

## 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*

Learning Experiences	Required or Elective	Rotation Type	Duration
Practice and Academic Leadership Emphasis Teaching	Required	Longitudinal	24 months
Practice and Academic Leadership Emphasis Academic & Personal Development	Required	Longitudinal	24 months
Practice and Academic Leadership Emphasis Direct Patient Care Year 1	Required	Longitudinal	12 months
Practice and Academic Leadership Emphasis Direct Patient Care Year 2	Required	Longitudinal	12 months

24-month Learning Experience Schedule

1 <sup>st</sup> Semester (Jul 1-Dec 31, 2019)	2 <sup>nd</sup> Semester (Jan 1-Jun 30, 2020)	3 <sup>rd</sup> Semester (Jul 1-Dec 31, 2020)	4 <sup>th</sup> Semester (Jan 1-Jun 30, 2021)
<b>Teaching Activities</b>			
APC lab series	APC lab series Junior Coordination of lab course Isolated lectures	APC lab series Coordination of unit within Pharmacotherapy course Lectures within Pharmacotherapy	APC lab series Co-ordination of elective course
<b>Practice Activities</b>			
Practice at MHSI with faculty preceptors		Practice at new site without existing services	
<b>Scholarly/Scholarship Activities</b>			
MHSI MUE activity		New practice/service development	
Masters Thesis – Educational Research Project			
<b>Service Activities</b>			
Curriculum committee		Assessment committee	
<b>Masters of Education Coursework</b>			
Hum Learn/Motiv	Teach Rx Stud I	Assess for Learn	Thesis Completion
Intro to Analysis	Intr Teach Method	Teach Rx Stud II	Teach Rx Stud III
Educ Research	Strat Effect Teach	Curr Des & Int	Elective
	Teaching Portfolio	Teaching Portfolio	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*

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

*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:

Date Archived	Artifact
<b>CREDENTIALS</b>	
	Copy Of Wisconsin Pharmacist License
	Copy Of Immunization Certificate
	Copy Of CPR Card
	Copy Of Liability Insurance
	Any other certifications
<b>PRESENTATIONS</b>	
	Presentations to groups of patients, groups of caregivers, health care professionals (including physicians, nurses, pharmacists and other providers), students and the public
	Clinical Pearls or Practice Management Presentation
	Case Presentation
	Any other presentation given
	Documentation of formative feedback (PDF of email feedback or scanned documents or documents with changes tracked and comments noted)
<b>Future Pharmacy Faculty Certificate (Teaching Portfolio)</b>	
	Teaching Philosophy (including any drafts)
	Lecture (including any drafts)
	Education Journal Club Documentation
	Peer Review of Scholarship
	Lab Teaching Evaluations
	At least two examples of the resident's written formative and summative feedback developed by the resident and provided to a learner

	Reflection Document describing any teaching experiences
POSTERS	
	PowerPoint Poster Content
	Draft Poster Image
	Final Poster
	PDF any emails with feedback and changes
	Any other posters
PROJECT	
	IRB proposal / Procedure
	Informed consent document (if applicable)
	HIPAA document (if applicable)
	Copy of survey tool (if applicable)
	Copy of all data collected (if applicable)
	Presentation Draft
	Presentation Final
	Manuscript Draft
	Manuscript Final
	Any other related documents
	PDF any emails with feedback and changes
QUALITY IMPROVEMENT PROJECT	
	Draft Document
	Final Document
	PDF any emails with feedback and changes
OTHER	
	Pre-residency CV
	End of residency CV
	List of activities at a national, state and/or local professional association during the residency
	Evidence of community service
	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.





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## **CUWSOP PGY1 Pharmacy Residency Program**

### ***Resident Assessment Process***

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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.

Deadline for Completing Evaluations Online	Deadline for Evaluation Review Meeting
October 1	October 8
January 4	January 11
April 1	April 8
June 25	June 30

***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.

## Employment Policies for 24-month Practice and Academic Leadership Emphasis Resident at CUWSOP



All policies related to pharmacy resident employment for the 24-month resident can be found at <https://falcon.cuw.edu/portal/EmployeeHandbook.pdf>. This 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 two years 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

CU recognizes the following holidays:

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Holidays that fall on a weekend may be observed on the preceding Friday or the following Monday as determined by the University's administrators. A holiday falling on an authorized vacation day is recorded as holiday time.

### 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

- Less than one year of employment at July 1st - One and one-half (1-1/2) day for each month completed at July 1st – up to a maximum of fifteen (15) working days.
- One year, but less than ten years of employment on July 1st - fifteen (15) working days.

It is expected that residents will take their vacation time proportionally from their time in direct patient care activities (50%) and time on campus (50%).

### **10.3.3 Sick and Personal Leave –Exempt Employees**

By the nature of their position, the expectation is that exempt employees will work the necessary time to accomplish the responsibilities of their position. In the event of an absence, exempt employees must contact their supervisor before starting their shift if they will not be reporting for work that day. All absences of more than three (3) working days are to be reported to the Human Resources Department. Absence due to an accident, illness or hospitalization longer than five (5) days requires a release form signed by a licensed healthcare provider before an employee can return to work. When appropriate, certain illnesses or injuries will be coordinated with federal and state family and medical leaves.

For benefit eligible employees, illnesses or injuries of more than fourteen (14) days may be coordinated with Concordia Disability benefits. Contact the Human Resources Department for assistance.

### **10.3.4 Compassionate Leave**

Compassionate leave of up to 5 days may be given to an employee for the death of a member of the employee's immediate family without loss of pay. Immediate family includes a parent, step-parent, father-in-law, mother-in-law, spouse, child, or step-child, son-in-law or daughter-in-law.

Compassionate leave of up to 2 days may be given to an employee for the death of a brother, sister, brother-in-law or sister-in-law, grandchild or grandparent without loss of pay.

Compassionate leave will be paid only for scheduled work time lost and will not be counted in computing overtime.

### **10.3.5 Military Leave**

The University recognizes the commitment and dedication of its employees who serve in any branch of the state or federal armed services. The University 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.

### **10.3.6 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 \$2000 annually.

**Section 10.4 of the Employee Handbook completely describes options related to Family and Medical Leave (FMLA).**

### **10.5.1 Jury Duty or Court Leave**

As a matter of good citizenship, employees are expected to serve when called upon for jury duty. An employee who has been summoned to jury service must notify his/her supervisors as soon as possible. A copy of the summons should accompany the notice, and the employee must furnish evidence satisfactory to the University that the employee has reported for or performed jury duty on the days claimed.

The University grants full, regularly scheduled pay to an employee called for jury duty.

If the jury duty does not require a full work day, the employee is expected to report for work for the remainder of the day.

CU will grant employees leave to testify in court, as required by law. Employees must give their supervisors notice of the need for such leave as soon as possible.

### **10.5.2 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.

### **10.6 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.

### **10.7 Emergency Closings, Inclement Weather and Other Conditions**

#### **10.7.1 Closing Due to Emergencies or Inclement Weather**

The University expects employees make a good faith effort to get to work safely during inclement weather conditions or emergencies if the University has not been declared closed.

If the Senior Vice President of Academics decides to close the offices, he/she will (in this order) put a message on 262-243-2222, put a message on the portal, and contact the major news stations to inform them of our closing. Be aware that there may be occasions when school is closed for students but employees should report to work. If the entire University is closed, employees will receive their regular pay for that day, if they are scheduled to work that day. Site directors at locations other than the Mequon-Milwaukee area locations are to decide closings based on local circumstances.

#### **10.7.2 Environment**

- If environmental conditions in a building or work area are inappropriate for employees to perform their normally assigned tasks (such as loss of heat or water, chemical spills, emergency asbestos abatement), the supervisor should report this condition to the Director of Buildings and Grounds and to the Director of Human Resources and with their approval, the staff will be excused if no other alternative is practical.
- Other alternatives will be considered, such as: arranging for use of another area or building or rescheduling work.
- If these alternatives are not possible due either to CU's inability to make arrangements or the employee's inability to make the accommodation attempted by CU, employees will be excused with pay. These absences would be only for those who reported for work at the time the decision was made.
- When it can be determined in advance that a department or work area will be temporarily closed down or facilities or equipment for work cannot be provided and employees are notified the above policy is not applicable. Alternatives will be considered. If advance arrangements cannot be made,

employees will be given at least 1 week's prior notice that they will be placed in a non-working status without pay.

Employees may be paid by using their accumulated leave time before being placed in a non-working status without pay.

### **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.

## 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.*

<u>Activity</u>	<u>Anticipated Date of Completion</u>	<u>Date Completed</u>
1. Preceptor provides direct instruction/review on the process of delivering patient care.	First week of residency year	
2. All institution policies related to the provision of patient care are reviewed with the resident and applicable training is completed.	First 2 weeks of residency year	
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.	First month of residency year	
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.	Months 1-2 of the residency year	
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.*	Months 2-3 of the residency year	
6. Upon completion of quarterly evaluations, activity #5 should be revisited for modification based on resident performance.	Quarterly during resident evaluation debriefing	

\* Residents must successfully be licensed as pharmacists prior to step 5 AND by September 1<sup>st</sup>. Should a resident not successfully be licensed by September 1<sup>st</sup>, 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.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 4, 2015.

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## **CUWSOP PGY1 Pharmacy Residency Program**

### ***Resident Assessment Process***

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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.

Deadline for Completing Evaluations Online	Deadline for Evaluation Review Meeting
October 1	October 8
January 4	January 11
April 1	April 8
June 25	June 30

***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

Criteria	Unacceptable	Below Average	Average	Above Average	Exceptional	Pts
<b>Cover Letter</b> <ul style="list-style-type: none"> <li>Clarity/written communication skills</li> <li>Desired learning experience aligned with program goals</li> <li>Evidence of knowledge of program</li> </ul>	Cover letter does not address any of the expected components adequately <i>0 points</i>	Cover letter displays appropriate communication skills, but fails to address either of the other two components <i>2 points</i>	Cover letter displays appropriate communication skills and addresses one of the other two components <i>5 points</i>	Cover letter address all components, but does not do so clearly or in a compelling way <i>7 points</i>	Cover letter address all components and is clear and compelling <i>10 points</i>	
<b>Experience/Curriculum Vitae</b> <ul style="list-style-type: none"> <li>Extracurricular involvement</li> <li>Well-rounded practice experience</li> <li>Pursuit of unique learning experiences</li> <li>Seeks leadership opportunities</li> </ul>	CV displays one or less desired components <i>0 points</i>	CV displays evidence of two components <i>3 points</i>	CV displays evidence of three components <i>7 points</i>	CV displays evidence of four components, but evidence is not substantial <i>11 points</i>	CV displays substantial evidence of four components <i>15 points</i>	
<b>Letters of Reference</b> <ul style="list-style-type: none"> <li>Self-motivated</li> <li>Completes high quality work</li> <li>Important contributor to a team</li> </ul>	Letter does not address any of the components	Letter addresses one component	Letter addresses two components	Letter addresses all components	Letter addresses all components exceptionally	
<b>Letter 1</b>	<i>0 points</i>	<i>0.5 points</i>	<i>1.5 points</i>	<i>2.5 points</i>	<i>3.5 points</i>	
<b>Letter 2</b>	<i>0 points</i>	<i>0.5 points</i>	<i>1.5 points</i>	<i>2.5 points</i>	<i>3.5 points</i>	
<b>Letter 3</b>	<i>0 points</i>	<i>0.5 points</i>	<i>1.5 points</i>	<i>2.5 points</i>	<i>3.5 points</i>	
<b>Transcript</b>	Extremely poor academic performance (< 2.24 GPA) <i>0 points</i>	Poor overall academic performance (2.25-2.49 GPA) <i>1 point</i>	Average academic performance (2.5 – 3 GPA) <i>2 points</i>	Above average performance in practice-related coursework <i>4 points</i>	Above average overall coursework <i>5 points</i>	
<b>Total Score</b>						

Comments:

