

## **REQUIREMENTS OF LEARNING EXPERIENCE**

### **Required hours**

~8:00 AM to 5:00 PM

### **Required meetings**

RITE, Fridays 12-1pm

Seminar, Mondays 1-2pm

### **Required presentations**

Ambulatory Care Journal Club

Ambulatory Care Topic Discussion (1 coordinating)

### **Required readings**

Ambulatory Care Group Pharmacotherapy Discussions, see website

Others as assigned

### **ROTATION PRECEPTOR(S)** (Please list all possible preceptors)

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## **METHOD OF EVALUATION**

Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). The preceptor and resident will review the resident's customized plan and the learning experience introduction document on the first day of rotation. Feedback will include, but not be limited to, verbal and written mid-point and end of rotation evaluations.