Program Purpose, Description, and Structure

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Program Description: The Concordia University Wisconsin School of Pharmacy PGY1 Pharmacy Practice Residency Program will prepare ambulatory care practitioners capable of developing, providing and advancing ambulatory care services in any practice setting with a specific focus on urban underserved practice settings.

Following program completion, graduates will be prepared for academic and ambulatory care practitioner careers, and will demonstrate the ability to navigate teaching, practice, research and service roles of faculty members.

Graduates of our program;

- will be highly sought ambulatory care pharmacists that will be desired for their advanced academic preparation and experiences in developing and advancing urban underserved ambulatory care practices.
- will be able to combine an advanced pharmacotherapy knowledge base with skills in teaching, learning, scholarship and service to be highly effective faculty members upon residency graduation.

The CUWSOP PGY1 Pharmacy Residency program offers two residency options both aimed at preparing pharmacists for generalist ambulatory practice in urban underserved areas and roles in teaching. Option 1 is a 24-month practice and academia emphasis with time split equally in practice and on-campus. Practice is in an established site year 1 and a new site in year 2 to focus on developing new services. Time on campus is split between teaching roles and academic development via Master’s in Education coursework. Option 2 is a 12-month urban underserved emphasis at the AIDS Resource Center of Wisconsin Medical Clinic and Pharmacy in Milwaukee, WI. The majority of time will be spent in direct patient care in the medical clinic and pharmacy with time once weekly at CUWSOP in teaching and learning activities that will foster academic development. A full day each week will be allocated for administrative projects in the pharmacy and medical clinic. Regardless of the option chosen, graduates of our program will be prepared for success in a variety of ambulatory care practice positions as well as pharmacy practice faculty positions.

24-Month Practice and Academia Emphasis
Residents will spend half of their experience in patient care with year 1 at an established pharmacy practice site at a federally qualified health center and year 2 developing and advancing ambulatory care
services in an urban underserved site. Residents will spend 25% of their time in a variety of teaching roles at CUWSOP. The remaining 25% will be allocated to academic development including completion of a Master’s in Education with emphasis on teaching and learning. The graduate will be prepared for success in pharmacy practice faculty positions as well as a variety of non-academic ambulatory care practice positions.

**24-month Learning Experiences**

<table>
<thead>
<tr>
<th>Learning Experiences</th>
<th>Required or Elective</th>
<th>Rotation Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice and Academic Leadership Emphasis Teaching</td>
<td>Required</td>
<td>Longitudinal</td>
<td>24 months</td>
</tr>
<tr>
<td>Practice and Academic Leadership Emphasis Academic &amp; Personal Development</td>
<td>Required</td>
<td>Longitudinal</td>
<td>24 months</td>
</tr>
<tr>
<td>Practice and Academic Leadership Emphasis Direct Patient Care Year 1</td>
<td>Required</td>
<td>Longitudinal</td>
<td>12 months</td>
</tr>
<tr>
<td>Practice and Academic Leadership Emphasis Direct Patient Care Year 2</td>
<td>Required</td>
<td>Longitudinal</td>
<td>12 months</td>
</tr>
</tbody>
</table>
### 24-month Learning Experience Schedule

<table>
<thead>
<tr>
<th>Semester</th>
<th>Teaching Activities</th>
<th>Practice Activities</th>
<th>Scholarly/Scholarship Activities</th>
<th>Service Activities</th>
<th>Masters of Education Coursework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Semester (Jul 1-Dec 31, 2019)</strong></td>
<td>APC lab series</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2nd Semester (Jan 1-Jun 30, 2020)</strong></td>
<td>APC lab series, Junior Coordination of lab course, Isolated lectures</td>
<td></td>
<td></td>
<td></td>
<td>Masters Thesis – Educational Research Project</td>
</tr>
<tr>
<td><strong>3rd Semester (Jul 1-Dec 31, 2020)</strong></td>
<td>APC lab series, Coordination of unit within Pharmacotherapy course, Lectures within Pharmacotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4th Semester (Jan 1-Jun 30, 2021)</strong></td>
<td>APC lab series, Co-coordination of elective course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Teaching Activities**
- APC lab series
- Junior Coordination of lab course
- Isolated lectures
- Coordination of unit within Pharmacotherapy course
- Lectures within Pharmacotherapy
- Co-coordination of elective course

**Practice Activities**
- Practice at MHSI with faculty preceptors
- Practice at new site without existing services

**Scholarly/Scholarship Activities**
- MHSI MUE activity
- New practice/service development

**Service Activities**
- Curriculum committee
- Assessment committee

**Masters of Education Coursework**
- Hum Learn/Motiv
- Intro to Analysis
- Educ Research
- Teach Rx Stud I
- Intr Teach Method
- Strat Effect Teach
- Teaching Portfolio
- Assess for Learn
- Teach Rx Stud II
- Curr Des & Int
- Teaching Portfolio
- Thesis Completion
- Teach Rx Stud III
- Elective
- Teaching Portfolio
12-month Urban Underserved Emphasis

The resident will provide ambulatory care services in the AIDS Resource Center of Wisconsin Medical Clinic and Pharmacy in Milwaukee, WI. Teaching students at the practice site and once weekly at CUWSOP will be a part of the learning experience in addition to learning activities that will foster academic development. A full day each week will be allocated for administrative projects in the pharmacy and medical clinic.

12-month Learning Experiences

<table>
<thead>
<tr>
<th>Learning Experiences</th>
<th>Required or Elective</th>
<th>Rotation Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCW Clinical Quality Improvement</td>
<td>Required</td>
<td>Longitudinal</td>
<td>12 months (with emphasis after first quarter)</td>
</tr>
<tr>
<td>ARCW Medical Clinic Direct Patient Care</td>
<td>Required</td>
<td>Longitudinal</td>
<td>12 months</td>
</tr>
<tr>
<td>ARCW Outpatient Pharmacy Direct Patient Care</td>
<td>Required</td>
<td>Longitudinal</td>
<td>12 months</td>
</tr>
<tr>
<td>ARCW Teaching</td>
<td>Required</td>
<td>Longitudinal</td>
<td>12 months (with emphasis starting midway through first quarter and ending midway through 4th quarter)</td>
</tr>
</tbody>
</table>

12-month Learning Experience Schedule

Residents begin an orientation phase, including one day of program orientation on CUW’s campus, in July. With the exception of ARCW Teaching, all other experiences begin immediately and progress throughout the year. Emphasis in Clinical Quality Improvement may begin immediately based on resident interest and comfort, but typically begins after the first quarter. ARCW Teaching begins in mid-August of each year and ends in mid-May.
Certification of Program Completion

Resident: ______________________________________

The Residency Director, in consultation with the respective Site Coordinator when applicable, determines whether a resident has met all of the requirements of the residency program and is therefore qualified to receive a Certificate of Completion from the program. Criteria for graduation from the residency program include successful completion of the following:

- Program orientation, including learning module on application of Gallup’s StrengthsFinder™ assessment to self-development and organizational improvement.

- Learning experiences, as defined by the resident’s program emphasis and the services provided by the resident’s host training site. Resident must have documented achievement of 90% of learning objectives associated with these learning experiences and satisfactory progress with the learning objectives that are not achieved.

- Completion of at least 2000 hours of service and learning completed over each residency year.

- Completion of the requirements of the CUWSOP Future Faculty Teaching Certificate.

- Presentation in the following program activities at their site
  - Clinical Pearls or Practice Management Presentation

- Presentation in the following program activities at their practice site OR on campus;
  - Journal Club
  - Case Presentation

- Residency project, including;
  - Presentation of a poster or presentation at a statewide, regional or national meeting AND to CUWSOP faculty and residency program preceptors.
  - Submission of a manuscript consistent with guidelines for an appropriate article type of a journal that would be an appropriate fit for the project OR consistent with Masters thesis requirements (applicable to Practice Advancement and Leadership Emphasis residents).

  Note: both a poster and presentation are required- resident and preceptors can determine where the best fit for each is.

The resident identified above has completed the required activities noted above and is therefore qualified for graduation and receipt of a Certificate of Program Completion.

________________________________________
Andrew P. Traynor, Pharm.D., BCPS
Residency Program Director

Date of Review
Resident Portfolio

Policy
The CUW PGY1 Pharmacy Residency Program will document all resident activities utilizing a portfolio.

Purpose
Residents, preceptors, and the residency director have the professional responsibility to ensure proper documentation of completion of all aspects of the residency program.

Procedure
In a timely manner, compile all works within the electronic portfolio. This can be kept on a local computer or USB drive. At least quarterly, all documents should be uploaded to PharmAcademic under each specific resident name/files.

The resident will follow the structure of the table of contents provided in this document to create folders (or a table of contents if using a pdf format).

At least 1 draft with feedback shown should be included to show progression of skills leading to final product.

At the end of the residency program a flash drive containing all the above documents shall be given to the residency program director.