**Post-Candidate Interview Evaluation**

<b>Criteria</b>	<b>Unacceptable</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Exceptional</b>	<b>Pts</b>
<i>Verbal communication skills</i>	<b>0 points</b>	<b>2 points</b>	<b>5 points</b>	<b>7 points</b>	<b>10 points</b>	
<i>Ability to articulate a personal vision for career in pharmacy</i>	Has no vision <i>0 points</i>	Vision is not clearly articulated <i>3 points</i>	Vision is clearly articulated <i>5 points</i>	Vision is clearly articulated and somewhat compelling <i>7 points</i>	Vision is clearly articulated and very compelling <i>10 points</i>	
<i>Evidence of ability to effectively manage workload of residency program</i>	<i>0 points</i>	<i>2 points</i>	<i>5 points</i>	<i>7 points</i>	<i>10 points</i>	
<i>Commitment to providing patient-centered care</i>	<i>0 points</i>	<i>2 points</i>	<i>5 points</i>	<i>7 points</i>	<i>10 points</i>	
<i>Commitment to teaching</i>	<i>0 points</i>	<i>2 points</i>	<i>5 points</i>	<i>7 points</i>	<i>10 points</i>	
<i>Experience in leading groups and/or program improvement</i>	No experience discussed <i>0 points</i>	Experience is limited <i>2 points</i>	Experience is minimal, but desire for involvement shown <i>5 points</i>	Good experience and desire demonstrated <i>7 points</i>	Substantial experience and desire demonstrated <i>10 points</i>	
<i>Alignment of career and educational goals with program</i>	No alignment demonstrated <i>0 points</i>	Alignment is minimal and may be better with another program <i>2 points</i>	Alignment is evident, but another program may be better. <i>5 points</i>	Alignment with site is clear and a good fit <i>7 points</i>	Alignment with site is clear, compelling and an exceptional fit. <i>10 points</i>	
<b>Total Score</b>						

**Comments:**

## PGY1 Pharmacy Practice Residency Program Interview Schedule

### 24-month option

Person/Group Met With	Time	Special Focus of Interview
*Andy Traynor, Residency Director	60-90 minutes	Discuss resident's interest, skills and questions with the administrative lead of the program and complete tour.
*Preceptor Meeting	45-75 minutes	Discuss resident's interest, skills and questions with the preceptors of the program.
*Current resident meeting	45-75 minutes	Allow applicant opportunity to see things from resident perspective and ask questions.
**Observation in APC lab (any lab that day at any time)	30 minutes	Director or one of the preceptors will escort you to the lab for an observation period.
APC Skills Lab Faculty ( at least 2 of 3 lab faculty)	30 minutes	Discuss resident's interest, skills and questions related to small group teaching in our Applied Patient Care Skills Lab.
Presentation (all faculty/staff, are invited)	45 minutes	Opportunity for candidates to present a topic of their choice to available faculty, students and staff.
Masters in Education Program Director	30 minutes	Discuss Master's program requirements and questions. Can be done via phone call.
Travel time to MHSI or CUW	30 minutes	Resident to drive on their own with directions given.
Visit with MHSI and preceptor that is in practice that day	75 minutes	Tour, discussion of resident's interest, skills and questions related to the first year practice component.

- Items marked by an \* may be coupled with lunch (If coupled with one of these events, use the maximum range of time for scheduling. )
- \*\* This is not necessary for graduates of CUWSOP
- Interviews need to be scheduled Monday-Thursday and must be completed by 2/20/15
- Current resident meetings can happen at the practice site or at CUW
- Coordinate the MHSI visit with the preceptor or resident that is on site that day
- Interviews may start or end at CUW or MHSI.
- APC Skills Lab Faculty include;
  - Kassy Bartelme
  - Jess Bellone
  - Beth Buckley
- Directions to MSHI - <http://www.mhsi.org/maps.html>
- Directions to CUWSOP - <https://www.cuw.edu/About/campusmap.html>
- We need to reserve a parking space at CUW for them.

### 12-month option

Person/Group Met With	Time	Special Focus of Interview
*Andy Traynor, Residency Director	30-60 minutes	Discuss resident's interest, skills and questions with the administrative lead of the program. Can take place at

		ARCW or CUW depending on day.
*Preceptor Meeting	45-75 minutes	Discuss resident's interest, skills and questions with the preceptors at the site.
Presentation	45 minutes	Opportunity for candidates to present a topic of their choice to available preceptors, students and staff at ARCW.
Site Coordinator ARCW	60-90 minutes	Discuss resident's interest, skills and questions with the site lead of the program and complete tour.
Travel time to CUW If meeting with Andy there	30 minutes	Resident to drive on their own with directions given.

- Items marked by an \* may be coupled with lunch (If coupled with one of these events, use the maximum range of time for scheduling.)
- Interviews need to be scheduled Monday-Friday and must be completed by 2/20/15
- Directions to ARCW
  - 820 North Plankinton Avenue  
Milwaukee Wisconsin 53203  
(414) 273-1991  
800-359-9272
- Directions to CUWSOP when applicable - <https://www.cuw.edu/About/campusmap.html>
- We need to reserve a parking space at CUW for them when applicable.

## Mapping of Residency Learning Outcomes to Learning Experiences

<b>Residency Learning Outcome</b>	<b>Learning Experience</b>				
	Practice Year 1	Practice Year 2	Academic Development	Teaching	Personal Development
Outcome 1: Manage and improve the medication-use process.	X				
Outcome 2: Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.	X	X			
Outcome 3: Exercise leadership and practice management skills with a focus on ambulatory care practice.	X	X	X		X
Outcome 4: Demonstrate project management skills.			X		
Outcome 5: Provide medication and practice-related education/training.	X	X	X	X	
Outcome 6: Utilize medical informatics.	X		X	X	
Outcome 7: Demonstrate additional competencies that contribute to working successfully in the health care environment (Goals 7.1-7.4)	X			X	
Outcome 8: Establish a collaborative interdisciplinary practice.		X			
Outcome 9: Promote health improvement, wellness, and disease prevention with an understanding of public health policy.	X	X			
Outcome 10: Demonstrate skills required to function in an academic setting.			X		

	Emphasis M/T/TE/TE+	Practice Year 1	Practice Year 2	Academic & Personal Development	Teaching
Competency Area R1: Patient Care					
effective patient care to a diverse range of patients...following a consistent patient care process.	TE+	x	x		
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.					
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.					
Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.					
Objective R1.1.4: (Analyzing) Analyze and assess information on which 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).					
regimens and monitoring plans (care plans) by taking appropriate follow-up actions.					
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.					
Objective R1.1.8: (Applying) Demonstrate responsibility to patients.					
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.	TE+	x	x		
Objective R1.2.1: (Applying) Manage transitions of care effectively.					
GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.	TE	x			
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.					
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.					

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.					
Competency Area R2: Advancing Practice and Improving Patient Care					
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.	TE	Comm Rx & DPC			
Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.					
Objective R2.1.2 (Applying) Participate in a medication-use evaluation.					
Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.					
Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.					
GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care	TE+	x	x		
Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.					
Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or 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.					
Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.					
Competency Area R3: Leadership and Management					
GOAL R3.1 Demonstrate leadership skills.	TE+	x	x	x	



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.	TE+	x	x	x	
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.	TE+	x	x		x
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.					
GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.	TE+	x	x		x
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.					
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.					
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.	TE+		x		
Objective R5.1.1: (Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service					
Competency Area R6: Teaching and Learning					
GOAL R6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.	TE+			x	
Objective R6.1.1: (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.					
Objective R6.1.2: (Understanding) Explain academic roles and associated issues.					
Goal R6.2 Develops and practices a philosophy of teaching	TE+			x	x
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.					

~ July/August 2019~

	Mon	Tue	Wed	Thu	Fri
<b>Week 1</b>	<p>July 1</p> <p>CUW-SOP</p> <p>Review MHSI protocols, prepare for topic discussions, and other discussions</p>	<p>July 2</p> <p>Orientation with Sarah Ray at MHSI 8:00-9:00a.m.</p> <p>Clinic 8:00am-4:30pm</p>	<p>July 3</p> <p>CUW-SOP</p> <p>Loren PTO</p>	<p>July 4</p> <p>FOURTH OF JULY-OFF</p>	<p>July 5</p> <p>CUW-SOP</p> <p>Loren/Andy PTO</p>
<b>Week 2</b>	<p>July 8</p> <p>CUW-SOP</p>	<p>July 9</p> <p>Clinic 8:00am-4:30pm</p> <p>TOPIC DISCUSSION: HTN at 11:30am (Sarah Facilitates)</p>	<p>July 10</p> <p>Clinic 8:00am-4:30pm</p> <p>TOPIC DISCUSSION: DM (Oral Agents) at 11:30 am (Loren Facilitates)</p>	<p>July 11</p> <p>Clinic 8:00am-4:30pm</p> <p>TOPIC DISCUSSION: HLD at 11:30 am (Sarah Facilitates)</p> <p>Send Journal Club article to Sarah</p>	<p>July 12</p> <p>Clinic 8:00am-4:30pm</p> <p>TOPIC DISCUSSION: DM (Insulins) at 11:30 am (Loren Facilitates)</p>
<b>Week 3</b>	<p>July 15</p> <p>CUW-SOP</p> <p>Sarah/Loren/Andy at AACP</p>	<p>July 16</p> <p>CUW-SOP</p> <p>Sarah/Loren/Andy at AACP</p>	<p>July 17</p> <p>Clinic 8:00am-4:30pm</p> <p>TOPIC DISCUSSION: Smoking Cessation at 11:30 am (Loren Facilitates)</p>	<p>July 18</p> <p>Clinic 8:00am-4:30 pm</p>	<p>July 19</p> <p>Clinic 8:00am-4:30 pm</p>

~ July/August 2019~

	Mon	Tue	Wed	Thu	Fri
<b>Week 4</b>	<b>July 22</b> CUW-SOP Andy PTO  JOURNAL CLUB at CUW Room PH149 12:00-1:00pm	<b>July 23</b> Clinic 8:00am-4:30pm	<b>July 24</b> Clinic 8:00am-4:30pm	<b>July 25</b> Clinic 8:00am-4:30pm  Medication Safety Discussion (Sarah Facilitates)	<b>July 26</b> Clinic 8:00am-4:30pm
<b>Week 5</b>	<b>July 29</b> CUW-SOP	<b>July 30</b> CUW-SOP Sarah PTO	<b>July 31</b> Clinic 8:00am-4:30pm	<b>August 1</b> Clinic 8:00am-4:30pm	<b>August 2</b> Clinic 8:00am-4:30pm
<b>Week 6</b>	<b>August 5</b> CUW-SOP	<b>August 6</b> CUW-SOP Concordia Cares	<b>August 7</b> Clinic 8:00am-4:30pm	<b>August 8</b> Clinic 8:00am-4:30pm	<b>August 9</b> Clinic 8:00am-4:30pm
<b>Week 7</b>	<b>August 12</b> CUW-SOP  CUW Faculty Retreat	<b>August 13</b> Clinic 8:00am-4:30pm	<b>August 14</b> Clinic 8:00am-4:30pm	<b>August 15</b> Clinic 8:00am-4:30pm	<b>August 16</b> Clinic 8:00am-4:30pm

in Family Practice 1-3:00pm

Shadow Susan in Pharmacy 1:00-3:00pm

Shadow Teresa Skora, NP

in Memory Clinic in

Internal Medicine 1-4:00pm

Shadow Carla Wright, MD

in Memory Clinic in

Internal Medicine 1-4:00pm

Shadow Mark Behar PA-C in EIP 1-3:00pm

**Applied Patient Care Lab Instructor Training at CUW 12pm-3:30pm in PH 147**

## Resident Orientation Topics

### Session 1 – Andy Traynor

#### Orientation Overview

##### Logistics

- H drive, S drive, Outlook
- Portal
- Faculty handbook
- Bylaws
- Office supplies and other office needs
- Maintenance
- Classroom (AV) support
- IT support
- Chapel time sem and summer
- ATM, vending, exercise, sports
- Admin Support
  - Emily
  - Student workers
- Concordia Cares
- Vaccines
- Phones and long distance
- Accreditation document
- ID Card

