Learning Experience Description
This month long or longitudinal rotation is focused on chronic disease management and wellness/disease prevention in a primary care setting. Residents will work under collaborative drug therapy management agreements to care for patients in disease management services at IU Health Family Medicine Center (Methodist) and IU Health Family Medicine Brownsburg. In addition, residents will care for patients and supervise pharmacy students in the IU Health Primary Care Anticoagulation Phone Management service, as well as provide medication management services to high-risk patients enrolled in comprehensive care programs.

Requirements of Learning Experience

Required Attendance
- The resident will attend assigned clinic and will be available to all service areas until all pharmacy related issues are addressed and resolved. Absences must be approved in advance.

Required Meetings
- Resident will attend topic discussions and case presentations. This will allow the resident to understand and ultimately apply pharmacotherapy associated with the Ambulatory Care.

Required Presentations
- Resident will present disease state overviews to the preceptor and pharmacy students. Resident will also participate in precepting and lecturing to medical and pharmacy students and medical residents.

Required Readings
- Resident will be given required readings: see the Areas of Emphasis Handout.

Learning Experience Evaluated Goals

Goal R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships.
Goal R2.5: When necessary, make and follow up on patient referrals.
Goal R2.8: Recommend or communicate regimens and monitoring plans.
Goal R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.
### Learning Experience Activities, Assessment Criteria and Corresponding Learning Experience Goals/Objectives

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| Instruct patients or their caregivers on lifestyle modifications pertinent to chronic disease management, the proper use of medical devices including compliance aids, blood glucose monitoring equipment, inhalers and home test kits. | 1. Examination of the relationship between the resident and a specific patient in his or her care through direct observation and interviews with staff  
2. Review of resident assessment instrument(s) designed to accompany a specific education or training program  
3. Review of data collected by the resident through use of the assessment instruments and the resident’s conclusions about the level of achievement of learners on the stated objectives  
4. Cumulative direct observations of resident when engaged in case-based teaching | R2.3 R5.1                |
<p>| Document all patient interviews, counseling sessions, interventions, and other pharmaceutical care activities in the patient’s medical record via an electronic progress note. Complete all documentation activities, including allergic reaction and medication histories, via an electronic progress note within 24 hours of the patient encounter. | 1. Review of resident written plan and written instructional materials for delivery of a specific education or training program or other learning activity | R2.8 R5.1                |
| Prospectively monitor drug therapy drug-related problems by                                   | 1. Examination of the relationship between the resident and a specific patient in his or her care through | R2.3 R2.8                |</p>
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| using laboratory results, information from the medical record, the patient and primary care provider and physical assessment skills. Assess and monitor patients’ response to medication therapy based on laboratory results, safety, and patient specific parameters. | 1. Direct observation and interviews with staff  
2. Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base where recommendation to the caregiver is done in writing  
3. Direct observation of communication process to a specific patient | R2.3  
R2.5  
R2.8 |
| Perform required screenings, assessments and prevention planning to complete all aspects of the Medicare Annual Wellness Visit. Staff patient visit with precepting pharmacist and physician and document visit as well as all appropriate referrals in the electronic record. | 1. Examination of the relationship between the resident and a specific patient in his or her care through direct observation and interviews with staff  
2. Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base where recommendation to the caregiver is done in writing  
3. Direct observation of communication process to a specific patient | R2.3  
R2.5  
R2.8 |
| Communicate pertinent pharmacotherapeutic information to healthcare professionals of patients transitioning from one health care setting to another. Ensure any medication specific information reaches those who need it in a timely fashion | 1. Direct observation of practice  
2. Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base; interview of patient who has been referred  
3. Interview of health care professional to whom the resident has referred the patient  
4. Review of the resident’s plan for follow-up for a specific referred ambulatory care patient | R2.5 |

**Methods of Evaluation**

Evaluation of residents will be based on the above learning experience goals. 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/or written mid-point and end of rotation evaluations of the resident, preceptor and learning experience.
Areas of Emphasis
Direct patient contact, comprehensive medication reviews, didactic discussions, conferences, reading assignments, and case presentations will allow the resident to understand and ultimately apply pharmacotherapy associated with Ambulatory Care, including the following disease states:

1. Cardiology
   a. Hypertension, hyperlipidemia, heart failure, coronary artery disease, atrial fibrillation/arrhythmias, thromboembolic disorders and anticoagulation
2. Endocrinology
   a. Diabetes mellitus, metabolic syndrome, gestational diabetes
3. Health and Wellness
   a. Disease prevention strategy and screening, immunization management, smoking cessation, patient risk assessment
4. Hematology
   a. Coagulation disorders
5. Infectious disease
   a. Bronchitis, sinusitis, community acquired pneumonia, urinary tract infection, cellulitis
6. Psychiatry
   a. Depression, anxiety, insomnia, bipolar disorder, ADHD
7. Pulmonary
   a. Asthma, COPD
8. Chronic renal failure
9. Chronic pain management
10. Medication issues in pregnancy and lactation
11. Medication issues in geriatrics