Residents are required to archive on a flash drive the following:

<table>
<thead>
<tr>
<th>Date Archived</th>
<th>Artifact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CREDENTIALS</td>
</tr>
<tr>
<td></td>
<td>Copy Of Wisconsin Pharmacist License</td>
</tr>
<tr>
<td></td>
<td>Copy Of Immunization Certificate</td>
</tr>
<tr>
<td></td>
<td>Copy Of CPR Card</td>
</tr>
<tr>
<td></td>
<td>Copy Of Liability Insurance</td>
</tr>
<tr>
<td></td>
<td>Any other certifications</td>
</tr>
<tr>
<td></td>
<td>PRESENTATIONS</td>
</tr>
<tr>
<td></td>
<td>Presentations to groups of patients, groups of caregivers, health care professionals (including physicians, nurses, pharmacists and other providers), students and the public</td>
</tr>
<tr>
<td></td>
<td>Clinical Pearls or Practice Management Presentation</td>
</tr>
<tr>
<td></td>
<td>Case Presentation</td>
</tr>
<tr>
<td></td>
<td>Any other presentation given</td>
</tr>
<tr>
<td></td>
<td>Documentation of formative feedback (PDF of email feedback or scanned documents or documents with changes tracked and comments noted)</td>
</tr>
<tr>
<td></td>
<td>Future Pharmacy Faculty Certificate (Teaching Portfolio)</td>
</tr>
<tr>
<td></td>
<td>Teaching Philosophy (including any drafts)</td>
</tr>
<tr>
<td></td>
<td>Lecture (including any drafts)</td>
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<tr>
<td></td>
<td>Education Journal Club Documentation</td>
</tr>
<tr>
<td></td>
<td>Peer Review of Scholarship</td>
</tr>
<tr>
<td></td>
<td>Lab Teaching Evaluations</td>
</tr>
<tr>
<td></td>
<td>At least two examples of the resident's written formative and summative feedback developed by the resident and provided to a learner</td>
</tr>
<tr>
<td>Reflection Document describing any teaching experiences</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>POSTERS</td>
<td></td>
</tr>
<tr>
<td>PowerPoint Poster Content</td>
<td></td>
</tr>
<tr>
<td>Draft Poster Image</td>
<td></td>
</tr>
<tr>
<td>Final Poster</td>
<td></td>
</tr>
<tr>
<td>PDF any emails with feedback and changes</td>
<td></td>
</tr>
<tr>
<td>Any other posters</td>
<td></td>
</tr>
<tr>
<td>PROJECT</td>
<td></td>
</tr>
<tr>
<td>IRB proposal / Procedure</td>
<td></td>
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<tr>
<td>Informed consent document (if applicable)</td>
<td></td>
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<tr>
<td>HIPAA document (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Copy of survey tool (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Copy of all data collected (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Presentation Draft</td>
<td></td>
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<tr>
<td>Presentation Final</td>
<td></td>
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<tr>
<td>Manuscript Draft</td>
<td></td>
</tr>
<tr>
<td>Manuscript Final</td>
<td></td>
</tr>
<tr>
<td>Any other related documents</td>
<td></td>
</tr>
<tr>
<td>PDF any emails with feedback and changes</td>
<td></td>
</tr>
<tr>
<td>QUALITY IMPROVEMENT PROJECT</td>
<td></td>
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<tr>
<td>Draft Document</td>
<td></td>
</tr>
<tr>
<td>Final Document</td>
<td></td>
</tr>
<tr>
<td>PDF any emails with feedback and changes</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>Pre-residency CV</td>
<td></td>
</tr>
<tr>
<td>End of residency CV</td>
<td></td>
</tr>
<tr>
<td>List of activities at a national, state and/or local professional association during the residency</td>
<td></td>
</tr>
<tr>
<td>Evidence of community service</td>
<td></td>
</tr>
<tr>
<td>Evidence of resident's contributions to the Pharmacy planning process. Evidence of the Resident’s contribution from leading or working as a member of a committee or informal work group.</td>
<td></td>
</tr>
</tbody>
</table>
Preceptors and residents will document progress with respect to specific educational goals and objectives on a quarterly basis. All evaluations will be completed online through the PharmAcademic system as outlined through the Residency Learning System Workbook. The resident’s initial resident assessment will be completed using PharmAcademic and customized quarterly learning plans will be completed. The following summarizes the timing and components of the evaluation process.

**Initial Resident Assessment**
Incoming residents will complete the Initial Resident Assessments within the first week of their start date. Preceptors and residents must meet to review the initial resident assessment and complete Customize Training Plan, Quarter 1, within 3 weeks of their start dates. Preceptors must ensure that areas identified as initial strengths and weaknesses are evaluated during the first quarter for the purpose of fostering strengths or offering remediation as future learning.

**Rating Scale Guidance**

**Needs Improvement (NI)**
- Deficient in knowledge/skills in this area
- Often requires assistance to complete the objective
- Unable to ask appropriate questions to supplement learning
- Repeatedly unable to meet deadlines

**Satisfactory Progress (SP)**
- Adequate knowledge/skills in this area
- Sometimes requires assistance to complete the objective
- Able to ask appropriate questions to supplement learning
- Requires skill development over more than one rotation

**Achieved (ACH)**
- Fully accomplished the ability to perform the objective
- Rarely requires assistance to complete the objective; minimum supervision required
- No further developmental work needed

**Achieved for Residency (ACHR)**
Completed by RPD only
- Resident consistently performs objective at Achieved level, as defined above, for the residency.

**Formative and Summative Evaluations**
Formative evaluations are opportunities to provide feedback about a learning activity as the resident is working on the activity. The feedback helps the resident improve as they progress through the learning activity/project. It may be verbal or written feedback. If written, copies should be saved and uploaded to PharmAcademic (or use the feedback button in PharmAcademic to send feedback).

Summative evaluations are more formal, written opportunities to provide feedback after a learning activity has been completed or at regular intervals (i.e quarterly). Assessment of the completed activity or progress on the learning activity outlines strengths, weaknesses, and next steps or areas for improvement.
Assessments to be Completed by Preceptors
You will be prompted via the PharmAcademic system to complete evaluations as they are setup in the system. Per the RLS Workbook, evaluations are set up for each learning experience outlined. You are asked to evaluate the attainment of residency program objectives that are linked to each learning experience. This does not mean that there needs to be progress on every objective each quarter. It is acceptable to mark NA on some objectives, particularly in the first quarter of the residency. We will be tracking our progress through the year with the goal that 90% of all objectives are achieved by the end of the year.

Please see the section on summative evaluation tips at the end of this document.

Assessments to be Completed by Residents
Residents will be asked to complete self-evaluations of their attainment of residency objectives in a manner similar to that requested of preceptors (detailed above).

In addition, residents will be asked to evaluate their:
- Residency Preceptor(s) (for each preceptor a resident works with)
- Overall Learning Experience

PharmAcademic sets this up for each individual learning experience we enter.

Quarterly Evaluation Debriefing Meetings
Within one week of completing quarterly online evaluations, residents and preceptors should meet to debrief about the content of evaluations. Prior to the evaluation review meeting, residents and preceptors can log in to the PharmAcademic system and print off summary reports of the evaluations that have been entered by resident and preceptors. The following items should be discussed during this meeting.

I. Discrepancies between resident self-evaluation and preceptor evaluation of the completion of residency objectives and general abilities.
II. Identified strengths and areas for improvement in resident’s performance for learning experiences covered that quarter.
III. Plans for addressing areas of improvement in the future.
IV. Review of preceptor and learning experience evaluations.
V. Discussion and completion of custom training plans document.

Upon completing the quarterly evaluation debriefing meeting, each evaluation completed must be cosigned by the preceptor acknowledging that “Evaluations were discussed during a quarterly debriefing meeting including the resident and preceptor.”

Custom Training Plans Quarters 2-4
Custom training plans must be completed for the upcoming quarter and discussed at the previous quarter’s evaluation review meeting. The intention of these plans is to continue progress in areas of strength and resident interest and address areas of improvement evident from completion of resident evaluations.

Deadlines
There are two deadlines to meet for the purpose of evaluations, a deadline for completing evaluations online and a deadline for residents and preceptors meeting to review evaluation results together and plan for the next quarter. These deadlines are outlined in the table below.

<table>
<thead>
<tr>
<th>Deadline for Completing Evaluations Online</th>
<th>Deadline for Evaluation Review Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1</td>
<td>October 8</td>
</tr>
<tr>
<td>January 4</td>
<td>January 11</td>
</tr>
<tr>
<td>April 1</td>
<td>April 8</td>
</tr>
<tr>
<td>June 25</td>
<td>June 30</td>
</tr>
</tbody>
</table>

**Tips for Summative Evaluation Feedback**

1. When assigning a resident to a learning activity, tell them what you are looking for. Consider utilizing a snapshot document or developing your own evaluation rubric to evaluate their performance.
2. Check the status of Achieve, Satisfactory Progress, Needs Improvement or Not Applicable for each learning objective.
3. When entering commentary for the status of each learning objective ensure that your comments are:
   a. Based on criteria for the objective
   b. Based on firsthand knowledge
   c. Is specific and focused
   d. Is limited to areas of either really exceptional performance or areas of improvement
   e. Do NOT simply restate what the resident did as a part of the objective
4. In the open commentary box at the end of each learning experience evaluation, address the following areas related to resident performance in the learning experience overall.
   a. What strengths the resident demonstrated as a part of this learning experience?
   b. What areas of improvement exist as a part of this learning experience?
   c. What can be done to improve?

See the example below for summative evaluation feedback to include at the end of each learning experience evaluation.