##### Development

- \$2000 annual
- Self tracking expenses
- “own” expense vs SOP expense
- Reimbursements through Emily
- Residency Learning System and Assessment Process
- CELT
- DPP Seminars and Roundtables
- Topic Discussions
- Masters Coursework

## Session 2 – Practice and Scholarship

### Practice

- Faculty practice site partners overview
  - MHSI
  - Second year sites
- Insurance coverage

### Scholarship

- Peer reviewed abstracts/posters
- Poster printing
- Manuscripts and journal options
  - Clinical
  - Educational
- Faculty scholarship interests

## Sessions To Be Scheduled With Others (Resident to schedule)

### Teaching and Assessment

- Curriculum overview (Mike Brown)
- APC series
  - Overview (Andy)
  - APC Instructors (Beth Buckley, Kassy Bartelme, Jordan Wulz)
- Pharmacotherapy series including guiding principles for lecturers (Joe Rinka or Laura Traynor)
- Academic Rotation/Teaching Certificate (Andy)
- DI resources and library access (Kathy Malland)
- IPPE and APPE series (Melissa Theesfeld)
- Instructional Design Center (Justin Frisque)
- SLOs and Assessment plan (Nicia Lemoine)
- Grading rubric system (Mike Brown)
- Curriculum Committee Overview and Policies (Travis Suss)

- Pharmaceutical Care Overview (Andy)

### **Service**

- CUWSOP opportunities (Andy)
  - CSPA and other student groups
  - Standing Committees
  - Ad hoc committees
- CUW opportunities (Andy)
- National and Local Involvement (Andy)
- Admissions (Sarah Blake)
  - Student candidate interviews
  - Recruitment
- Student Affairs (Kristy Sprung)



**Concordia University Wisconsin School of Pharmacy**  
**PGY1 Pharmacy Resident Learning Experience Overview**  
**Academic & Personal Development Learning Experience**

Last updated: 3/19/20

**Preceptor(s)**

Andrew Traynor, PharmD, BCPS – [andrew.traynor@cuw.edu](mailto:andrew.traynor@cuw.edu) 262-243-2782

**Overview**

The Academic and Personal Development Learning Experience for the 24-month Practice and Academic Leadership Emphasis resident is a combination of efforts to further the resident's foundational knowledge and skills in teaching through Masters in Teaching and Learning coursework and foundational knowledge required to lead in practice and academia. This experience is complemented by the Teaching learning experience.

This experience includes 1:1 meetings with the preceptor, didactic online or live coursework in the Masters in Teaching and Learning curriculum, lecture and small group teaching of student pharmacists, course coordination efforts and service to the school of pharmacy.

**Schedule & Activities**

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

*Masters in Teaching and Learning Coursework*

The appendix below provides an outline of the progression through the Masters in Teaching and Learning Coursework.

*Teaching Pharmacy Students I-III*

The appendix below provides an outline of each of the syllabi for these courses in the Masters in Teaching and Learning Coursework.

*1:1 Preceptor Meetings*

One hour weekly meetings are held during campus time with the preceptor to debrief on teaching activities and to discuss integration of Masters courses with pharmacy education. In addition, a variety of leadership topics such as strategic planning, leadership change, working with teams will be reviewed and discussed.

*Service to the School of Pharmacy*

Residents will possess an awareness of the service obligations and governance of a school of pharmacy through participation on the curriculum committee in their first 12 months and the assessment committee in their second 12 months. In addition, the residents will participate in pharmacy admissions interviews as schedules allow.

*Longitudinal Rotation*

Residents spend 2.5 days/week at CUW longitudinally throughout their two years. The resident must be on campus on a Monday through Thursday for two of the 2.5 days. A half-day per week is allocated toward coursework for the Masters program.

**Feedback/Evaluation**

The resident will work with the preceptor and faculty throughout their rotation with timely formative feedback delivered verbally. 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.

**Priority Readings** (indicate those which will be discussed verses background only)

**Learning Experience Goals & Activities**

Goal & Objectives	Corresponding Activities
GOAL R3.1 Demonstrate leadership skills.	
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	1:1 preceptor meetings, teaching pharmacy students I-III coursework, service to the school of pharmacy
Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.	1:1 preceptor meetings, teaching pharmacy students I-III coursework
GOAL R3.2 Demonstrate management skills.	
Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.	1:1 preceptor meetings; service to the school of pharmacy
Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	1:1 preceptor meetings; service to the school of pharmacy
Objective R3.2.3: (Applying) Contribute to departmental management.	Service to the school of pharmacy
Objective R3.2.4: (Applying) Manages one’s own practice effectively.	1:1 preceptor meetings; teaching pharmacy students I-III coursework
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.	Masters coursework; 1:1 preceptor meetings, teaching pharmacy students I-III coursework,
Objective R6.1.2: (Understanding) Explain academic roles and associated issues.	1:1 preceptor meetings, teaching pharmacy students I-III coursework
Goal E6.2 Develops and practices a philosophy of teaching.	
Objective E6.2.1 (Creating) Develop a teaching philosophy statement.	teaching pharmacy students I-III coursework; Masters coursework
Objective R6.2.2 (Creating) Prepare a practice-based teaching activity.	teaching pharmacy students I-III coursework
Objective R6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.	teaching pharmacy students I-III coursework

Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.	teaching pharmacy students I-III coursework; Masters coursework
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### Presentation Requirements

Lectures and teaching activities per teaching pharmacy students I-III syllabis

### Written Assignment Requirements

As required per Masters coursework

### Evidence-Based References

As outlined in Masters coursework

### Masters Coursework Outline

#### Getting Started:

*Acceptance into the School of Education at Concordia*

You will have to be formally accepted into the School of Education in order to participate in coursework for the Masters of Education with an emphasis in Teaching and Learning. You should contact Sarah Mayer ([Sarah.Mayer@cuw.edu](mailto:Sarah.Mayer@cuw.edu)) in your first week, and she will connect you with [Amber.Scheissel@cuw.edu](mailto:Amber.Scheissel@cuw.edu) (x4551) who will supply you with the application materials. The process will include writing an essay and providing an updated resume/CV along with filling out the application form. There is a \$50 application fee, but this is waived for employees.

Once accepted you will need to contact [Mary.Buenz@cuw.edu](mailto:Mary.Buenz@cuw.edu) in the Office of Distance and Continuing Education, and she will provide you with information about getting started with online courses and will register you for the classes you need. For face-to-face courses taken in the school of pharmacy, you can register using the portal, my.cuw.edu, by entering in the 5 digit CRN code associated with the course under the student services tab. **When registering for courses in the EDC program, it is important to contact Jonathan Tempesta ([jonathan.tempesta@cuw.edu](mailto:jonathan.tempesta@cuw.edu)) to inform them of your enrollment in the course.** The EDC program has some different policies and procedures when it comes to scheduling and communication

#### Payment Program/Financial Aid

As a Concordia employee, you will receive a discount for the e-learning courses which is a 50% discount versus a 90% discount for face-to-face courses (FF). Whenever possible, look for options to take the courses in a FF format to save money. Prior to your courses, you will need to have the Employee Tuition Waiver Request Form (available below). This will need Andy Traynor's signature first and he can forward it to the necessary people. **This form also needs to be filled out prior to each school year.**



TuitionWaiver-Request.pdf

Money can be tight following APPEs and licensure, but there are a few payment methods for the Master's program:

1. You can pay cash for your tuition and fees.
2. You can work out a payment plan option, where you can pay monthly towards your tuition instead. Go to the CUW Business Office and mention that you would like to fill out a **Joyful Response Form (included below)** and they can provide you with the information you need. If

you choose this option there will be a hold on your account, but they can remove this whenever you need to register for courses. If you have any questions about applying for financial aid, please visit Concordia's financial aid website at <https://www.cuw.edu/Departments/financialaid/>. You will need to fill out the Joyful Response Form once yearly.



JoyfulResponsePaymentProgram.pdf

3. You can take out additional financial aid to cover the cost of tuition and fees via a Grad PLUS loan. The Grad PLUS loan coordinator at CUW is Darin Wissbaum ([darin.wissbaum@cuw.edu](mailto:darin.wissbaum@cuw.edu)). It is typically easier to contact Darin face to face with any issues. You will also need to fill out a Grad PLUS loan application (available below) and fill out your FAFSA for the year at <https://fafsa.ed.gov/>.



plus loan app most updated 11-12.pdf

**It will also be important to keep in mind your previous student loans.** Based upon your own personal preference, you may choose to defer your loans because of your enrollment in the Master's program. If you choose to defer, it will be important for you to keep in touch with your loan vendor to ensure they are aware that you are, technically, still a student. Your vendor may also require extra paperwork.

At some point after the first semester, you may receive an email from CUW regarding Satisfactory Academic Progress. The email may state that you are ineligible for further financial aid because you are not meeting satisfactory academic progress. **This email is typically an error.** This email includes graduate/professional programs as one category and does not differentiate between pharmacy and Master's programs. You simply need to respond to Robert Nowak, CUW's Director of Financial Aid ([Robert.nowak@cuw.edu](mailto:Robert.nowak@cuw.edu)), or the employee whose name is included in the email and apprise them of your situation and they will fix the error for you.

#### *Thesis Development*

It is important to identify a potential research topic by August of year 1 if possible, because you will have chances to develop your topic in the Educational Research course and the Pharmacy Practice Research course as well. This is crucial to getting a head start on your thesis, where you will write the first 3 chapters as part of the Educational Research course.

Toward the end of the program you will need to file an application for thesis completion. This document (included below) will help to schedule your thesis defense and thesis committee. Previously, Dr. Richard Schnake served as the committee chair, with Drs. Mike Brown and Andy Traynor also on the committee. The final thesis presentation (previously called defense) should be planned towards the end of your residency. The presentation outline and guidelines for thesis development are both displayed below. It will be important to send your pharmacy faculty committee members the thesis guideline document to serve as a rubric with which to assess your thesis.



EDG 890 Thesis Application.doc



590~890 Thesis NEW Guidelines for Presentation Outline.



Master's Final Thesis

#### *Masters Coursework Considerations*

It will also be important to email each of your instructors when you sign up for each course to explain that you are a pharmacy resident in order to find ways to make the courses as relevant to pharmacy education as possible.

We will be keeping a library of all of the required textbooks and materials needed to complete the coursework. This will be kept in the resident office at Concordia.

It may also be beneficial to discuss purchasing LiveText with Sarah Mayer in the first month of the residency, because this software will be used to track your teaching progress as part of the Portfolio I-III series. I think this would be nice to have early on so that you can keep track of different artifacts and teaching experiences as they happen throughout the first year. Each Portfolio course will have certain standards (based upon Wisconsin state education standards) that you will work on. A detailed description of each course is included below. It may be helpful to see the senior resident's portfolio presentation in the first semester so you can better conceptualize what you will be working towards.



Portfolio Guidelines.pdf



2014-2015-portfolio -mequon fall-elem.p



Updated Live Text purchasing instructi

### Pharmacy Resident Progression Towards Masters in Teaching and Learning

\*\*\*Note: Courses with numbers in the 500s are Face-to-face and those in the 800s are online courses.

