Review of Student Evaluations
Spring B - Fall B 2009

- Precepting improvements recommended
Time

- More time with the pharmacist (one to one)
- More follow-up on student progress
- More guidance
General

- More orientation
- Better timing of activities/pharmacist schedules
- Clearer assignments
- Clinic schedule of topics to review
- Efficiency during clinic
- Better training on use of computer system
- Role in clinics without pharmacist present
Review of Student Evaluations
Spring B - Fall B 2009

Valued Learning Experiences
Patient Matters

- Patient work-up / Assessment
- Interviewing & interaction w/patients
- Med Reconciliation
- Counseling patients
- Taking phone calls from patients
- Problem solving
- Written documentation
- Med Action Plans – medication adherence

http://www.medactionplan.com/
Working with the Team

• Observing role of MD, RN & PA
• Team communication
• Going on rounds
• Shadowing home health nurse and other members of healthcare team
• Working with other trainees, e.g., med students
• Active participation with team
• Interdisciplinary patient care discussions
Self-Learning

- Investigate unfamiliar medications
- Review treatment guidelines
- Independent thinking
Preceptor Role-Modeling

• Observed how preceptor thinks

• Observed preceptor doing patient work-up (good example of work ethic)

• Observed preceptor make effective recommendations to physicians

• Observed preceptor interacting positively with healthcare professionals

• Observed preceptor embrace all aspects of pharmacy: pharmacoeconomics, adherence, kinetics
General Precepting

- Orientation on first day
- Up-front & clear regarding APPE expectations/goals
- Does not micro-manage & allows students to learn at own pace
- Available to answer questions
- Environment conducive to learning
- Providing responsibilities & independence
- Organized rotation
General Precepting

• Provided feedback and constructive criticism on projects
• Continually challenges students
• Pushes students to anticipate questions & potential needs
• Guidance in focusing presentations
• Offered helpful suggestions at mid-point eval
• Offered time outside of clinic hours
• Not making students feel bad for not knowing something
• Asking students a lot of questions
Clinical Skills

- Monitoring drug therapy and disease states
- Medication reconciliation
- Monitoring Labs and serum levels
- Adjustments for hemodialysis & renal function
- Immunosuppressant adjustments
- Interpreting results
- Dose recommendations and therapy interventions
- Physical exams; e.g., CHF & foot exams
- Administering vaccinations
- Providing advice and insight on insurance
Ambulatory Care Panel Discussion

Clinical Sites:
Navy Hospital Camp Pendleton
Naval Medical Center, San Diego
VA Medical Center, San Diego
UCSD Family Medicine
Kaiser Permanente-Zion
Discussion Topics:

Program Structure

- Orientation
- Learning activities
- Student presentations
- Preceptor teaching methods
Discussion Topics:

Clinical Practice

- Description of your clinics
- Style of patient interviews
- Documentation
- Use of protocols for medication/labs
- Physical assessment
Open Discussion

- Challenges
- Successes
Continuing Education

- Pharmacist’s Letter

“Precepting an Ambulatory Care Experience”

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Update on Intern Hours
Ambulatory Care

Preceptors Conference

Thank you for your participation!