**Small Group Teaching Performance**

X's greatest strength is in her organizational skills and preparation. From her discussion preparation to ensuring the lab activity flowed smoothly and on time to keeping her grading organized, X applied this strength to all aspects of her teaching. She was conscientious of her effort and time spent on activities, thus, I think that time and personal management is exceptional for this resident. Her grades were always entered on time with no reminders from me. There were no weaknesses identified with her small group teaching performance. Additional areas of performance include;

**Factual Content** - X was always well versed and showed a high degree of understanding of her topics in drug information, acute renal failure, IV compatibility and patient education. To complement the Acute Renal Failure lab, X developed a phenytoin/fosphenytoin dosing sheet that helped the students develop their knowledge. Evaluating student performance and responding to their needs in this manner exceeds my expectations for first time TAs. X also provided a nice balance of factual content and her own experiences from practice in the lab. This is the hallmark of our best instructors!
Interaction with Students - X was always deliberate in explaining what was going to be done, which is very important for this generation of learners. She was always positive and demonstrated a passion for teaching and interacting with students.

Lecture Performance - X delivered a lecture on IV Compatibility on October 12, 2009.

Strengths - X developed a very nice presentation and great handout to foster student learning. Bringing an example of a precipitate in a line was excellent. Good use of humor in the lecture. Poise was quite good, especially during student questions. Good opening and use of learning objectives.

Areas to Work On - Make sure to look at all slides ahead of time to assess their legibility on the screen, including color schemes and lighting in the room. There was a little reading off of slides. Using slides to make main points and foster discussion would be ideal. Could optimize active learning techniques a little more especially when working through the case. Instead of just providing the answer, give the students a chance to address it or work through the steps to solve the issue.
Program Disciplinary Policy

Resident Standards
While every effort is made to assure the success of a resident through a residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program. The following are the standards and tasks that each resident must meet, and the deadline, if applicable:

A. Administrative Requirements: The following are required for all residents by September 1st. A copy of documentation or proof of training must be provided to the Program Coordinator by the due date:
   - Licensure to practice pharmacy in the state of Wisconsin
   - CPR Certification for Basic Life Support

B. Policies
   - The Resident is subject to all applicable rules, policies and procedures of the resident’s host practice site, the School of Pharmacy, and Concordia University.
   - Resident must adhere to HIPAA policy of each site where education occurs.
     Gross misconduct towards the RPD, any member of the Pharmacy Department, other healthcare worker, or patient will result in a warning and, based on the severity, a written warning as outlined in bullet point two of section II.A.
   - Chronic absenteeism may be considered to impede progress towards residency goals attainment and can result in a written warning as outlined in bullet point two of section II.A.
   - If resident does not show steady progress during the first three months of the program, the resident will be placed on probation and provided in writing an outline of expectations that must be met in order to continue in the program. (see II: Disciplinary Policy)
   - If the resident commits a crime that is a felony or significantly impacts his/her ability to practice pharmacy, this would result in immediate dismissal.

II. Disciplinary Policy
A. If the Program Director determines through documentation that the Resident is not meeting program expectations or performance criteria, the following actions will be taken:
   - The Resident will be notified in writing of the specific complaint against the Resident.
   - Within 30 days of receiving the written complaint a meeting will be scheduled between the resident, Site Coordinator and/or Preceptor and Program Director. The purpose of the meeting will be to present the evidence, allow the Resident an opportunity to defend him or herself, and determine if the Resident should continue or be dismissed from the program. The Resident may choose to be represented by an attorney at the hearing. The University may choose to invite legal counsel to participate. One of three courses of action will be taken after the conclusion of this meeting, as determined by the Program Director.
1. **Dismissal of the Complaint**: If the Resident is able to prove that the complaint is not supported by the evidence, the complaint will be dropped, and the Resident will continue in the program.

2. **Probation**: A plan of action will be designed and implemented, giving the Resident a defined period of time to demonstrate improvement. The benchmarks for improvement will be outlined in writing. The Resident and Site Coordinator/Preceptor(s) will meet once per week during the probation period, to review progress. At the end of the defined period, the Resident, Site Coordinator/Preceptor(s) and Program Director will meet to evaluate the Resident’s progress. One of two courses of action will be taken after this meeting, as determined by the Program Director:
   - The Resident will be taken off probation and allowed to continue with the residency program; or
   - The Resident will be dismissed from the program, effective immediately.

3. **Dismissal**: The Resident will be dismissed from the program by the Program Director, upon recommendation of the Site Coordinator/Preceptor(s), effective immediately. Any decision by the Program Director will be communicated to the Resident in writing.

C. **Appeals**

The Resident has the right to appeal any decision to the Dean of the College of Pharmacy. The appeal must be made in writing within five business days after the receipt of the Program Director’s decision. It must include the Resident’s basis for appealing the decision. The Dean will contact all parties to determine a mutually agreeable time for the Residency Site Coordinator/Preceptor(s) and Program Director to discuss the matter. The Dean will question each person and consider the evidence presented. Within 10 business days after the Dean’s receipt of the Resident’s appeal, the Dean will decide either to dismiss the Resident or remand the matter back to the Program Director and Site Coordinator. The decision by the Dean will be communicated to the Resident in writing and will be considered final.

B. **Time Extensions**

The Program Director, on advice from the Site Coordinator/Preceptors or Dean may grant time extensions for good cause shown.
Employment Policies for PGY1 Pharmacy Residency Program

All policies related to pharmacy resident employment can be obtained from the practice site. The resident is encouraged to read the policies in their entirety. As it relates to resident progression through the program policies related to professional, family and sick leaves and the consequences of any such leave on the residents’ ability to complete the residency program are outlined below.

Residents are considered staff employees and are regular salaried, exempt employees with an end date coinciding with 1 year from start date OR another later time as determined by Human Resources based upon the need to complete residency program requirements due to approved leave.

**Holidays**
Practice sites recognizes the following holidays:
- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

If the holiday falls on a Weekend, generally the nationally recognized holiday is the following Monday. The Company will evaluate holidays as they occur. To be paid for holidays, the employee must work the day before and the day after unless specific arrangements are made before the holiday.

**Vacation**
Vacations should be scheduled in no less than one-half (1/2) day increments.

Supervisors will attempt to grant vacation requests whenever possible, but work requirements and seniority within the department will be considered. All vacation time must be approved in advance by the employee’s supervisor.

**Benefit Eligibility: Exempt Full-Time Employees**
- 10 days of PTO

We believe that employees should have opportunities to enjoy time away from work to help balance their lives. For this reason, we provide a program of Paid Time Off (PTO). PTO is a time-off-with-pay program to allow employees the freedom to decide how to use time off. Employees can use their PTO for vacation, for personal business, for periods of illness, for doctor or dental appointments, for personal or family emergencies, and in the event of inclement weather/driving conditions.

**Use and Management of PTO:**
We encourage employees to use their PTO responsibly. Vacation and personal time are to be requested in writing and scheduled a minimum of 2 weeks in advance.
The request will be evaluated and subject to approval depending upon PTO time available and staffing needs at the time. There may be occasions, such as a sudden illness, or an emergency when you may not be able to give sufficient advance notice. In those situations however, be sure to inform your supervisor or follow the call-in procedure as soon as possible. If PTO time is available to you, it will be used to pay for the time off. In both cases above, if PTO time is available to you, it will be used to pay for the time off. If no PTO time is available, you will not be paid for the time off. PTO time is not to be used to cover time missed from work due to tardiness, except in the case of inclement weather.

When your supervisor approves PTO, administration will be notified as to the status of pay, dates, etc.

Types of Non-PTO Leave:

Situations that require time off such as jury duty, bereavement, and workers compensation will not be charged against your PTO time.

Compassionate Leave

We have taken into consideration the personal needs that arise from the death of an immediate family member. You will be allowed leave up to three days with full pay until and including the day of the funeral. Funeral leave pay will not be granted to employees attending a funeral during periods when, for other reasons, they are not at work, such as vacation, holidays, and illness. Immediate family is understood to include father, mother, spouse, child, sister, brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparents, or any relative who lives with the employee.

Military Leave

We recognize the commitment and dedication of its employees who serve in any branch of the state or federal armed services. We will grant an employee’s request for military leave of absence for active duty, military training, reserve duty, drills, maneuvers, etc., as required by applicable law.

Professional Leave

A full-time employee may be granted time to attend meetings directly related to his/her position and responsibilities. The meeting and time of attendance must be approved by the supervisor in advance. Professional leave that is approved will be included toward the service and learning hours completed by the resident. Reimbursement for expenses must have prior authorization and be processed through normal budget channels up to $1000 annually.

Contact HR for options related to Family and Medical Leave (FMLA).

Jury Duty or Court Leave

While it is the duty of every citizen to serve on a jury when called, we recognize that this often means the loss of income. The Company pays the difference between the jury pay and regular wages for days when you are unable to report to work because of jury service.

The above statement applies provided that you:

- Show your supervisor your summons to serve on a jury prior to the time that you are scheduled to serve.
- Furnish your supervisor with evidence of having served on a jury for the time claimed.

Jury absence will be noted on your time record. Time spent on jury duty will not be counted as hours worked for the purpose of computing overtime pay.
This benefit cannot be applied to any court appearance other than jury duty unless such appearance is related to your employment.

Voting, Community and Church Activities
All employees are encouraged to exercise the right to vote in all elections and to participate in church and community activities. Paid time off is not provided for these activities. Such absences should be approved in advance by the supervisor.

Religious Observances
Federal and state equal opportunity laws generally require employers to accommodate the religious beliefs of employees, but do not require them to provide paid leave. We value your religious beliefs and therefore will make every attempt to accommodate time off, for employees who, for religious reasons, must be away from the office on days of normal operation. Beyond this, we must reconcile employees’ religious obligations with the requirements of running a business and serving customers. Supervisors will authorize schedule changes and/or additional use of PTO or unpaid time off, only where the requested arrangement, in the supervisor’s judgment, neither prevents the requesting employee from meeting the requirements of the job nor unfairly burdens other employees. Employees who need time off for religious observance should request leave from their supervisors at least two weeks in advance. Time off is granted only with prior approval.