Course	Credits	Format	Approx. Sign-up Date	Approx. Completion Deadline	Notes
<b>Fall Year 1</b>					
Human Learning and Motivation** (EDG 821)	3	IO	7/22	10/14	Exposes you to contemporary learning theories and the psychology of education as it relates to learning and motivation.
Educational Research (Phar course In collaboration with Rick Schanke) (EDG 515)	3	IO, OC or FF	8/19	10/15	This course provides an outline for completing your Master's thesis including methodology for performing the research and writing up the results. You will complete chapters 1-3 of your thesis as a result of this class.
Intro Methods (EDC 885)  Science content (EDC 873)	4	OC or FF	10/21	12/14	Presents curriculum, methods, and special concerns for teaching science in the middle and high school levels. Topics that will be emphasized include curriculum planning, assessment strategies, instructional materials, teaching and learning strategies, and effective instruction as it relates to teaching Science. This course includes the construction of unit and lesson plans using a variety of resources and instructional tools, and special topics related to teaching secondary science. Again very important to speak with both instructors to adapt this course to pharmacy education.
<b>Spring Year 1</b>					
Teaching Pharmacy Students I* (PHAR)	2	FF	1/6	5/10	This course is designed to provide direct teaching opportunities to pharmacy students. It includes weekly debriefing sessions to discuss pharmacy education, teaching in an applied patient care lab, and providing a pharmacotherapy lecture.
Analysis of Instruction (EDC 866)	4	OC or FF	1/6	1/31	Examines standards-based lesson planning and provides an introduction to assessment, evaluation, and instructional strategies. Focuses

					mainly on secondary education, so it is crucial to discuss how to make this course applicable to pharmacy education.
Instructional Strategies for Effective Teaching** (EDG 828)	3	IO	2/03	4/13	You will examine your personal pedagogy in order to reflect upon and expand your repertoire of effective instructional strategies. Very beneficial course for helping craft or refine a teaching philosophy. Looks at the theory of multiple intelligence and designing instructional activities to support different learners.
Portfolio I (EDG 924)					(See Portfolio Documents above)
Fall Year 2					
Assessment for Learning** (EDG 887)	3	IO	7/1	8/25	This course really helps to develop knowledge of many available ways to assess student learning. This is helpful because it aligns with your coordination of the Pain Unit in Pharmacotherapy IV, which is important because you can utilize Examsoft reports as your assignments.
Teaching Pharmacy Students II* (PHAR)	2	FF	8/13	12/13	The focus of this course is to coordinate the Pain Unit in Pharmacotherapy IV, which builds upon the knowledge gained in Teaching Pharmacy Students I.
Curriculum Leadership** (EDG 807)	3	IO, FF or OC	10/27	12/19	Provides an excellent overview of moving from Standards or Outcomes (ACPE or CAPE for example) to Student Learning Outcomes to Course Objectives to Assignment Objectives. You should become familiar with the term Backward Course Design, which will help in understanding the applicability of this course. This course should be used to help you develop your elective to teach in the school of pharmacy (Teaching Pharmacy Students III)
Portfolio II (EDG 925)					(See Portfolio Documents above)
Spring Year 2					
Thesis Completion (EDG 590)	3	IO	1/6	6/30	This is your chance to revise and edit the first 3 chapters (statement of the question, a literature review, and methodology) from your educational research course. I would suggest meeting with your thesis advisor(s) several times before this course to make sure you are on the right track and also consider developing your thesis defense presentation as you go.
Teaching Pharmacy Students III*(PHAR)	2	FF	1/13	5/9	The focus of this course is the successful coordination of the elective you developed to deliver in the school of pharmacy.
Elective (EDG)	3	IO or FF	5/5	6/26	Choose from the available list of courses listed on the CUW Masters of Education in Teaching and Learning website. James took the educational technology course and Chris took Leadership for Change in Education.
Portfolio III (EDG 926)					(See Portfolio Documents above)
<i>Total</i>	<i>33 credits</i>				

IO = Independent Online  
OC= online collaborative

FF = Face-to-Face

Highlighted = overlap with pharmacy school semester

\*Portfolio components completed are not credit bearing and should align with Teaching Pharmacy Students I – III.

\*\* Available any time



“<sup>6</sup>We have different gifts, according to the grace given to each of us. If your gift is prophesying, then prophesy in accordance with your faith; <sup>7</sup>if it is serving, then serve; if it is teaching, then teach; <sup>8</sup>if it is to encourage, then give encouragement; if it is giving, then give generously; if it is to lead, do it diligently; if it is to show mercy, do it cheerfully.”

**Romans 12:6-8, NIV**

**CUW Mission**

Concordia University Wisconsin is a Lutheran higher education community committed to helping students develop in mind, body, and spirit for service to Christ in the Church and in the world.

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The School of Pharmacy is committed to the development of pharmacists who are servant leaders, dedicated to providing value-based, patient-centered care that improves the health of our communities in rural and urban areas through excellence in teaching, research, service, and practice.

**CUWSOP Course Syllabus**

Phar 711 Teaching Pharmacy Students I (2 credit hours)

**Class Location and Time:**

Lecture (PH 209): Tuesday 10:10-11:00 AM

Labs (PH 110): Two 90-120 minute lab sessions weekly TBD based on participant’s schedules and teaching opportunities

**Course Coordinator:**

Andrew Traynor, Pharm.D., BCPS  
 Professor, Dept of Pharmacy Practice, CUWSOP  
 Chair, Pharmacy Practice  
 PGY1 Pharmacy Residency Director  
 Office PH219, Ph: 262-243-2782  
 Email: [andrew.traynor@cuw.edu](mailto:andrew.traynor@cuw.edu)  
 Office Hours: Open door policy or by appt

**Course Faculty**

Name	Office	Email	Phone
Michael Brown, Pharm.D.	PH293	Michael.Brown@cuw.edu	262-243-2761
Beth Buckley, Pharm.D, CDE	PH217	Beth.Buckley@cuw.edu	262-243-2766
Loren Williams, Pharm.D.	PH216	Loren.Williams@cuw.edu	262-243-2780



Kassy Bartelme, Pharm.D., BCACP	PH262	Kassandra.Bartelme@cuw.edu	262-243-2790
Sarah Ray, Pharm.D., BCPS	PH258	Sarah.Ray@cuw.edu	262-243-2795
Jordan Wulz, Pharm.D., MPH, BCACP	PH226	<a href="mailto:Jordan.Wulz@cuw.edu">Jordan.Wulz@cuw.edu</a>	262-243-2797
Nick Zupec, Pharm.D, BCPS	PH268	<a href="mailto:Nicholas.Zupec@cuw.edu">Nicholas.Zupec@cuw.edu</a>	262-243-2771

\*Other faculty TBD based on teaching needs and schedules

**Prerequisites for course:** Pharm.D., Masters in Teaching and Learning program enrollment, or consent of course coordinator.

### **Course Description and Purpose**

The need for rigorous preparation of future academic pharmacists, with a focus on teaching skills, has been articulated and tested by multiple groups in recent history. While many innovative programs have developed that provides didactic instruction and hands on experience to pharmacists and student pharmacists, formal educational preparation through degree programs have not been described. To prepare future academic pharmacists rigorously in theory and practice, the CUWSOP has partnered with the School of Education to enroll pharmacy practice residents in Masters in Teaching and Learning Coursework. This coursework includes traditional didactic preparation and allows for credit related to “student teaching.” To best prepare academic pharmacists, teaching experiences in the school of pharmacy curriculum must be engaged with a focus on learning and assessment.

This class will consist of three distinct, yet interrelated components.

*Academic Pharmacy and Teaching Debriefings:* During a regularly scheduled, one-hour weekly meeting, the course coordinator and each participant will engage in discussion related to teaching experiences and discuss issues in pharmacy education. A connection to educational theory, based on activities, will be pursued in all interactions.

*Applied Patient Care Skills Lab Teaching:* Participants will practice and be evaluated on small-group teaching skills across Applied Patient Care course series. Participants will participate in lab debriefings with the course coordinator each week. Faculty and students will complete one formal evaluation of small group teaching.

*Pharmacotherapy III Lecture:* Participants will develop, practice and deliver a pharmacotherapy lecture with evaluation of their practice and final presentation by faculty. Student evaluations will be collected during their final presentation.

### **Instructor Philosophy**

We consider it a great privilege to serve as your guides as you seek a broader perspective of teaching and develop knowledge, skills and values necessary to be an academic pharmacist. We take these responsibilities seriously. We care about our profession, your development as a teacher and the students you will serve.

We see ourselves not as “instructors” in the traditional sense of the term, but rather guides that will help you discover what role you can and will play in academia. To that end, you can expect

us to create an interactive learning environment that will facilitate this discovery. Within this environment, we will be open about sharing with you our own experiences where they can enhance your learning. We will provide honest and constructive evaluation. Know that we are committed to providing additional feedback and guidance to individual students upon their request. We expect you to be active participants in your learning, reflective on your actions, and open, honest, trusting and respectful in your dealings in this class.

**CUWSOP PGY1 Pharmacy Learning Outcomes**

Outcome 8: Demonstrate skills required to function in an academic setting.

**Course Objectives**

- Describe teaching opportunities in the didactic curriculum for pharmacy practice faculty.
- Identify teaching methods that align with learning objectives in pharmacy practice curricula.
- Engage in accurate self-reflection of teaching activities.
- Identify current issues in pharmacy education.
- Utilize small group teaching methods to enhance student learning.
- Assess the impact of small group teaching methods on student learning.
- Develop a presentation for delivery in a lecture format to students.
- Deliver a lecture to students.

**Learning Strategies**

This course employs multiple learning strategies including teaching experiences, discussions, reflections, small group discussions, self-, peer-, and faculty-assessments.

**Required Text and Equipment**

- There are no texts required for this course.

**Methods of Communication / Course Management**

Course materials and course information will be provided during weekly discussions. All students are responsible for checking and responding to emails daily.

**Assessment / Grading Policy**

At the end of the course, students will receive a grade of A-F. This course will use a combination of numerical grades and "S+/S/S-" rating system similar to that used in the Applied Patient Care series. Final grades will be determined using the table below.

<b>Category 1: Weekly Meeting Ratings (N=15)*</b>	<b>Category 2: Small Group Teaching Evaluations (N=2)</b>	<b>Category 3: Lecture Ratings(N=3)</b>	<b>Final Grade</b>
Student receives a total of at least 13 combined S OR S+ ratings AND	S or S+ ratings on both evaluations	S or S+ ratings on all three lecture ratings	A
Student receives at least 12 combined S OR S+ ratings OR	S or S+ ratings on both evaluations	One S- rating	B
Student receives at	One S- rating	Two S- ratings with	C

least 10 combined S OR S+ ratings OR		more than half of rating components for all capstone assignments being acceptable or exceptional.	
Student receives less than 10 combined S OR S+ ratings OR	Two S- ratings	Two S- ratings with less than half of rating components for all capstone assignments being acceptable or exceptional OR Three S- ratings.	F

\* Further details, directions, assignment templates, rubrics and dropboxes for assignment submission will be provided during weekly debriefing meetings.

The final grade will be determined by the "lowest" criteria met in each of the three categories regardless of performance in other categories.

Assignment of most of the S+/S/S- ratings in the course come from rubrics that provide the criteria that correspond to each rating. To provide some guidance on the relative criteria for these ratings, the definitions for each are given below.

"S": To be considered satisfactorily completed and receive an "S" rating, activities must meet the following criteria:

1. Assignments/activities completed and handed in at their respective due date/time
2. Show appropriate effort for thoroughness and accuracy in meeting the learning objectives and providing patient care.
3. Be completed in accordance with the academic conduct described in the CUW Student Handbook.

"S+": To receive a rating of "S+", the activity must meet the criteria for an "S" rating and not meet any criteria for an "S-" rating.

"S-": The purpose of the "S-" rating is to help the student identify components of their work that needs improvement. A rating of "S-" will be given if a component of the rated activity is completed in a fashion:

1. That would provide a less than satisfactory result.
2. That makes part or all of the "deliverable portion" of the activity (verbal or written communication, product, etc.) unusable to the intended recipient (patient or other health care practitioner).
3. That is clearly not consistent with applicable policies and procedures.

Furthermore, an "S-" rating will be given if a student:

1. Reports tardy or has an unexcused absence for a lab or lecture.
2. The activity is not handed in at its due date and time.
3. Is not adherent to the appropriate professional attire.
4. Has completed an activity with an amount of effort that is less than that necessary to meet the learning objectives.

Upon receipt of an "S-" rating, the student may be asked to revise some specified component of the activity at the discretion of the Course Coordinator. This revision must be completed in the time and manner specified by the Course Coordinator or the "S-" rating will be result in the assignment considered incomplete and will result in an incomplete for the course.

Time limits for contesting grades: Each student will have a 7-day period after tests or assignments are returned to challenge the grade in a professionally written / verbal format.

