Welcome! In her new role as Ambulatory Care Coordinator for SSPPS, Sarah Lorentz presided over the school’s First Annual Ambulatory Care Preceptors Conference on Tuesday, March 17th.

Ambulatory Care Site Overview The preceptors introduced themselves and described the Ambulatory Care rotation experiences at each of their sites. The Office of Experiential Education (OEE) reported that great gains were made this year in Ambulatory Care site availability. Thanks in large part to inaugural preceptor Grace Kuo (and now precepted by Renu Singh), three Family Medicine sites opened to our students in Summer 2008: La Jolla Family & Sports Medicine, Fourth & Lewis Medical Office and Scripps Ranch Medical Office. These sites are growing strong and are now a vital part of the Ambulatory Care experience. Several other sites have grown and are offering more experiences as well, including Moores Cancer Center, Veterans Administration, Naval Medical Center San Diego and Kaiser Permanente. New preceptors and sites are planning to open rotations soon, including the IMG Clinic, to be precepted by Panteha Kelly, and a psychiatric rotation, to be precepted by Kelly Lee. The OEE is grateful and thanks all of the site coordinators and preceptors who helped grow the Ambulatory Care experience at SSPPS over this past year.

Review of APPE Calendar The UCSD Class of 2010 begins their APPEs on June 29th and the UCSF Class of 2010 begins a little earlier, on March 30th. Discussion of the 2009-2010 academic year included the announcement that this is the last year UCSD will be hosting students from UCSF.

Incorporation of Community Pharmacy into Ambulatory Care Beginning with the 2009-2010 academic year, in order to meet ACPE requirements, Community Pharmacy will be incorporated into the Ambulatory Care rotation. Students will spend 4 days per week at their Ambulatory Care sites, and 1 day per week at their Community Pharmacy sites. The OEE had originally planned to use just the UCSD Community Pharmacy sites for this change, but further discussion led to another suggestion. Some non-UCSD Ambulatory Care sites can also accommodate the Community Pharmacy element. It was suggested that students might be able to attend just 1 site for both Ambulatory Care and Community Pharmacy, e.g. at Kaiser, Navy and the VA. Another suggestion was made that in the interest of continuity, the Ambulatory Care site could work together with the Community Pharmacy Site to tailor a consistent rotation experience, e.g. a student in the Transplant Clinic could focus on transplant patients in the Community Pharmacy.

Absence Policy The OEE’s new attendance policy was announced: “Rotation time missed is made up at the discretion of the preceptor. A plan will be put in place by the preceptor and student to complete the missed time. The preceptor’s approval should be
secured in advance if a student needs to be absent on a scheduled rotation day.” The OEE feels that the site and preceptor are the best judges to determine if, when and how student absences should be addressed. There was a discussion on how to track absences and how preceptors could gain access to a student’s cumulative absences for the year. A suggestion was made that the Summative Evaluation could include a section on attendance where the preceptor could cite how many days were missed and how they were made up. Another suggestion was that the OEE could keep track of all student absences and then send that information to the preceptors at the beginning of each block. The OEE could simply file absence notifications in the students’ folders and then if the preceptors want the information, they could request it from the OEE. Students are instructed to inform the OEE of their absences, but this isn’t always done, so the OEE would also depend on the preceptor for notification. Yet another suggestion was made that each preceptor could track absences and submit the information to the OEE at the end of each block. It was generally agreed that the nature of absences falls into 2 categories, residency interviews and sick/personal time, and each type is treated differently. It was noted that some clinics don’t have pharmacist preceptors, resulting in no accountability for attendance. Sarah Lorentz is working on this issue. There will be further discussion on this issue.

“Precepting Tips” presented by Ashley Feist, preceptor at the UCSD Transplant Clinic. The highlight of the conference, Ashley shared the clinic structure and philosophy of the transplant clinic and its Ambulatory Care student experience. The pharmacist’s and student pharmacist’s ability to document feedback in EPIC was a point of interest among many of the preceptors, as was the free software “MedAction Plan” approved for use by the UCSD Medical Center. The Transplant Clinic preceptors view the students as extensions of themselves. After two weeks of shadowing (the first week, students shadow the preceptors; the second week, the preceptors shadow the students), the students see the patients independently and then present the patients to the preceptors. Each week during the rotation, the students study different topics, such as immunosuppression, diabetes and hyperlipidemia, and are assigned projects. The preceptors request feedback about the students from everyone involved with the students, physicians, nurses and patients, included. Ongoing feedback to the students about their performance is also a critical component of this experience. The keys to the Transplant Clinic’s success are organization and structure, timely evaluations and allowance for administrative time.

Future Topics The last order of business was a brainstorming session aimed at identifying topics to discuss at the 2nd Ambulatory Care Preceptors Conference.

- Aide Gomez, Medical Spanish instructor, would like to hear what the comments and needs are from Spanish-speaking patients - what would they like to see in the pharmacy.
- Interest was expressed in a Medical Spanish course taught by Aide for the preceptors.
- Allowing time for an Open Table discussion would be beneficial.