Reporting Absences
All employees should report absences, including vacations, to their supervisor. Absences for non-exempt employees should also be noted on timesheets/timecards. If appropriate, an employee should prepare an “out of office” message on the telephone and computer. Supervisors should keep accurate records of absences for their employees, so leave policies can be properly administered.

Emergency Closings, Inclement Weather and Other Conditions

Closing Due to Emergencies or Inclement Weather
We expect employees make a good faith effort to get to work safely during inclement weather conditions or emergencies if the pharmacy has not been declared closed.

Consequences of Leave on Program Completion

1. Violation of any policies in the Employee Handbook may be grounds for dismissal from the program.
2. It is expected that residents will put forth an effort of at least 45 hours of work/week and will complete the residency completion requirements. Should the resident accumulate holiday, vacation and leave time exceeding an average of 35 work days/year OR not be able to complete program requirements due to unforeseen needs for leave, extension of the residency program completion time may be offered in an amount sufficient to complete the program requirements, to a maximum of 3 months.
Licensure and Precepting Residents To Independence as a Practitioner

Residency Site: ___________________________  Resident: ___________________________

The following serves as a model template/checklist for resident’s achieving independence in the provision of patient care at their practice site. This document serves as the minimum for residents to independently provide patient care at their practice sites. In no way should the achievement of independence in providing patient care provide a reason for preceptors to stop modeling, coaching, facilitating and evaluating resident performance in patient care.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Anticipated Date of Completion</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preceptor provides direct instruction/review on the process of delivering patient care.</td>
<td>First week of residency year</td>
<td></td>
</tr>
<tr>
<td>2. All institution policies related to the provision of patient care are reviewed with the resident and applicable training is completed.</td>
<td>First 2 weeks of residency year</td>
<td></td>
</tr>
<tr>
<td>3. The preceptor models the provision of direct patient care until the resident is comfortable attempting to deliver patient care with supervision. No less than five patient encounters should be modeled for the resident.</td>
<td>First month of residency year</td>
<td></td>
</tr>
<tr>
<td>4. The preceptor observes and evaluates the patient assessment skills, care plan development and documentation performed until the resident is comfortable delivering patient care independently and they are determined competent by their preceptor. No less than 10 patient encounters should be tracked by the preceptor.</td>
<td>Months 1-2 of the residency year</td>
<td></td>
</tr>
<tr>
<td>5. Once resident has completed Activity #4, the resident and preceptor should review preceptor availability for supporting the resident in delivery of patient care. PReceptors must always be available when the resident is providing patient care. Review of care plans and documentation should be completed weekly throughout the rest of the year.*</td>
<td>Months 2-3 of the residency year</td>
<td></td>
</tr>
<tr>
<td>6. Upon completion of quarterly evaluations, activity #5 should be revisited for modification based on resident performance.</td>
<td>Quarterly during resident evaluation debriefing</td>
<td></td>
</tr>
</tbody>
</table>

* Residents must successfully be licensed as pharmacists prior to step 5 AND by September 1st. Should a resident not successfully be licensed by September 1st, the Residency Program Director will do the following;
  - Meet with the resident to discuss the reasons for failure to be licensed and their plans to become licensed.
• Meet with program preceptors to review the resident’s performance in the program to date.

Should the resident not provide a plan to attain licensure at the earliest possible time OR if it is determined that the resident’s performance is not acceptable to date, the resident will be dismissed from the program. If both components are satisfactorily met, a customized development plan will be created with the resident and preceptors to continue the residency until licensure is achieved. Should the resident fail to achieve licensure by the date determined in their development plan, the resident will be dismissed from the program.
Staffing and Moonlighting

Staffing

- A staffing component (activity primarily comprised of a traditional medication dispensing role) may be a core component of the resident’s experience and should not exceed an average of 9 hours of commitment during normal business hours per week. Any required staffing component during normal business hours should be associated with the day-to-day activities of the pharmacy department at the resident’s primary practice site. These activities will be a component of the resident’s stipend. No additional compensation will be provided for this service.

- Affiliated practice sites may require (or offer on a voluntary basis), residents to provide staffing or on-call services during evenings or weekends. Additional compensation will be provided by the host site for this work if in excess of an average of 9 hours/week.

- “Duty Hours” are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
  - Duty hours cannot exceed 80 hours per week, averaged over a four-week period.
  - With respect to this 80 hour limit, all on-call/staffing activities (required and voluntary) will be counted toward this weekly limit.
  - Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
  - Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Moonlighting

- Residents may choose, if desired, to pursue part-time employment with other organizations as long as this work does not interfere with patient care and learning responsibilities of the resident within the program.
- Because residency education is a full-time endeavor, the Program Director is responsible for ensuring that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Residents shall report any moonlighting hours to the Residency Program Director.
- Moonlighting hours will be considered in the overall process of evaluation resident performance and may be a factor in considering and related to actions in disciplinary processes.
Duty-Hour Requirements for Pharmacy Residencies

Definitions:

**Duty Hours**: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

**Scheduled duty periods**: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting**: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

**Continuous Duty**: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Strategic napping**: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**DUTY-HOUR REQUIREMENTS**

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients’ safety and residents’ well-being. Therefore, programs must comply with the following duty-hour requirements:
I. Personal and Professional Responsibility for Patient Safety

A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

D. If the program implements any type of on-call program, there must be a written description that includes:
   • the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
   • identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

   1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
   2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
      a. The type and number of moonlighting hours allowed by the program.
      b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
      c. A mechanism for evaluating residents’ overall performance or residents’ judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
      d. A plan for what to do if residents’ participation in moonlighting affects their judgment while on scheduled duty hours.

C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built-in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

B. In-House Call Programs
   1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
   2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients’ safety and residents’ well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
      a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
      b. A plan for monitoring and resolving issues that may arise with residents’ performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.

C. At-Home or other Call Programs
   1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
   2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.
   3. Program directors must define the level of supervision provided to residents during at-home or other call.
   4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
   5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
   6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Preceptors and residents will document progress with respect to specific educational goals and objectives on a quarterly basis. All evaluations will be completed online through the PharmAcademic system as outlined through the Residency Learning System Workbook. The resident’s initial resident assessment will be completed using PharmAcademic and customized quarterly learning plans will be completed. The following summarizes the timing and components of the evaluation process.

**Initial Resident Assessment**
Incoming residents will complete the Initial Resident Assessments within the first week of their start date. Preceptors and residents must meet to review the initial resident assessment and complete Customize Training Plan, Quarter 1, within 3 weeks of their start dates. Preceptors must ensure that areas identified as initial strengths and weaknesses are evaluated during the first quarter for the purpose of fostering strengths or offering remediation as future learning.

**Rating Scale Guidance**

**Needs Improvement (NI)**
- Deficient in knowledge/skills in this area
- Often requires assistance to complete the objective
- Unable to ask appropriate questions to supplement learning
- Repeatedly unable to meet deadlines

**Satisfactory Progress (SP)**
- Adequate knowledge/skills in this area
- Sometimes requires assistance to complete the objective
- Able to ask appropriate questions to supplement learning
- Requires skill development over more than one rotation

**Achieved (ACH)**
- Fully accomplished the ability to perform the objective
- Rarely requires assistance to complete the objective; minimum supervision required
- No further developmental work needed

**Achieved for Residency (ACHR)**
Completed by RPD only
- Resident consistently performs objective at Achieved level, as defined above, for the residency.

**Formative and Summative Evaluations**
Formative evaluations are opportunities to provide feedback about a learning activity as the resident is working on the activity. The feedback helps the resident improve as they progress through the learning activity/project. It may be verbal or written feedback. If written, copies should be saved and uploaded to PharmAcademic (or use the feedback button in PharmAcademic to send feedback).

Summative evaluations are more formal, written opportunities to provide feedback after a learning activity has been completed or at regular intervals (i.e. quarterly). Assessment of the completed activity or progress on the learning activity outlines strengths, weaknesses, and next steps or areas for improvement.
Assessments to be Completed by Preceptors

You will be prompted via the PharmAcademic system to complete evaluations as they are setup in the system. Per the RLS Workbook, evaluations are set up for each learning experience outlined. You are asked to evaluate the attainment of residency program objectives that are linked to each learning experience. *This does not mean that there needs to be progress on every objective each quarter.* It is acceptable to mark NA on some objectives, particularly in the first quarter of the residency. *We will be tracking our progress through the year with the goal that 90% of all objectives are achieved by the end of the year.*

Please see the section on summative evaluation tips at the end of this document.

Assessments to be Completed by Residents

Residents will be asked to complete self-evaluations of their attainment of residency objectives in a manner similar to that requested of preceptors (detailed above).

In addition, residents will be asked to evaluate their:
- Residency Preceptor(s) (for each preceptor a resident works with)
- Overall Learning Experience

PharmAcademic sets this up for each individual learning experience we enter.

Quarterly Evaluation Debriefing Meetings

Within one week of completing quarterly online evaluations, residents and preceptors should meet to debrief about the content of evaluations. Prior to the evaluation review meeting, residents and preceptors can log in to the PharmAcademic system and print off summary reports of the evaluations that have been entered by resident and preceptors. The following items should be discussed during this meeting.

I. Discrepancies between resident self-evaluation and preceptor evaluation of the completion of residency objectives and general abilities.
II. Identified strengths and areas for improvement in resident’s performance for learning experiences covered that quarter.
III. Plans for addressing areas of improvement in the future.
IV. Review of preceptor and learning experience evaluations.
V. Discussion and completion of custom training plans document.