## **Classroom Policies**

### **Attendance Policy**

Students are expected to be present for all activities. Section I.D., I.E., and I.F. of the CUWSOP Student Handbook further describes time requirements for notifying the course coordinator for absences and what constitutes excused absences, leave of absences, and missed or incomplete coursework respectively. The CUWSOP Student Handbook can be found off a link on the [www.cuw.edu/pharmacy](http://www.cuw.edu/pharmacy) site. Unexcused absences may be remediated at the discretion of the course coordinator. Accumulation of unexcused absences may result in an incomplete or failing grade for the course at the discretion of the course coordinator.

### **Academic Dishonesty**

CUW Academic Integrity Policy: CUW expects all students to display honest, ethical behavior at all times and under all circumstances. Academic dishonesty is defined as follows:

**Cheating:** includes, but is not limited to: a) the use of unauthorized assistance in taking any type of test or completing any type of classroom assignment; b) assisting another student in cheating on a test or class assignment, including impersonation of another student.

**Plagiarism:** includes, but is not limited to: a) failure to give full and clear acknowledgement of the source of any idea that is not your own; b) handing in the same assignment for two different courses without the consent of the instructors. **Fabrication:** the forgery, alteration, or misuse of any University academic document, record, or instrument of identification.

**Academic Misconduct:** intentionally or recklessly interfering with teaching, research, and/or other academic functions.

For more information on academic integrity, please see the Academic Policies section of the Student Handbook, which can be accessed at the following link:

<https://www.cuw.edu/Departments/residencelife/assets/studentconductcode.pdf>

### **Student Conduct**

CUWSOP students are expected to adhere to the CUW student conduct as noted in the CUWSOP Student Handbook.

### **Dress Code**

The CUWSOP Professional Student Standards of Attire per the Student Handbook should be observed in the classroom and “lab setting.” When interacting with the public, student should note the following as appropriate attire as outlined below.

1. Men should wear dress slacks and shirts with collars and necktie
2. Women should wear dress slacks or skirts and blouses or dresses (no midriff shirts or tank tops)
3. All students are expected to wear closed-toe shoes and nylons or socks at all times
4. Practice good personal hygiene: be clean and neatly groomed
5. Avoid or minimize the use of perfume and/or cologne
6. White lab coat and CUWSOP identification badge should be worn at all times

Inappropriate attire: any jeans/denim, fatigues, shorts, sweatpants, athletic wear, logo t-shirts, swim-wear, hats, tennis shoes, flip flops, open-toed shoes. If you come to lab wearing improper attire, you may be asked to leave at the discretion of the instructors for the day. This will be treated as an unexcused absence (See the attendance policy for more details on unexcused absences) .

### **Technology in the Classrooms and Laboratories**

Technology, including laptops, phones, and other personal electronic devices, can be a useful educational tool or a hindrance to your and others’ education. Use of technology including those listed above for educational or assessment purposes in the lecture and laboratory portions of this course are expected. Use of technology for non-educational purposes during lectures or labs, including use of social networking sites, playing games, browsing the web, or other uses not part of the courses’ activities expectations are not allowed. While it is difficult for instructors to ensure this doesn’t happen, as future pharmacists and professionals it is my expectation that you avoid these uses of technology to maximize your educational experience for the benefit of your future patients.

### **Disability Support**

In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Vocational Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the university. Students with a documented disability who require accommodation in order to obtain equal access to this course should inform the instructor, and must also contact Disability Support Services at (262) 243-4299 or <https://www.cuw.edu/Departments/lrc/dss.html>



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**CUWSOP Course Syllabus**

Phar 712 Teaching Pharmacy Students II (2 credit hours)

**Class Location and Time:**

Lecture (PH 209): Tuesday 10:10-11:00 AM

Labs (PH 110): Two 90-120 minute lab sessions weekly TBD based on participant’s schedules and teaching opportunities

**Course Coordinator:**

Andrew Traynor, Pharm.D., BCPS  
 Associate Professor, Dept of Pharmacy Practice, CUWSOP  
 Chair, Pharmacy Practice  
 PGY1 Pharmacy Residency Director  
 Office PH219, Ph: 262-243-2782  
 Email: [andrew.traynor@cuw.edu](mailto:andrew.traynor@cuw.edu)  
 Office Hours: Open door policy or by appt

**Course Faculty**

Name	Office	Email	Phone
Michael Brown, Pharm.D.	PH293	Michael.Brown@cuw.edu	262-243-2761
Beth Buckley, Pharm.D, CDE	PH217	Beth.Buckley@cuw.edu	262-243-2766
Loren Williams, Pharm.D.	PH216	Loren.Williams@cuw.edu	262-243-2780

Kassy Bartelme, Pharm.D., BCACP	PH262	Kassandra.Bartelme@cuw.edu	262-243-2790
Sarah Ray, Pharm.D., BCPS	PH258	Sarah.Ray@cuw.edu	262-243-2795
Jordan Wulz, Pharm.D., MPH, BCACP	PH226	<a href="mailto:Jordan.Wulz@cuw.edu">Jordan.Wulz@cuw.edu</a>	262-243-2797
Nick Zupec, Pharm.D, BCPS	PH268	<a href="mailto:Nicholas.Zupec@cuw.edu">Nicholas.Zupec@cuw.edu</a>	262-243-2771

\*Other faculty TBD based on teaching needs and schedules

**Prerequisites for course:** Pharm.D., Masters in Teaching and Learning program enrollment, Teaching Pharmacy Students I or consent of course coordinator.

### Course Description and Purpose

The need for rigorous preparation of future academic pharmacists, with a focus on teaching skills, has been articulated and tested by multiple groups in recent history. While many innovative programs have developed that provides didactic instruction and hands on experience to pharmacists and student pharmacists, formal educational preparation through degree programs have not been described. To prepare future academic pharmacists rigorously in theory and practice, the CUWSOP has partnered with the School of Education to enroll pharmacy practice residents in Masters in Teaching and Learning Coursework. This coursework includes traditional didactic preparation and allows for credit related to “student teaching.” To best prepare academic pharmacists, teaching experiences in the school of pharmacy curriculum must be engaged with a focus on learning and assessment.

This class will consist of three distinct, yet interrelated components.

*Academic Pharmacy and Teaching Debriefings:* During a regularly scheduled, one-hour weekly meeting, the course coordinator and each participant will engage in discussion related to teaching experiences and discuss issues in pharmacy education. A connection to educational theory, based on activities, will be pursued in all interactions.

*Applied Patient Care Skills Lab Teaching:* Participants will practice and be evaluated on small-group teaching skills across Applied Patient Care course series. Participants will participate in lab debriefings with the course coordinator each week. Faculty and students will complete one formal evaluation of small group teaching.

*Pharmacotherapy IV Lecture:* Participants will develop, practice and deliver a pharmacotherapy lecture with evaluation of their practice and final presentation by faculty. Student evaluations will be collected during their final presentation.

*Pharmacotherapy IV Unit Co-coordination:* Participants will work with the course coordinator to develop, deliver and manage a unit of this course. Activities will include unit design, managing instructors, creating assessments and conducting quality improvement.

### **Instructor Philosophy**

We consider it a great privilege to serve as your guides as you seek a broader perspective of teaching and develop knowledge, skills and values necessary to be an academic pharmacist. We take these responsibilities seriously. We care about our profession, your development as a teacher and the students you will serve.

We see ourselves not as “instructors” in the traditional sense of the term, but rather guides that will help you discover what role you can and will play in academia. To that end, you can expect us to create an interactive learning environment that will facilitate this discovery. Within this environment, we will be open about sharing with you our own experiences where they can enhance your learning. We will provide honest and constructive evaluation. Know that we are committed to providing additional feedback and guidance to individual students upon their request. We expect you to be active participants in your learning, reflective on your actions, and open, honest, trusting and respectful in your dealings in this class.

### **CUWSOP PGY1 Pharmacy Learning Outcomes**

Outcome 8: Demonstrate skills required to function in an academic setting.

#### **Course Objectives**

- Describe teaching opportunities in the didactic curriculum for pharmacy practice faculty.
- Identify teaching methods that align with learning objectives in pharmacy practice curricula.
- Engage in accurate self-reflection of teaching activities.
- Identify current issues in pharmacy education.
- Utilize small group teaching methods to enhance student learning.
- Assess the impact of small group teaching methods on student learning.
- Develop a presentation for delivery in a lecture format to students.
- Deliver a lecture to students.
- Manage the delivery of a unit in a pharmacotherapy course.
- Develop assessments of learning for a pharmacotherapy unit.
- Participate in course quality improvement.

#### **Learning Strategies**

This course employs multiple learning strategies including teaching experiences, discussions, reflections, small group discussions, self-, peer-, and faculty-assessments.

#### **Required Text and Equipment**

- There are no texts required for this course.

#### **Methods of Communication / Course Management**

Course materials and course information will be provided during weekly discussions. All students are responsible for checking and responding to emails daily.

#### **Assessment / Grading Policy**

At the end of the course, students will receive a grade of A-F. This course will use a combination of numerical grades and "S+/S/S-" rating system similar to that used in the Applied Patient Care series. Final grades will be determined using the table below.



<b>Category 1: Weekly Meeting Ratings (N=15)*</b>	<b>Category 2: Small Group Teaching Evaluations (N=2)</b>	<b>Category 3: Lecture Ratings(N=3)</b>	<b>Category 4: Unit Coordination (N=1)</b>	<b>Final Grade</b>
Student receives a total of at least 13 combined S OR S+ ratings AND	S or S+ ratings on both evaluations	S or S+ ratings on all three lecture ratings	S or S+ rating	A
Student receives at least 12 combined S OR S+ ratings OR	S or S+ ratings on both evaluations	One S- rating	S or S+ rating	B
Student receives at least 10 combined S OR S+ ratings OR	One S- rating	Two S- ratings with more than half of rating components for all capstone assignments being acceptable or exceptional.	S- rating	C
Student receives less than 10 combined S OR S+ ratings OR	Two S- ratings	Two S- ratings with less than half of rating components for all capstone assignments being acceptable or exceptional OR Three S- ratings.	S- rating	F

\* Further details, directions, assignment templates, rubrics and dropboxes for assignment submission will be provided during weekly debriefing meetings.

The final grade will be determined by the “lowest” criteria met in each of the three categories regardless of performance in other categories.

Assignment of most of the S+/S/S- ratings in the course come from rubrics that provide the criteria that correspond to each rating. To provide some guidance on the relative criteria for these ratings, the definitions for each are given below.

"S": To be considered satisfactorily completed and receive an "S" rating, activities must meet the following criteria:

4. Assignments/activities completed and handed in at their respective due date/time
5. Show appropriate effort for thoroughness and accuracy in meeting the learning objectives and providing patient care.
6. Be completed in accordance with the academic conduct described in the CUW Student Handbook.

"S+": To receive a rating of "S+", the activity must meet the criteria for an "S" rating and not meet any criteria for an "S-" rating.

"S-": The purpose of the "S-" rating is to help the student identify components of their work that needs improvement. A rating of "S-" will be given if a component of the rated activity is completed in a fashion:

4. That would provide a less than satisfactory result.
5. That makes part or all of the "deliverable portion" of the activity (verbal or written communication, product, etc.) unusable to the intended recipient (patient or other health care practitioner).
6. That is clearly not consistent with applicable policies and procedures.

Furthermore, an "S-" rating will be given if a student:

5. Reports tardy or has an unexcused absence for a lab or lecture.
6. The activity is not handed in at its due date and time.
7. Is not adherent to the appropriate professional attire.
8. Has completed an activity with an amount of effort that is less than that necessary to meet the learning objectives.

Upon receipt of an "S-" rating, the student may be asked to revise some specified component of the activity at the discretion of the Course Coordinator. This revision must be completed in the time and manner specified by the Course Coordinator or the "S-" rating will be result in the assignment considered incomplete and will result in an incomplete for the course.

Time limits for contesting grades: Each student will have a 7-day period after tests or assignments are returned to challenge the grade in a professionally written / verbal format.

## **Classroom Policies**

### **Attendance Policy**

Students are expected to be present for all activities. Section I.D., I.E., and I.F. of the CUWSOP Student Handbook further describes time requirements for notifying the course coordinator for absences and what constitutes excused absences, leave of absences, and missed or incomplete coursework respectively. The CUWSOP Student Handbook can be found off a link on the [www.cuw.edu/pharmacy](http://www.cuw.edu/pharmacy) site. Unexcused absences may be remediated at the discretion of the course coordinator. Accumulation of unexcused absences may result in an incomplete or failing grade for the course at the discretion of the course coordinator.