Upon completing the quarterly evaluation debriefing meeting, each evaluation completed must be cosigned by the preceptor acknowledging that “Evaluations were discussed during a quarterly debriefing meeting including the resident and preceptor.”

Custom Training Plans Quarters 2-4

Custom training plans must be completed for the upcoming quarter and discussed at the previous quarter’s evaluation review meeting. The intention of these plans is to continue progress in areas of strength and resident interest and address areas of improvement evident from completion of resident evaluations.

Deadlines
There are two deadlines to meet for the purpose of evaluations, a deadline for completing evaluations online and a deadline for residents and preceptors meeting to review evaluation results together and plan for the next quarter. These deadlines are outlined in the table below.

<table>
<thead>
<tr>
<th>Deadline for Completing Evaluations Online</th>
<th>Deadline for Evaluation Review Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1</td>
<td>October 8</td>
</tr>
<tr>
<td>January 4</td>
<td>January 11</td>
</tr>
<tr>
<td>April 1</td>
<td>April 8</td>
</tr>
<tr>
<td>June 25</td>
<td>June 30</td>
</tr>
</tbody>
</table>

**Tips for Summative Evaluation Feedback**

1. When assigning a resident to a learning activity, tell them what you are looking for. Consider utilizing a snapshot document or developing your own evaluation rubric to evaluate their performance.
2. Check the status of Achieve, Satisfactory Progress, Needs Improvement or Not Applicable for each learning objective.
3. When entering commentary for the status of each learning objective ensure that your comments are;
   a. Based on criteria for the objective
   b. Based on firsthand knowledge
   c. Is specific and focused
   d. Is limited to areas of either really exceptional performance or areas of improvement
   e. Do NOT simply restate what the resident did as a part of the objective
4. In the open commentary box at the end of each learning experience evaluation, address the following areas related to resident performance in the learning experience overall.
   a. What strengths the resident demonstrated as a part of this learning experience?
   b. What areas of improvement exist as a part of this learning experience?
   c. What can be done to improve?

*See the example below for summative evaluation feedback to include at the end of each learning experience evaluation.*

**Small Group Teaching Performance**

X's greatest strength is in her organizational skills and preparation. From her discussion preparation to ensuring the lab activity flowed smoothly and on time to keeping her grading organized, X applied this strength to all aspects of her teaching. She was conscientious of her effort and time spent on activities, thus, I think that time and personal management is exceptional for this resident. Her grades were always entered on time with no reminders from me. There were no weaknesses identified with her small group teaching performance. Additional areas of performance include;

*Factual Content* - X was always well versed and showed a high degree of understanding of her topics in drug information, acute renal failure, IV compatibility and patient education. To complement the Acute Renal Failure lab, X developed a phenytoin/fosphenytoin dosing sheet that helped the students develop their knowledge. Evaluating student performance and responding to their needs in this manner exceeds my expectations for first time TAs. X also provided a nice balance of factual content and her own experiences from practice in the lab. This is the hallmark of our best instructors!
Interaction with Students - X was always deliberate in explaining what was going to be done, which is very important for this generation of learners. She was always positive and demonstrated a passion for teaching and interacting with students.

Lecture Performance - X delivered a lecture on IV Compatibility on October 12, 2009.

Strengths - X developed a very nice presentation and great handout to foster student learning. Bringing an example of a precipitate in a line was excellent. Good use of humor in the lecture. Poise was quite good, especially during student questions. Good opening and use of learning objectives.

Areas to Work On - Make sure to look at all slides ahead of time to assess their legibility on the screen, including color schemes and lighting in the room. There was a little reading off of slides. Using slides to make main points and foster discussion would be ideal. Could optimize active learning techniques a little more especially when working through the case. Instead of just providing the answer, give the students a chance to address it or work through the steps to solve the issue.
**Procedure for Application Review, Finalizing Candidate Rankings and Issuance of Offer Letters**

1. The Residency Program will utilize a centralized application process, managed by the Residency Program Coordinator, under the direction of the Residency Program Director.
   a. The Program Director will establish an application deadline each year.
   b. The Program Coordinator will facilitate the receipt of applications, electronically when feasible. The required applications materials will include: cover letter, completed centralized application form, curriculum vitae, 3 letters of reference and professional school transcripts.
   c. The Program Director will confirm that applicants to the program are graduates or candidates for graduation of an ACPE accredited (or in process of pursuing accreditation) degree program or have a FPGEC certificate from NABP.
   d. Preceptors will be notified of the receipt of application materials. All application materials for these candidates will be made available electronically via the password protected program website, accessible to preceptors.

2. The program director with site preceptors, will determine which candidates they wish to interview, applying criteria outlined in the program’s "Candidate Application Screening Rubric.”

3. The Residency Program Coordinator will process interview requests and facilitate scheduling of interviews across the program.
   a. Selected candidates will have onsite interviews whenever feasible. Interviews will include
      i. site tours
      ii. 1:1 meeting with the Director
      iii. 1:1 meeting with the Site Coordinator (12-month)
      iv. group interview with Preceptors
      v. meeting with Masters Program Coordinator (24-month resident)
      vi. meeting with current resident (when applicable)
      vii. meeting with available lab faculty (24-month resident)
      viii. a presentation
      ix. observation in the applied patient care skills lab (24-month resident).
   b. Interviewed candidates will be evaluated based on the criteria outlined in the programs Post-Candidate Interview Evaluation Rubric.
   c. Following completion of all candidate interviews, preceptors will submit preferred candidate rankings to the Program Director.
   d. The Program Director and preceptors will consult on the submitted candidate rankings, collaboratively establishing a final rank ordered list to be submitted to the National Matching Service.

4. The Program Director will facilitate all logistics with the National Matching Service, including:
   a. Program registration and establishing the specific site listings within the National Matching Service.
b. Submitting final rank ordered candidate lists for each training site within the program.
c. Receiving the results of the Match and communicating these to each affiliated site.
d. Reviewing non-matched candidates for potential consideration of unfilled residency positions.

5. Upon receiving result of the National Matching Service and considering candidacy of non-matched candidates for un-matched positions, the Program Director will prepare official offer letters to candidates within a prescribed time.
   a. Acceptance of offer letters will be contingent upon:
      i. Returning a signed offer letter  
      ii. Completing professional licensure examinations prior to the start of the program  
      iii. Passing a criminal background check
## Candidate Application and Interview Evaluation

**Candidate:** __________________________  **Reviewer:** __________________________

### Candidate Application Screening

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Unacceptable</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
<th>Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cover Letter</strong></td>
<td>Cover letter does not address any of the expected components adequately 0 points</td>
<td>Cover letter displays appropriate communication skills, but fails to address either of the other two components 2 points</td>
<td>Cover letter displays appropriate communication skills and addresses one of the other two components 5 points</td>
<td>Cover letter address all components, but does not do so clearly or in a compelling way 7 points</td>
<td>Cover letter address all components and is clear and compelling 10 points</td>
<td></td>
</tr>
<tr>
<td><strong>Experience/Curriculum Vitae</strong></td>
<td>CV displays one or less desired components 0 points</td>
<td>CV displays evidence of two components 3 points</td>
<td>CV displays evidence of three components 7 points</td>
<td>CV displays evidence of four components, but evidence is not substantial 11 points</td>
<td>CV displays substantial evidence of four components 15 points</td>
<td></td>
</tr>
<tr>
<td><strong>Letters of Reference</strong></td>
<td>Letter does not address any of the components</td>
<td>Letter addresses one component</td>
<td>Letter addresses two components</td>
<td>Letter addresses all components</td>
<td>Letter addresses all components exceptionally</td>
<td></td>
</tr>
<tr>
<td><strong>Transcript</strong></td>
<td>Extremely poor academic performance (&lt; 2.24 GPA) 0 points</td>
<td>Poor overall academic performance (2.25-2.49 GPA) 1 point</td>
<td>Average academic performance (2.5 – 3 GPA) 2 points</td>
<td>Above average performance in practice-related coursework 4 points</td>
<td>Above average overall coursework 5 points</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Total Score**
<table>
<thead>
<tr>
<th>Residency Learning Outcome</th>
<th>Practice Year 1</th>
<th>Practice Year 2</th>
<th>Academic Development</th>
<th>Teaching</th>
<th>Personal Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: Manage and improve the medication-use process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 2: Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 3: Exercise leadership and practice management skills with a focus on ambulatory care practice.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Outcome 4: Demonstrate project management skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Outcome 5: Provide medication and practice-related education/training.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Outcome 6: Utilize medical informatics.</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Outcome 7: Demonstrate additional competencies that contribute to working successfully in the health care environment (Goals 7.1-7.4)</td>
<td>X</td>
<td></td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Outcome 8: Establish a collaborative interdisciplinary practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Outcome 9: Promote health improvement, wellness, and disease prevention with an understanding of public health policy.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 10: Demonstrate skills required to function in an academic setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Competency Area R1: Patient Care</td>
<td>Emphasis M/T/TE/TE+</td>
<td>Medical Clinic DPC</td>
<td>Outpatient Pharmacy DPC</td>
<td>Clinical Quality Improvement</td>
<td>Teaching</td>
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<td>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</td>
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<td>GOAL R1.2 Ensure continuity of care during patient transitions between care settings.</td>
<td>TE</td>
<td>x</td>
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<tr>
<td>Objective R1.2.1: (Applying) Manage transitions of care effectively.</td>
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<td>GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</td>
<td>TE</td>
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<td>Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.</td>
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<td>Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.</td>
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<tr>
<td>Competency Area R2: Advancing Practice and Improving Patient Care</td>
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<tr>
<td>Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</td>
<td>TE+</td>
<td>x</td>
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<tr>
<td>Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</td>
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<td>Objective R2.1.2 (Applying) Participate in a medication-use evaluation.</td>
<td>y</td>
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<td>Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.</td>
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<td>Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.</td>
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<tr>
<td>GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care</td>
<td>TE+</td>
<td>x</td>
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<tr>
<td>Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.</td>
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<tr>
<td>Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.</td>
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<tr>
<td>Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.</td>
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<tr>
<td>Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.</td>
<td>y</td>
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<tr>
<td>Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.</td>
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<tr>
<td>Competency Area R3: Leadership and Management</td>
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<tr>
<td>GOAL R3.1 Demonstrate leadership skills.</td>
<td>TE+</td>
<td>x</td>
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</tbody>
</table>
### Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

### Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

**GOAL R3.2 Demonstrate management skills.**

**Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.**

**Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.**

**Objective R3.2.3: (Applying) Contribute to departmental management.**

**Objective R3.2.4: (Applying) Manages one’s own practice effectively.**

### Competency Area R4: Teaching, Education, Dissemination of Knowledge

**GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.**

**Objective R4.1.1: (Applying) Design effective educational activities.**

**Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.**

**Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.**

**Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.**

### Competency Area R5: Added Leadership and Practice Management Skills
### GOAL R5.1 Apply leadership and practice management skills to contribute to management of pharmacy services.

| Objective R5.1.1: (Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service | TE+ | x | x | x |

### Competency Area R6: Teaching and Learning

#### GOAL R6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.

| Objective R6.1.1: (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education | TE+ | x |
| Objective R6.1.2: (Understanding) Explain academic roles and associated issues. |

#### Goal R6.2 Develops and practices a philosophy of teaching

| Objective R6.2.1 (Creating) Develop a teaching philosophy statement. |
| Objective R6.2.2 (Creating) Prepare a practice-based teaching activity. |
| Objective R6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation. |
| Objective R6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio. |

Nick evaluating
Nicole evaluating
Rick evaluating
Andy evaluating
Nick and Rick both evaluating
Nick and Andy both evaluating
PGY1 Pharmacy Resident Learning Experience Overview

Ambulatory care program

Last updated: June 3, 2019

Resident Director:
Andrew Traynor PharmD
Chair Division of Pharmacy Practice
Concordia University Wisconsin SOP

Preceptor(s):
Nicole Lentz PharmD, AAHIVP (site coordinator)
Preceptor – Outpatient pharmacy direct patient care
Preceptor – Clinical Quality Improvement
Hailey Keeser, PharmD
Preceptor – Medical clinic direct patient care

Senior Director of Healthcare Services: Winsome Panton DNP

VP of Medical Affairs: Leslie Cockerham MD

Director of Quality Assurance: Mitch Scoggins

WI ARCW pharmacist team/leadership:
Ann Schnepf-Visor, Rick Van Iperen, Cory Conto, Jeremy Hanon, Karena Creten, Tony Fields, Erik Bauch

Attending providers:
Christine Hogan MD, Janaki Shah DO, Leslie Cockerham MD, Sharon O’Dwyer NP, Kartikey Acharya MD, Winsome Panton DNP, Sol Aldrete MD, Jonathon Weimer NP

Overview:
Duration: 52 weeks
Location: ARCW Medical Clinic and Pharmacy- Milwaukee, Wisconsin
Hours: 8:30-5:30pm
Parking: Adjacent Structure (parking paid by agency)

Site description:
ARCW is a state-wide comprehensive medical and social service organization that exclusively serves patients who are either HIV positive or at risk of acquiring HIV. Primary care as well as specialty HIV care are provided to all patients. ARCW Medical center is recognized as a Patient-centered Medical home by the Wisconsin Department of Health and Human Services and maintains NCQA Level 3 Patient-Centered Medical Home recognition. ARCW Medical Clinic is partially funded by Ryan White Part C grant funding and is recognized as a 340B covered entity. ARCW has an onsite specialty...
pharmacy that serves HIV positive patients across the state. The resident will be training in ARCW’s medical clinic in a collaborative practice model. The resident will be delivering care directly to patients through institutional collaborative practice protocols as well as through as needed advisory and support roles for the other clinicians. The resident will be expected to document and bill for services via EPIC (EMR). The resident will participate in and expand “point of care” testing and ambulatory care delivery in the medical clinic setting effectively implementing institutional protocols that integrate the pharmacists into the organization’s medical home model. Residents will be involved in population health activities including: designing and implementing clinical quality improvement protocols, organizing new pharmacist-driven disease state management service lines, performing clinical reviews and participating in organizational research and clinical trials.

Ambulatory care rotation is organized into 3 required, longitudinal learning experiences:

**Medical Clinic Direct Patient Care (Med DPC)**
Located within the ARCW Medical Clinic. Delivering direct patient care to patients in private exam rooms with an emphasis on chronic disease management, chronic HIV care, disease prevention and wellness, and patient education. Resident will participate in medical home model providing medication management services and support to patient care teams.

**Out-patient Pharmacy Direct Patient Care (Pharm DPC)**
On-site outpatient pharmacy located in main ARCW Milwaukee location. Resident will learn and perform duties commiserate to out-patient pharmacy workflows and patient care protocols. Resident will learn medication delivery systems and will have opportunities to effectively expand the medical home model to the point of medication delivery to patient

**Clinical Quality Improvement (Clin CQI)**
Resident will work with ARCW Quality Assurance department, Manager of Pharmacy Program Compliance, and/or preceptors to assess the efficiency and effectiveness of population care delivery across the entire ARCW system. Resident will help design and implement protocols and workflows to maximize care delivery and reimbursement utilizing evidence-based and validated research techniques and methodologies.

**Schedule & Activities**

Resident will report to ARCW medical center and pharmacy for 80% of scheduled time. Travel may be required to additional ARCW clinics (Kenosha, Madison, Green Bay) on an as needed basis.

Resident schedule will follow agency holiday schedule as reported by agency HR Department.
Resident will be expected to attend at least one professional meeting and time will be allotted per residency program description in accordance with ASHP accreditation requirements.

Estimated time commitment to each experience:

- Med DPC: 60%
- Pharmacy DPC: 30% (6 days per 4 week cycle)
- Clin CQI: 10%

The resident will learning and participating in all 3 rotational experiences concurrently. Activities will be coordinated, layered and developed across learning experiences in a step-wise fashion and emphasis will change based on the resident’s progress and goals, institutional needs and timing of residency requirements. A longitudinal list of activities will be provided to the resident during initial orientation and will be tracked through a progression to independence model.

On those days resident will work with clinic preceptor seeing patients in an appointment-based format. For one to two half-days a week the resident will work in our on-site counseling rooms interacting with patients directly with ART adherence as well managing our out-patient pill box and adherence monitoring program. Remaining time in clinic the resident will be supporting the providers’ teams in an “as needed basis”.

Potential activities include drug information research, discharge medication reconciliation, care coordination, chronic disease state management (e.g. diabetes, tobacco cessation, etc.) medication interaction and renal dose adjustment monitoring.

**Rotation Activity List** (see position description):

- Work with site preceptor to manage patients via pharmacist-ran institutional protocols in HTN, ART side effect management and warfarin therapy
- Participate as pharmacist member of patient-centered medical home team taking ownership of delivering and monitoring appropriate comprehensive pharmacotherapeutic care in HIV and other related primary care chronic disease states.
- Coordinate with outpatient pharmacists managing medication adherence program.
- Conduct CMRs on an as needed basis
- Take ownership of medication reconciliation process during transition of care interventions
- Participate on at least one quality improvement committee
- Participate in at least one non-pharmacy related patient experience improvement opportunity
- Conduct and lead at least 4 journal club activities
- Participate in the education of APPE students including providing formative and summative feedback
- Conduct in person patient education counseling for patients initiating, restarting or changing therapy
- Prepare, review, verify outpatient pharmacy orders
- Utilize EMR to document, communicate, manage and bill MTM interventions within the medical-home model of care delivery
- Perform agency-wide quality reviews on medication use and design intervention on as needed basis

**Required Topic Discussions**

I. Primary care pharmacotherapy and patient care delivery
   a. Hypertension
   b. Diabetes
   c. Anticoagulation
   d. Cardiovascular event care and prevention
   e. Tobacco cessation
   f. Obesity

II. HIV Primary care
   a. ART selection and management
   b. HIV resistance
   c. Preexposure prophylaxis (PrEP)

III. Psychosocial aspects of patient care
   a. Adherence
   b. Cultural competencies
   c. Health literacy

IV. Administration and management
   a. Reimbursement models
   b. Drug formulary management
   c. 340b program management (Apexus training)
   d. Population management and healthcare financial stewardship

V. Care delivery models
   a. Patient centered medical home
   b. Outpatient pharmacy work flow and design
   c. Transitions of care
   d. Pharmacist learning tree (preceptor, resident, APPE, IPPE)

**Optional Topic Discussions** (choose at least 2)

I. Specialty care
   a. Hepatitis B and C
   b. Sexual transmitted diseases

II. Psychiatric disease pharmacotherapy
   a. Depression/Anxiety
   b. Addiction medicine

III. Advanced HIV care:
   a. Oncologic processes
   b. Prevention

IV. Miscellaneous
   a. Telemedicine
   b. Staff supervision and management
   c. Pharmacist roles in the healthcare system
V. Additional disease states (coordinated with preceptor and CUW faculty)
   a. CHF
   b. Dermatology
   c. Pain Management

Feedback/Evaluation
The resident will work with the preceptors throughout the week with timely formative feedback delivered verbally. The resident and site coordinator will meet briefly once a week on a scheduled basis to review progress of the week and to provide feedback to the resident. This is an opportunity to exchange ideas and what can be improved on during the learning experience. The quality and timeliness of feedback is the responsibility of both the preceptor and resident. Formal summative feedback will be provided on a quarterly basis as specified by ASHP requirements.