### **Academic Dishonesty**

CUW Academic Integrity Policy: CUW expects all students to display honest, ethical behavior at all times and under all circumstances. Academic dishonesty is defined as follows:

**Cheating**: includes, but is not limited to: a) the use of unauthorized assistance in taking any type of test or completing any type of classroom assignment; b) assisting another student in cheating on a test or class assignment, including impersonation of another student.

**Plagiarism:** includes, but is not limited to: a) failure to give full and clear acknowledgement of the source of any idea that is not your own; b) handing in the same assignment for two different courses without the consent of the instructors. **Fabrication:** the forgery, alteration, or misuse of any University academic document, record, or instrument of identification.

**Academic Misconduct:** intentionally or recklessly interfering with teaching, research, and/or other academic functions.

For more information on academic integrity, please see the Academic Policies section of the Student Handbook, which can be accessed at the following link:

<https://www.cuw.edu/Departments/residencelife/assets/studentconductcode.pdf>

### **Student Conduct**

CUWSOP students are expected to adhere to the CUW student conduct as noted in the CUWSOP Student Handbook.

### **Dress Code**

The CUWSOP Professional Student Standards of Attire per the Student Handbook should be observed in the classroom and “lab setting.” When interacting with the public, student should note the following as appropriate attire as outlined below.

7. Men should wear dress slacks and shirts with collars and necktie
8. Women should wear dress slacks or skirts and blouses or dresses (no midriff shirts or tank tops)
9. All students are expected to wear closed-toe shoes and nylons or socks at all times
10. Practice good personal hygiene: be clean and neatly groomed
11. Avoid or minimize the use of perfume and/or cologne
12. White lab coat and CUWSOP identification badge should be worn at all times

Inappropriate attire: any jeans/denim, fatigues, shorts, sweatpants, athletic wear, logo t-shirts, swim-wear, hats, tennis shoes, flip flops, open-toed shoes. If you come to lab wearing improper attire, you may be asked to leave at the discretion of the instructors for the day. This will be treated as an unexcused absence (See the attendance policy for more details on unexcused absences) .

### **Technology in the Classrooms and Laboratories**

Technology, including laptops, phones, and other personal electronic devices, can be a useful educational tool or a hindrance to your and others’ education. Use of technology including those listed above for educational or assessment purposes in the lecture and laboratory portions of this course are expected. Use of technology for non-educational purposes during lectures or labs, including use of social networking sites, playing games, browsing the web, or other uses not part of the courses’ activities expectations are not allowed. While it is difficult for instructors to ensure this doesn’t happen, as future pharmacists and professionals it is my expectation that you avoid these uses of technology to maximize your educational experience for the benefit of your future patients.

### **Disability Support**

In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Vocational Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the university. Students with a documented disability who require accommodation in order to obtain equal access to this course should inform the instructor, and must also contact Disability Support Services at (262) 243-4299 or <https://www.cuw.edu/Departments/lrc/dss.html>



“6 We have different gifts, according to the grace given to each of us. If your gift is prophesying, then prophesy in accordance with your faith; 7 if it is serving, then serve; if it is teaching, then teach; 8 if it is to encourage, then give encouragement; if it is giving, then give generously; if it is to lead, do it diligently; if it is to show mercy, do it cheerfully.”

**Romans 12:6-8, NIV**

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The School of Pharmacy is committed to the development of pharmacists who are servant leaders, dedicated to providing value-based, patient-centered care that improves the health of our communities in rural and urban areas through excellence in teaching, research, service, and practice.

**CUWSOP Course Syllabus** Phar 713 Teaching Pharmacy Students III (2 credit hours)

**Class Location and Time:**

Lecture (PH 209): Tuesday 10:10-11:00 AM

Labs (PH 110): Two 90-120 minute lab sessions weekly TBD based on participant’s schedules and teaching opportunities

**Course Coordinator:**

Andrew Traynor, Pharm.D., BCPS  
 Associate Professor, Dept of Pharmacy Practice, CUWSOP  
 Chair, Pharmacy Practice  
 PGY1 Pharmacy Residency Director  
 Office PH219, Ph: 262-243-2782  
 Email: [andrew.traynor@cuw.edu](mailto:andrew.traynor@cuw.edu)  
 Office Hours: Open door policy or by appt

**Course Faculty**

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Kassy Bartelme, Pharm.D.,	PH262	Kassandra.Bartelme@cuw.edu	262-243-2790

BCACP			
Sarah Ray, Pharm.D., BCPS	PH258	<a href="mailto:Sarah.Ray@cuw.edu">Sarah.Ray@cuw.edu</a>	262-243-2795
Jordan Wulz, Pharm.D., MPH, BCACP	PH226	<a href="mailto:Jordan.Wulz@cuw.edu">Jordan.Wulz@cuw.edu</a>	262-243-2797
Nick Zupec, Pharm.D, BCPS	PH268	<a href="mailto:Nicholas.Zupec@cuw.edu">Nicholas.Zupec@cuw.edu</a>	262-243-2771

\*Other faculty TBD based on teaching needs and schedules

**Prerequisites for course:** Pharm.D., Masters in Teaching and Learning program enrollment, Teaching Pharmacy Students I or consent of course coordinator.

### **Course Description and Purpose**

The need for rigorous preparation of future academic pharmacists, with a focus on teaching skills, has been articulated and tested by multiple groups in recent history. While many innovative programs have developed that provides didactic instruction and hands on experience to pharmacists and student pharmacists, formal educational preparation through degree programs have not been described. To prepare future academic pharmacists rigorously in theory and practice, the CUWSOP has partnered with the School of Education to enroll pharmacy practice residents in Masters in Teaching and Learning Coursework. This coursework includes traditional didactic preparation and allows for credit related to “student teaching.” To best prepare academic pharmacists, teaching experiences in the school of pharmacy curriculum must be engaged with a focus on learning and assessment.

This class will consist of three distinct, yet interrelated components.

*Academic Pharmacy and Teaching Debriefings:* During a regularly scheduled, one-hour weekly meeting, the course coordinator and each participant will engage in discussion related to teaching experiences and discuss issues in pharmacy education. A connection to educational theory, based on activities, will be pursued in all interactions.

*Applied Patient Care Skills Lab Teaching:* Participants will practice and be evaluated on small-group teaching skills across Applied Patient Care course series. Participants will participate in lab debriefings with the course coordinator each week. Faculty and students will complete one formal evaluation of small group teaching.

*Lectures in Co-coordinated Course:* Participants will develop, practice and deliver a lecture with evaluation of a final presentation by faculty. Student evaluations will be collected during the presentation.

*Course co-ordination:* Participants will work with a course coordinator to develop, deliver and manage an entire elective course. Activities will include course design, syllabus development, course delivery and management, creating assessments, assigning final grades and conducting quality improvement.

### **Instructor Philosophy**

We consider it a great privilege to serve as your guides as you seek a broader perspective of teaching and develop knowledge, skills and values necessary to be an academic pharmacist. We take these responsibilities seriously. We care about our profession, your development as a teacher and the students you will serve.

We see ourselves not as “instructors” in the traditional sense of the term, but rather guides that will help you discover what role you can and will play in academia. To that end, you can expect us to create an interactive learning environment that will facilitate this discovery. Within this environment, we will be open about sharing with you our own experiences where they can enhance your learning. We will provide honest and constructive evaluation. Know that we are committed to providing additional feedback and guidance to individual students upon their request. We expect you to be active participants in your learning, reflective on your actions, and open, honest, trusting and respectful in your dealings in this class.

### **CUWSOP PGY1 Pharmacy Learning Outcomes**

Outcome 8: Demonstrate skills required to function in an academic setting.

#### **Course Objectives**

- Describe teaching opportunities in the didactic curriculum for pharmacy practice faculty.
- Identify teaching methods that align with learning objectives in pharmacy practice curricula.
- Engage in accurate self-reflection of teaching activities.
- Identify current issues in pharmacy education.
- Utilize small group teaching methods to enhance student learning.
- Assess the impact of small group teaching methods on student learning.
- Develop a presentation for delivery in a lecture format to students.
- Deliver a lecture to students.
- Manage the delivery of an elective course.
- Develop assessments of learning for an elective course.
- Participate in course quality improvement.

#### **Learning Strategies**

This course employs multiple learning strategies including teaching experiences, discussions, reflections, small group discussions, self-, peer-, and faculty-assessments.

#### **Required Text and Equipment**

- There are no texts required for this course.

#### **Methods of Communication / Course Management**

Course materials and course information will be provided during weekly discussions. All students are responsible for checking and responding to emails daily.

#### **Assessment / Grading Policy**

At the end of the course, students will receive a grade of A-F. This course will use a combination of numerical grades and "S+/S/S-" rating system similar to that used in the Applied Patient Care series. Final grades will be determined using the table below.

<b>Category 1: Weekly Meeting</b>	<b>Category 2: Small Group Teaching</b>	<b>Category 3: Lecture</b>	<b>Category 4: Course</b>	<b>Final Grade</b>
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Ratings (N=15)*	Evaluations (N=2)	Ratings(N=3)	Coordination (N=1)	
Student receives a total of at least 13 combined S OR S+ ratings AND	S or S+ ratings on both evaluations	S or S+ ratings on all three lecture ratings	S or S+ rating	A
Student receives at least 12 combined S OR S+ ratings OR	S or S+ ratings on both evaluations	One S- rating	S or S+ rating	B
Student receives at least 10 combined S OR S+ ratings OR	One S- rating	Two S- ratings with more than half of rating components for all capstone assignments being acceptable or exceptional.	S- rating	C
Student receives less than 10 combined S OR S+ ratings OR	Two S- ratings	Two S- ratings with less than half of rating components for all capstone assignments being acceptable or exceptional OR Three S- ratings.	S- rating	F

\* Further details, directions, assignment templates, rubrics and dropboxes for assignment submission will be provided during weekly debriefing meetings.

The final grade will be determined by the “lowest” criteria met in each of the three categories regardless of performance in other categories.

Assignment of most of the S+/S/S- ratings in the course come from rubrics that provide the criteria that correspond to each rating. To provide some guidance on the relative criteria for these ratings, the definitions for each are given below.

"S": To be considered satisfactorily completed and receive an "S" rating, activities must meet the following criteria:

7. Assignments/activities completed and handed in at their respective due date/time
8. Show appropriate effort for thoroughness and accuracy in meeting the learning objectives and providing patient care.
9. Be completed in accordance with the academic conduct described in the CUW Student Handbook.



"S+": To receive a rating of "S+", the activity must meet the criteria for an "S" rating and not meet any criteria for an "S-" rating.

"S-": The purpose of the "S-" rating is to help the student identify components of their work that needs improvement. A rating of "S-" will be given if a component of the rated activity is completed in a fashion:

7. That would provide a less than satisfactory result.
8. That makes part or all of the "deliverable portion" of the activity (verbal or written communication, product, etc.) unusable to the intended recipient (patient or other health care practitioner).
9. That is clearly not consistent with applicable policies and procedures.

Furthermore, an "S-" rating will be given if a student:

9. Reports tardy or has an unexcused absence for a lab or lecture.
10. The activity is not handed in at its due date and time.
11. Is not adherent to the appropriate professional attire.
12. Has completed an activity with an amount of effort that is less than that necessary to meet the learning objectives.

Upon receipt of an "S-" rating, the student may be asked to revise some specified component of the activity at the discretion of the Course Coordinator. This revision must be completed in the time and manner specified by the Course Coordinator or the "S-" rating will be result in the assignment considered incomplete and will result in an incomplete for the course.

Time limits for contesting grades: Each student will have a 7-day period after tests or assignments are returned to challenge the grade in a professionally written / verbal format.

## **Classroom Policies**

### **Attendance Policy**

Students are expected to be present for all activities. Section I.D., I.E., and I.F. of the CUWSOP Student Handbook further describes time requirements for notifying the course coordinator for absences and what constitutes excused absences, leave of absences, and missed or incomplete coursework respectively. The CUWSOP Student Handbook can be found off a link on the [www.cuw.edu/pharmacy](http://www.cuw.edu/pharmacy) site. Unexcused absences may be remediated at the discretion of the course coordinator. Accumulation of unexcused absences may result in an incomplete or failing grade for the course at the discretion of the course coordinator.

### **Academic Dishonesty**

CUW Academic Integrity Policy: CUW expects all students to display honest, ethical behavior at all times and under all circumstances. Academic dishonesty is defined as follows:

**Cheating**: includes, but is not limited to: a) the use of unauthorized assistance in taking any type of test or completing any type of classroom assignment; b) assisting another student in cheating on a test or class assignment, including impersonation of another student.

**Plagiarism:** includes, but is not limited to: a) failure to give full and clear acknowledgement of the source of any idea that is not your own; b) handing in the same assignment for two different courses without the consent of the instructors. **Fabrication:** the forgery, alteration, or misuse of any University academic document, record, or instrument of identification.

**Academic Misconduct:** intentionally or recklessly interfering with teaching, research, and/or other academic functions.

For more information on academic integrity, please see the Academic Policies section of the Student Handbook, which can be accessed at the following link:

<https://www.cuw.edu/Departments/residencelife/assets/studentconductcode.pdf>

### **Student Conduct**

CUWSOP students are expected to adhere to the CUW student conduct as noted in the CUWSOP Student Handbook.

### **Dress Code**

The CUWSOP Professional Student Standards of Attire per the Student Handbook should be observed in the classroom and “lab setting.” When interacting with the public, student should note the following as appropriate attire as outlined below.

13. Men should wear dress slacks and shirts with collars and necktie
14. Women should wear dress slacks or skirts and blouses or dresses (no midriff shirts or tank tops)
15. All students are expected to wear closed-toe shoes and nylons or socks at all times
16. Practice good personal hygiene: be clean and neatly groomed
17. Avoid or minimize the use of perfume and/or cologne
18. White lab coat and CUWSOP identification badge should be worn at all times

Inappropriate attire: any jeans/denim, fatigues, shorts, sweatpants, athletic wear, logo t-shirts, swim-wear, hats, tennis shoes, flip flops, open-toed shoes. If you come to lab wearing improper attire, you may be asked to leave at the discretion of the instructors for the day. This will be treated as an unexcused absence (See the attendance policy for more details on unexcused absences) .

### **Technology in the Classrooms and Laboratories**

Technology, including laptops, phones, and other personal electronic devices, can be a useful educational tool or a hindrance to your and others’ education. Use of technology including those listed above for educational or assessment purposes in the lecture and laboratory portions of this course are expected. Use of technology for non-educational purposes during lectures or labs, including use of social networking sites, playing games, browsing the web, or other uses not part of the courses’ activities expectations are not allowed. While it is difficult for instructors to ensure this doesn’t happen, as future pharmacists and professionals it is my expectation that you avoid these uses of technology to maximize your educational experience for the benefit of your future patients.

### **Disability Support**

In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Vocational Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the university. Students with a documented disability who require accommodation in order to obtain equal access to this course should inform the instructor, and must also contact Disability Support Services at (262) 243-4299 or <https://www.cuw.edu/Departments/lrc/dss.html>

**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](mailto:andrew.traynor@cuw.edu) 262-243-2782

**Overview**

The Teaching Learning Experience for the 24-month Practice and Academic Leadership Emphasis resident is consistent with the learning experience offered to residents across the Milwaukee area as outlined below. This experience is complemented further and expanded upon by the Academic and Personal Development learning experience.

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 two days/week at CUW longitudinally throughout their two years. 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	PGY2 Clinical Teaching Certificate	PGY1 Future Faculty Certificate	PGY2 Future Faculty Certificate
<ul style="list-style-type: none"> <li>• Small Group Teaching               <ul style="list-style-type: none"> <li>• Applied Patient Care Skills Lab (N=12)</li> <li>• Active Learning Facilitation</li> </ul> </li> <li>• Develop and Deliver a Lecture</li> <li>• Teaching and Learning Online Learning Modules &amp; Webinars</li> <li>• Preceptor Development Citywide Attendance or View and Discuss Recording</li> <li>• Teaching and Learning Discussions with Preceptor</li> <li>• Complete a Clinical Teaching Project</li> </ul>	<ul style="list-style-type: none"> <li>• PGY 1 Clinical Teaching Certificate Activities Emphasizing...               <ul style="list-style-type: none"> <li>• Labs and Lectures in Specialty Area</li> <li>• Clinical Teaching Project in Specialty Area</li> </ul> </li> <li>• Complete As Stand-alone Option OR After One of the Other Two PGY1 Certificates               <ul style="list-style-type: none"> <li>• Another certificate is issued if a certificate was completed during PGY1 year.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PGY1 Clinical Teaching Certificate Activities And...</li> <li>• Develop a Teaching Philosophy</li> <li>• Develop a Teaching Portfolio</li> <li>• Observe CUWSOP Committees</li> <li>• Additional Online Learning Modules and Meetings               <ul style="list-style-type: none"> <li>• Peer Review of Scholarship</li> <li>• Scholarship of Teaching &amp; Learning</li> <li>• Academic Careers Seminar</li> </ul> </li> <li>• Complete a PGY1 Future Faculty Project               <ul style="list-style-type: none"> <li>• Replaces Clinical Teaching Project</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PGY1 Clinical Teaching Certificate Activities Emphasizing...               <ul style="list-style-type: none"> <li>• Labs and Lectures in Specialty Area</li> <li>• Future Faculty Project in Specialty Area</li> <li>• Specialty Area Course Management Activities</li> </ul> </li> <li>• Complete As Stand-alone Option OR After One of the Other Two PGY1 Certificates               <ul style="list-style-type: none"> <li>• If PGY1 Future Faculty Certificate was not completed, the resident will complete requirements outlined for that option.</li> <li>• Another certificate is issued if a certificate was completed during PGY1 year.</li> </ul> </li> </ul>

## Teaching Certificate Activities

<b>1. Orientation</b> <ul style="list-style-type: none"> <li>• Overview of Activities/Introductions</li> <li>• Calendars</li> <li>• Strengths, Weaknesses, Interests and Goals</li> <li>• Orientation to Applied Patient Care Skills Lab</li> </ul>	<b>2. Teaching Skill Online Modules</b> <ul style="list-style-type: none"> <li>• 17 modules available (11 required for clinical teaching certificate)               <ul style="list-style-type: none"> <li>• Teaching methodologies</li> <li>• Providing feedback</li> <li>• Academic career topics</li> </ul> </li> </ul>	<b>3. Small Group Teaching</b> <ul style="list-style-type: none"> <li>• Applied Patient Care Skills Lab Teaching               <ul style="list-style-type: none"> <li>• Patient Assessment</li> <li>• Patient Education</li> <li>• Care Plan Development, Communication, Documentation</li> <li>• Active Learning in Therapy Courses</li> </ul> </li> </ul>
<b>4. Large Group Teaching</b> <ul style="list-style-type: none"> <li>• Lectures (N=1)               <ul style="list-style-type: none"> <li>• Applied Patient Care Skills Lab Lecture</li> <li>• IPPE Lectures</li> <li>• Pharmacotherapy Lectures</li> <li>• Physician Assistant Program</li> <li>• Lecture match</li> </ul> </li> </ul>	<b>5. Academic Project(s)</b> <ul style="list-style-type: none"> <li>• Learning Activity Development and Design, Assessment or Scholarly Project</li> <li>• Peer Review of Scholarship</li> <li>• Teaching Philosophy &amp; Portfolio</li> </ul>	<b>6. Check-Ins</b> <ul style="list-style-type: none"> <li>• Preceptor touch points</li> <li>• Learning activity meetings               <ul style="list-style-type: none"> <li>• Objectives and exam questions</li> <li>• SoTL</li> <li>• Peer Review #1</li> <li>• Peer Review #2</li> </ul> </li> </ul>
<b>7. Academic Service</b> <ul style="list-style-type: none"> <li>• University Committee Observation</li> <li>• School Committee Observation</li> <li>• Department Initiatives &amp; Involvement</li> </ul>	<b>8. Navigating Academia Seminar</b> <ul style="list-style-type: none"> <li>• Live seminar</li> <li>• Reviews academia as a career choice</li> <li>• Provides insights on being successful in the roles of faculty</li> <li>• Reviews how academia works</li> <li>• Discusses how to pursue/enter academia</li> </ul>	<b>9. Specialty Teaching/Course Management for PGY2s</b> <ul style="list-style-type: none"> <li>• Labs and Lectures in Specialty Area</li> <li>• Academic Projects in Specialty Area</li> <li>• Course Management Activities</li> </ul>

**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**

Goal & Objectives	Corresponding Activities
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).	
Objective R4.1.1: (Applying) Design effective educational activities.	<ul style="list-style-type: none"> <li>• Academic projects, Lecture</li> </ul>
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> <li>• Lecture</li> </ul>
Goal R4.2: Effectively employ appropriate preceptors’ roles when engaged in teaching (e.g.,	

students, pharmacy technicians, or other health care professionals).	
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> <li>• Small group teaching</li> </ul>
Goal E6.2 Develops and practices a philosophy of teaching.	
Objective E6.2.1 (Creating) Develop a teaching philosophy statement.	<ul style="list-style-type: none"> <li>• Teaching philosophy/portfolio activity</li> </ul>
Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.	<ul style="list-style-type: none"> <li>• Teaching philosophy/portfolio activity</li> </ul>

### **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.

**Concordia University Wisconsin School of Pharmacy**  
**PGY1 Pharmacy Practice Residency -Practice and Academic Leadership Emphasis**  
**Resident Learning Experience Overview**

**MHSI- Direct Patient Care- Year One**

**Updated 3.20.20**

**Preceptors:**

Sarah Ray, PharmD, BCPS  
Associate Professor, Pharmacy Practice  
Email: [sarah.ray@cuw.edu](mailto:sarah.ray@cuw.edu)  
Office: PH 258  
Office Phone: 262-243-2795  
MLK Days: Tuesdays and Thursdays  
Clinic Phone: 414-267-6016

**Clinic Address:**

Milwaukee Health Services Inc. (Main Location)  
Martin Luther King Jr. (MLK) Heritage Health Center  
2555 N. Martin Luther King, Jr. Drive  
Milwaukee, WI 53212  
Main Clinic Phone: 414-372-8080

Milwaukee Health Services Inc.  
Isaac Coggs Heritage Health Center  
8200 W. Silver Spring Drive  
Milwaukee, WI. 53218  
Main Clinic Phone: 414-760-3900

**Overview**

The MHSI Direct Patient Care learning experience exposes the resident to an urban underserved patient population. The resident will work collaboratively with other health care providers to provide disease state education and management. The clinical pharmacists have a collaborative practice agreement in place, granting them privileges to manage patients with asthma, COPD, diabetes, hypertension, hyperlipidemia, and tobacco abuse. In addition, the clinical pharmacists may see patients for specific drug education or for polypharmacy consults. The pharmacists are also available for drug/disease state information questions and regularly provide presentations to the providers. The clinical pharmacists are involved with WREN (Wisconsin Research and Education Network) and sit on the Quality Improvement Committee. The practice site is an ambulatory APPE site for CUW students.

The resident will be fully immersed in the clinical pharmacist activities at the clinic, participating in all the activities mentioned above. In addition, the resident may assist in other projects as they arise.

The goals of the learning experience are to:

- Demonstrate the knowledge of pathophysiology and clinical therapeutics for various disease states.
- Identify, collect and organize patient-specific information needed to detect, assess and develop a plan regarding drug therapy.
- Measure vital signs and conduct brief physical examination pertinent to patient complaints or disease states.
- Demonstrate effective communication and interview techniques to collect pertinent information efficiently



- Demonstrate the ability to provide complete, but targeted, patient education and assessment of patient understanding of education
- Organize written and verbal communication in a logical manner
- Identify and describe drug-interactions, herbal-interactions and impact of diet on therapy and disease-interactions
- Identify barriers to access to medications and patient compliance and attempt to assist patient
- Develop skills to become an effective ambulatory clerkship preceptor

#### Schedule and Activities

An orientation schedule will be provided to the resident at the beginning of the year. The resident will be at clinic 2-3 days during the first 1-2 months of residency for orientation/on-boarding. Thereafter, the resident will be at clinic 2 days per week, with the expectation to expand to Friday mornings (1/2 day) once the resident is deemed competent to see patients independently.