Priority Readings
DHHS guidelines HIV Treatment Guidelines:


See Reference reading folder located P: ResidentProgram/reference articles

Learning Experience Goals & Activities

<table>
<thead>
<tr>
<th>Direct patient care Medical Clinic</th>
<th>Goal &amp; Objectives</th>
<th>Corresponding Activities</th>
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</table>
| GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process. | Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy. | • Participation in pharmacist-driven medication therapy management protocols  
• Participation and contribution to patient care during medical-home team staffing.  
• Provided as-needed pharmacist support to medical providers |
| Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers. | | • Actively work with patient/support at medical visits  
• Perform follow up care calls  
• Participate in pharmacist-lead patient education programs |
| Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy. | | • Effectively utilize internal databases (EPIC and QS/1)  
• Effectively navigate available primary, secondary and tertiary literature sources  
• Comprehensive medication reviews and clinic preparation |
| Objective R1.1.4: (Analyzing) Analyze and assess information on which | | • Discussions with preceptors around clinical decision making |
to base safe and effective medication therapy.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

- Creating SOAP notes and medical home care plan utilizing EMR
- Care follow up calls and visits

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

- Patient lab and side effect monitoring

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

- Pharmacist monitoring notes
- Patient visit SOAP notes

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

- See above

GOAL R1.2 Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively. Wellness, and/or disease prevention regimen and monitoring plan;

- Utilize EPIC Care everywhere when available to track in-patient stays of patient population
- Tobacco cessation management
- Actively establish collegial network of pharmacists to gather information
- Utilize phone/fax/electronic communication to gather appropriate information for other healthcare providers

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

- Provide new medication detailing to clinic medical providers
- Create/expand at least one new pharmacist-driven service line

Objective R2.1.2 (Applying) Participate in a medication-use evaluation.

- Work with data analyst to review at least 3 separate chronic disease state medication therapies to assure use is within current clinical guidelines

Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

- Participate in clinic quality improvement committee

GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

- Coordinate with clinic data analyst, preceptors and clinic medical director to create and analyze benchmark measures for medication use

GOAL R3.1 Demonstrate leadership skills.
| Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership. | • Participate in multi-disciplinary work committees for clinical improvements  
• Provided pharmacist support to medical home teams |
|---------------------------------------------------------------|------------------------------------------------------------------|
| Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement. | • Weekly preceptor evaluation meetings- personal management interview (PMI)  
• Morning pre-clinic “huddles” |

**GOAL R3.2 Demonstrate management skills.**

<table>
<thead>
<tr>
<th>Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.</th>
<th>• Coordinate with medical director in budgeting process</th>
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<td>Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.</td>
<td>• Coordinate with billing department top maximize pharmacist billing for services</td>
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<td>Objective R3.2.3: (Applying) Contribute to departmental management</td>
<td>• Participation in monthly clinic management meetings</td>
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<td>Objective R3.2.4: (Applying) Manages one’s own practice effectively.</td>
<td>• PMI</td>
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**GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.**

| Objective R4.1.1: (Applying) Design effective educational activities. | • Participate in pharmacist-lead education programs  
• Perform at least 2 staff educations on timely or necessary topics |
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<td>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education</td>
<td>• Perform at least 2 staff educations on timely or necessary topics</td>
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<td>Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.</td>
<td>• Create p</td>
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<tr>
<td>Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.</td>
<td>• Utilization of learning assessments (Likert scales) for delivered education</td>
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</table>

**GOAL R4.2 Effectively employs appropriate preceptors’ roles when engaged in teaching.**

| Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs. | • Active participation in APPE for student pharmacists  
• Design training programs to remediate student knowledge gaps discovered through scheduled evaluations |
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<tr>
<td>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</td>
<td>• See above</td>
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</table>

**GOAL E2.1 Apply leadership and practice management skills to contribute to management of pharmacy services.**

| Objective E2.1.2: (Cognitive - Applying) Contribute to the | |
development of a new pharmacy service or to the enhancement of an existing service

## Direct patient care Outpatient Pharmacy

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<td>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy.</td>
<td>• Perform CMR/A and apply appropriate communication techniques to triage potential issues</td>
</tr>
<tr>
<td>Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.</td>
<td>• Participate in patient counseling and education sessions in private counseling room • Conduct medication device and medication administration technique educations</td>
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<tr>
<td>Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.</td>
<td>• Outpatient pharmacist staffing</td>
</tr>
<tr>
<td>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</td>
<td>• Outpatient pharmacist staffing</td>
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<tr>
<td>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</td>
<td>• Participating in Medication assistance and monitoring program to track patient care and follow up appropriately</td>
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<td>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</td>
<td>• Participate in pharmacist driven out patient pharmacy protocols</td>
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<tr>
<td>Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</td>
<td>• Patient care note creation in both QS/1 and EPIC</td>
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<tr>
<td>Objective R1.1.8: (Applying) Demonstrate responsibility to patients.</td>
<td>• See above</td>
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<td><strong>GOAL R1.2</strong> Ensure continuity of care during patient transitions between care settings.</td>
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<td>Objective R1.2.1: (Applying) Manage transitions of care effectively. Wellness, and/or disease prevention regimen and monitoring plan;</td>
<td>• Perform appropriate medication reconciliation and follow up for new patients to pharmacy and those transitioning from care facilities • Document appropriate information in care record</td>
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<tr>
<td><strong>GOAL R1.3</strong> Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</td>
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<tr>
<td>Objective R1.3.1: (Applying)</td>
<td>Outpatient pharmacy staffing</td>
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<td><strong>Prepare and dispense medications following best practices and the organization’s policies and procedures.</strong></td>
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<tr>
<td><strong>Objective R1.3.2: (Applying)</strong> Manage aspects of the medication-use process related to formulary management.</td>
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<tr>
<td>- Active management of clinic 340b program formulary development through monthly tracking of price and guideline changes</td>
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<tr>
<td><strong>Objective R1.3.3: (Applying)</strong> Manage aspects of the medication-use process related to oversight of dispensing.</td>
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<tr>
<td>- Active management of pharmacy quality event tracking program (WPQC)</td>
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<tr>
<td>- Perform appropriate staff intervention when pharmacy procedures and not followed or have been change</td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Objective 2.1.3: (Analyzing)</strong> Identify opportunities for improvement of the medication-use system.</td>
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<tr>
<td>- Quarterly and as-needed assessment of events documented in PQE to analyze potential procedural changes</td>
</tr>
<tr>
<td><strong>Objective 2.1.4: (Applying)</strong> Participate in medication event reporting and monitoring.</td>
</tr>
<tr>
<td>- FDA Med watch program documentation</td>
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<thead>
<tr>
<th><strong>Goal R3.1 Demonstrate leadership skills.</strong></th>
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<tbody>
<tr>
<td><strong>Objective R3.1.1: (Applying)</strong> Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</td>
</tr>
<tr>
<td>- Actively participate in staff management through outpatient pharmacy staffing</td>
</tr>
<tr>
<td><strong>Objective R3.1.2: (Applying)</strong> Apply a process of on-going self-evaluation and personal performance improvement.</td>
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<tr>
<td>- Weekly assessment meetings with preceptors</td>
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<thead>
<tr>
<th><strong>Goal R3.2 Demonstrate management skills.</strong></th>
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<tbody>
<tr>
<td><strong>Objective R3.2.1: (Understanding)</strong> Explain factors that influence departmental planning.</td>
</tr>
<tr>
<td>- Participating in pharmacy budgeting process.</td>
</tr>
<tr>
<td>- Development and implementation of out-patient pharmacy policy and procedures on as-needed basis</td>
</tr>
<tr>
<td><strong>Objective R3.2.2 (Understanding)</strong> Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.</td>
</tr>
<tr>
<td>- Participation and billing in outpatient pharmacy billing programs (outcomes, Mirixa, WPQC etc.)</td>
</tr>
<tr>
<td><strong>Objective R3.2.3: (Applying)</strong> Contribute to departmental management</td>
</tr>
<tr>
<td>- See above</td>
</tr>
<tr>
<td><strong>Objective R3.2.4: (Applying)</strong> Manages one’s own practice effectively.</td>
</tr>
<tr>
<td>- Preceptor meeting and evaluation</td>
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</table>

| **Goal R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.** |
| Objective R4.1.1: (Applying) Design effective educational activities. | • Performance of at least 1 out-patient pharmacy staff development program |
| Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education | • See above.  
• Management of APPE students |

**GOAL R4.2 Effectively employs appropriate preceptors’ roles when engaged in teaching.**

| Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs | • APPE management |
| Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate. | • APPE management |

**GOAL E2.1 Apply leadership and practice management skills to contribute to management of pharmacy services.**

| Objective E2.1.2: (Cognitive - Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service |  |

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**Clinical Quality Improvement**

<table>
<thead>
<tr>
<th>Goal &amp; Objectives</th>
<th>Corresponding Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</strong></td>
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</tr>
<tr>
<td>Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</td>
<td>- See above</td>
</tr>
<tr>
<td>Objective R2.1.2 (Applying) Participate in a medication-use evaluation.</td>
<td>- See above</td>
</tr>
<tr>
<td>Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.</td>
<td>- Serve as pharmacist participant in agency quality improvement committee</td>
</tr>
</tbody>
</table>

**GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.**

| Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems. | • Participation in at least one comprehensive clinical research project designed to analyze medication use improvement |
| Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system. | • Development of new pharmacist clinical improvement protocol |
| Objective R2.2.4: (Evaluating) Assess changes | • Employ appropriate (evidence-based) statistical assessment of clinical improvement change |
Objective R2.2.5: (Creating)
Effectively develop and present, orally and in writing, a final project report.

- Development of monograph or poster presentation of project and present at appropriate forum

Presentation Requirements
Resident will be responsible for presenting two learning activities focused on primary care comorbidity management or case presentation of patient encountered in clinic. Audience TBD based on goal of activity

Written Assignment Requirements
Resident will be responsible for creation of evidence-based clinic policy focusing on provider team management of primary care comorbidity prevention/management (HTN screening, diet and exercise management in diabetes, etc.)

- Present one case-based educational discussion to clinic/pharmacy staff
- Create and document one evidence-based, multi-disciplinary policy and procedure addressing primary care management

Supplemental Reading:
Updated annually

Useful websites:
University of Liverpool HIV Drug Interactions: http://www.hiv-druginteractions.org/
University of California San Francisco HIV Insite program: http://hivinsite.ucsf.edu/
Wisconsin AIDS/HIV Program: http://www.dhs.wisconsin.gov/aids-hiv/
AETC National Resource Center: https://aidsetc.org/
Concordia University Wisconsin School of Pharmacy
PGY1 Pharmacy Resident Learning Experience Overview
CUWSOP Preparing Pharmacy Educator’s Experience
AKA – Teaching Rotation

Last updated: 3/19/20

Preceptor(s)
Andrew Traynor, PharmD, BCPS – andrew.traynor@cuw.edu 262-243-2782

Overview
The Teaching Learning Experience for the 12-month Urban Underserved Emphasis resident is consistent with the learning experience offered to residents across the Milwaukee area as outlined below.

This experience includes interactions with faculty, didactic online seminars in pedagogy (teaching methods), live seminars preparing participants for understanding and pursuing academic careers, participation in academic-related projects, and lecture and small group teaching of student pharmacists.

Residents will interact with faculty, staff and students at CUWSOP located in Mequon, WI during this experience.

The structured option for a resident’s academic rotation is designed to provide opportunities that match resident interest. Careful consideration of each resident’s career goals as they relate to teaching and academia as well as time commitment should be considered in the residents’ choice of rotation option. A PGY1 Future Faculty Certificate is provided for involvement in the teaching of students through a combination of small group facilitation, lecturing activities, academic projects, teaching skill development and preparation as a future pharmacy faculty member. This certificate represents that graduates will be competitive for generalist faculty positions following residency with expectations in teaching, service, scholarship and practice.

Schedule & Activities
A calendar of all rotation activities will be provided to the resident prior to the start of each academic semester.

Longitudinal Rotation
Residents spend one days=/week at CUW longitudinally throughout their year. The resident must be on campus on a Monday through Thursday.

Further details for each certificate option and related activities are available in the following pages.
CUWSOP Resident Teaching Certificate Options

PGY 1 Clinical Teaching Certificate
- Small Group Teaching
- Applied Patient Care Skills Lab (N=12)
- Active Learning Facilitation
- Develop and Deliver a Lecture
- Teaching and Learning: Online Learning Modules & Webinars
- Preceptor Development: Citywide Attendance or View and Discuss Recording
- Teaching and Learning Discussions with Preceptor
- Complete a Clinical Teaching Project

PGY 2 Clinical Teaching Certificate
- PGY 1 Clinical Teaching Certificate Activities Emphasizing...
  - Labs and Lectures in Specialty Area
  - Clinical Teaching Project in Specialty Area
  - Complete as stand-alone option or after one of the other two PGY 1 certificates
  - Another certificate is issued if a certificate was completed during PGY 1 year.

PGY 1 Future Faculty Certificate
- PGY 1 Clinical Teaching Certificate Activities Emphasizing...
  - Develop a Teaching Philosophy
  - Develop a Teaching Portfolio
  - Observe CUWSOP Committees
  - Additional Online Learning Modules and Meetings
  - Peer Review of Scholarship
  - Scholarship of Teaching & Learning
  - Academic Careers Seminar
  - Complete a PGY 1 Future Faculty Project
  - Replaces Clinical Teaching Project

PGY 2 Future Faculty Certificate
- PGY 1 Clinical Teaching Certificate Activities Emphasizing...
  - Labs and Lectures in Specialty Area
  - Future Faculty Project in Specialty Area
  - Specialty Area Course Management Activities
  - Complete as stand-alone option or after one of the other two PGY 1 certificates
  - If PGY 1 Future Faculty Certificate was not completed, the resident will complete requirements outlined for that option.
  - Another certificate is issued if a certificate was completed during PGY 1 year.

Teaching Certificate Activities

1. Orientation
   - Overview of Activities/Introductions
   - Calendars
   - Strengths, Weaknesses, Interests and Goals
   - Orientation to Applied Patient Care Skills Lab

2. Teaching Skill Online Modules
   - 17 modules available (11 required for clinical teaching certificate)
     - Teaching methodologies
     - Providing feedback
     - Academic career topics

3. Small Group Teaching
   - Applied Patient Care Skills Lab Teaching
   - Patient Assessment
   - Patient Education
   - Care Plan Development, Communication, Documentation
   - Active Learning in Therapy Courses

4. Large Group Teaching
   - Lectures (N=1)
     - Applied Patient Care Skills Lab Lecture
     - IPPE Lectures
     - Pharmacotherapy Lectures
     - Physician Assistant Program
     - Lecture Match

5. Academic Project(s)
   - Learning Activity Development and Design, Assessment or Scholarly Project
   - Peer Review of Scholarship
   - Teaching Philosophy & Portfolio

6. Check-Ins
   - Preceptor touch points
   - Learning activity meetings
   - Objectives and exam questions
   - SoTL
   - Peer Review #1
   - Peer Review #2

7. Academic Service
   - University Committee Observation
   - School Committee Observation
   - Department Initiatives & Involvement

8. Navigating Academia Seminar
   - Live seminar
   - Reviews academia as a career choice
   - Provides insights on being successful in the roles of faculty
   - Reviews how academia works
   - Discusses how to pursue/enter academia

9. Specialty Teaching/Course Management for PGY2s
   - Labs and Lectures in Specialty Area
   - Academic Projects in Specialty Area
   - Course Management Activities
**Topic Discussions**

1. Pedagogical topics via recorded lectures and readings including:
   - a. Motivating Students to Learn
   - b. Introduction to Teaching Methods
   - c. Communicating Expectations to Students
   - d. Developing Learning Objectives
   - e. Small Group Teaching
   - f. Active Learning Processes
   - g. Effective Lecturing Techniques
   - h. Introduction to Assessment
   - i. Methods of Assessment
   - j. Delivering Feedback

2. Learning activities including
   - a. Teaching portfolios and philosophies
   - b. Scholarship of Teaching and Learning (via an Education Journal Club)
   - c. Peer Review of Scholarship and Authoring Manuscripts
   - d. Navigating Academis Seminar
     - i. Introduces participants to how academia works as a career choice.

**Feedback/Evaluation**

The resident will work with the preceptors and faculty throughout their rotation with timely formative feedback delivered verbally. Residents will be scheduled for small group teaching evaluation by a faculty member via rubric. Student feedback on small group teaching will also be sought via rubric. Residents will deliver a practice lecture and a final lecture with rubric evaluations from participating faculty and students. Education journal club, teaching portfolios and teaching philosophy will be evaluated by the preceptor. The preceptor will complete program evaluations as directed by the resident’s program director.

The resident and preceptor will have regular check-ins to review progress and to identify needs. This is an opportunity to exchange ideas and what can be improved on during the learning experience. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

**Learning Experience Goals & Activities**

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</tr>
<tr>
<td>Objective R4.1.1: (Applying) Design effective educational activities.</td>
<td>• Academic projects, Lecture</td>
</tr>
<tr>
<td>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</td>
<td>• Lecture</td>
</tr>
<tr>
<td>Goal R4.2: Effectively employ appropriate preceptors’ roles when engaged in teaching (e.g.,</td>
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</tr>
<tr>
<td>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</td>
<td>• Small group teaching</td>
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<tr>
<td><strong>Goal E6.2</strong> Develops and practices a philosophy of teaching.</td>
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<tr>
<td>Objective E6.2.1 (Creating) Develop a teaching philosophy statement.</td>
<td>• Teaching philosophy/portfolio activity</td>
</tr>
<tr>
<td>Objective E6.2.4 (Creating) Effectively document one’s teaching philosophy, skills, and experiences in a teaching portfolio.</td>
<td>• Teaching philosophy/portfolio activity</td>
</tr>
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**Written Assignment Requirements**

- One lecture to be delivered to students
- One “heavy” or combination of two projects from the “moderate” and/or ‘light’ educational project activity (assessment, activity development, activity improvement)
- One peer review of scholarship write-up
- A teaching portfolio
- A teaching philosophy

**Evidence-Based References**

All references, readings and presentations can be found on the P2E2 learning module on blackboard.