Activities include:

- 1- Topic discussions related to collaborative practice agreements, ambulatory clinic development, and disease states commonly encountered at the clinic will occur throughout the year
- 2- Appointment-based patient visits for education and management via CPA throughout the year
- 3- Consultations/Questions from providers and staff throughout the year
- 4-Staffing in the MLK Heritage Health Center pharmacy ½ day per week for 2-3 months in the 2<sup>nd</sup> quarter
- 5- Presentations to provider and nursing staff
- 6- Participation in QI meeting as able
- 7- Precepting ambulatory APPE students (preferably Block 8)
- 8- Medication Use Evaluation
- 9- Assist in development and implementation of other projects/services as they arise throughout the year

#### Feedback/Evaluation

The resident will receive weekly, if not daily, verbal or written formative feedback from their preceptors related to their patient care activities. The resident's written documentation will be reviewed at least weekly and formative feedback given. The resident and preceptor will have regular check-ins to review progress and to identify needs. This is an opportunity to exchange ideas and discuss what can be improved on during the learning experience. The quality and timeliness of feedback is the responsibility of both the preceptor and resident. The preceptors will complete quarterly written summative evaluations of the resident.

#### Priority Readings

Most recent guidelines for the following disease states:

- Asthma
- COPD
- Diabetes
- Hypertension
- Hyperlipidemia
- Tobacco Abuse

### Learning Experience Goals and Activities

Goals and Objectives	Corresponding Activities
<b>Competency Area R1: Patient Care</b>	
<b>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.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities per the collaborative practice agreements in place at the clinic- to include disease states of diabetes, hypertension, hyperlipidemia, smoking cessation, and others. Activities include interviewing, assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up</li> </ul>
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.	
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	
Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.	
Objective R1.1.4: (Analyzing) Analyze and assess information on which 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).	
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	
Objective R1.1.8: (Applying) Demonstrate responsibility to patients.	
<b>GOAL R1.2 Ensure continuity of care during patient transitions between care settings.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities per the collaborative practice agreements in place at the clinic- to include disease states of diabetes, hypertension, hyperlipidemia, smoking cessation, and others. Activities include interviewing, assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up</li> </ul>

Objective R1.2.1: (Applying) Manage transitions of care effectively.	
<b>GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>	<ul style="list-style-type: none"> <li>• Staff in MHSI MLK Pharmacy 1/2 day per week during portions of the second quarter-perform dispensing and counseling activities, participate in projects/activities related to 340b formularies, overall formulary management, personnel training.</li> </ul>
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.	
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.	
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.	
<b>Competency Area R2: Advancing Practice and Improving Patient Care</b>	
<b>Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities per the collaborative practice agreements in place at the clinic- to include disease states of diabetes, hypertension, hyperlipidemia, smoking cessation, and others. Activities include interviewing, assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up</li> <li>• Medication Use Evaluation project</li> </ul>
Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	
Objective R2.1.2 (Applying) Participate in a medication-use evaluation.	
Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.	
Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.	
<b>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.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities per the collaborative practice agreements in place at the clinic- to include disease states of diabetes, hypertension, hyperlipidemia, smoking cessation, and others. Activities include interviewing,</li> </ul>

	<p>assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up</p> <ul style="list-style-type: none"> <li>• Participate in a project at the clinic that helps to improve patient care</li> </ul>
Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	
Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or 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.	
Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.	
<b>Competency Area R3: Leadership and Management</b>	
<b>GOAL R3.1 Demonstrate leadership skills.</b>	<ul style="list-style-type: none"> <li>• Participate in a project at the clinic that helps to improve patient care</li> </ul>
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.	
<b>GOAL R3.2 Demonstrate management skills.</b>	<ul style="list-style-type: none"> <li>• Participate in committees as able- EDCC, QI, or PCMH.</li> <li>• Participate in a project at the clinic that helps to improve patient care</li> </ul>
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.	

<b>Competency Area R4: Teaching, Education, Dissemination of Knowledge</b>	
<b>GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.</b>	<ul style="list-style-type: none"> <li>Plan and lead in-services for the clinic staff as needed, group visits for patients/caregivers as needed, and participate in clinic health fairs as needed</li> </ul>
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.	
<b>GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.</b>	<ul style="list-style-type: none"> <li>Precept ambulatory APPE students</li> </ul>
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.	

#### Presentation Requirements

- In-service to providers, minimum of 1
- Journal Club to preceptors during orientation period
- Other in-services or presentations PRN

#### Written Assignment Requirements

- DI question
- MUE

### MHSI- MLK Pharmacy Dispensing/Management Topics- Year One

Updated 3.20.20

#### Pharmacist Working with Preceptor:

Susan Hanosh, RPh

Managing Pharmacist

Martin Luther King Jr. (MLK) Heritage Health Center

2555 N. Martin Luther King, Jr. Drive

Milwaukee, WI 53212

shanosh@mhsi.org

414.267.6007

#### Overview

The MHSI MLK Pharmacy Dispensing/Management learning experience exposes the resident to an urban underserved patient population. The resident will staff in the MLK Pharmacy for a half day per week during portions of the third quarter of residency. The resident will be exposed to dispensing and counseling, as well as discussions and/or projects related to formulary management, 340b program, interfacing with EHR, and personnel management.

The goals of the learning experience are to:

- Demonstrate the ability to prepare and dispense medications to an underserved patient population, applying best practices and following pharmacy policies and procedures
- Identify barriers to access to medications and patient compliance and attempt to assist patients
- Demonstrate the ability to provide complete, but targeted, patient education and assessment of patient understanding of education
- Understand the clinic pharmacy’s approach to personnel and formulary management

**Schedule and Activities**

The resident will spend Wednesday afternoons from 1-5 p.m. from **January 3-February 28, 2018** in the MLK Pharmacy. Additional time may be added at the resident’s request.

Activities include:

- 1- Preparing and dispensing medications in the pharmacy
- 2- Participating actively in discussions with the preceptor regarding topics related to formulary management, personnel, and other aspects of the medication use process
- 3- Complete a project related to formulary, personnel management, or clinical services/collaboration under the preceptor’s guidance

**Feedback/Evaluation**

The resident will receive weekly verbal or written formative feedback from the preceptors related to their activities. The quality and timeliness of feedback is the responsibility of both the preceptor and resident. The preceptor will complete a written summative evaluation of the resident at the end of the concentrated learning experience.

**Learning Experience Goals and Activities**

Goals and Objectives	Corresponding Activities
<b>Competency Area R1: Patient Care</b>	
<b>GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>	<ul style="list-style-type: none"> <li>• Staff in MHSI MLK Pharmacy 1/2 day per week during portions of the second quarter-perform dispensing and counseling activities, participate in projects/activities related to 340b formularies, overall formulary management, personnel training.</li> </ul>
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.	

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.	
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.	

Presentation Requirements

- At discretion of preceptor

Written Assignment Requirements

At discretion of preceptor

**Concordia University Wisconsin School of Pharmacy**  
**PGY1 Pharmacy Practice Residency -Practice and Academic Leadership Emphasis**  
**Resident Learning Experience Overview**

**Direct Patient Care- Year Two**

**Updated 3.20.20**

**Preceptor:**

Andrew Traynor, PharmD, BCPS –262-243-2782

Professor, Department of Pharmacy Practice

Email: [andrew.traynor@cuw.edu](mailto:andrew.traynor@cuw.edu)

Office: PH 209

Office Phone: 262-243-2782

**Overview**

The Direct Patient Care – Year Two learning experience builds upon the residents exposure an urban underserved patient population in year one and focuses on the skills necessary to develop a practice at a site that has not had pharmacy services before. The resident will work collaboratively with other health care providers and administration to develop and provide disease state education and management. While it is anticipated that many of the goals related to provision of direct patient care will be achieved in year one, the primary focus will be on development of a new service. The preceptor will gather feedback from the resident and site administration related to the resident’s performance.

**Schedule and Activities**

The resident will be a part of determining their second year site starting in the early spring of their first year. The resident and preceptor will meet with potential sites to discuss the goals and process for being a second year site. Beginning in July of the second year, the resident will be at clinic 2-3 days during the first 1-2 months of residency for orientation/on-boarding and practice initiation. Thereafter, the resident will be at clinic 2.5 days per week.

**Activities include:**

- 1- Meetings with site administration to determine a strategic plan for development of pharmacy services
- 2- Appointment-based patient visits for education and management throughout the year
- 3- Consultations/Questions from providers and staff throughout the year
- 4- Presentations to provider and nursing staff
- 5- Participation in QI meetings as able
- 6- Medication Use Evaluation
- 7- Lead the development and implementation of projects/services as they arise throughout the year related to the strategic plan
- 8- Provide formative reports to site and program leadership as well as a summative presentation related to the year’s activities and future of pharmacy services at the site.

**Feedback/Evaluation**

The resident will receive weekly, formative feedback from their preceptors, site administration and providers related to their patient care activities. The resident and preceptor will have regular check-ins to review progress and to identify needs. This is an opportunity to exchange ideas and discuss what can



be improved on during the learning experience. The quality and timeliness of feedback is the responsibility of both the preceptor and resident. The preceptors will complete quarterly written summative evaluations of the resident.

Priority Readings

Most recent guidelines for the following disease states:

- Asthma
- COPD
- Diabetes
- Hypertension
- Hyperlipidemia
- Tobacco Abuse
- Practice development resources

**Learning Experience Goals and Activities**

Goals and Objectives	Corresponding Activities
<b>Competency Area R1: Patient Care</b>	
<b>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.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities. Activities include interviewing, assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up.</li> </ul>
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.	
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	
Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.	
Objective R1.1.4: (Analyzing) Analyze and assess information on which 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).	
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.	
<b>GOAL R1.2 Ensure continuity of care during patient transitions between care settings.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities. Activities include interviewing, assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up.</li> </ul>
Objective R1.2.1: (Applying) Manage transitions of care effectively.	
<b>Competency Area R2: Advancing Practice and Improving Patient Care</b>	
<b>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.</b>	<ul style="list-style-type: none"> <li>• Provide direct patient care activities. Activities include interviewing, assessing, creating and delivering a plan, documentation within the EHR, monitoring, and follow-up</li> <li>• Participate in a project at the clinic that helps to improve patient care</li> </ul>
Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	
Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or 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.	
Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.	
<b>Competency Area R3: Leadership and Management</b>	
<b>GOAL R3.1 Demonstrate leadership skills.</b>	<ul style="list-style-type: none"> <li>• Participate in a project at the clinic that helps to improve patient care</li> </ul>
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.	
<b>GOAL R3.2 Demonstrate management skills.</b>	<ul style="list-style-type: none"> <li>• Participate in committees as able.</li> </ul>

	<ul style="list-style-type: none"> <li>Participate in a project at the clinic that helps to improve patient care</li> </ul>
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.	
<b>Competency Area R4: Teaching, Education, Dissemination of Knowledge</b>	
<b>GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.</b>	<ul style="list-style-type: none"> <li>Plan and lead in-services for the clinic staff as needed, group visits for patients/caregivers as needed, and participate in clinic health fairs as needed</li> </ul>
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.	
<b>GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.</b>	<ul style="list-style-type: none"> <li>Precept ambulatory IPPE and ambulatory care elective shadowing students</li> </ul>
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.	
<b>Competency Area R5: Added Leadership and Practice Management Skills</b>	
<b>GOAL R5.1 Apply leadership and practice management skills to contribute to management of pharmacy services.</b>	<ul style="list-style-type: none"> <li>Work with clinic administration and providers to develop a service based on need that has the potential to be sustainable.</li> </ul>

#### Presentation Requirements

- In-service to providers
- Other in-services or presentations PRN

#### Written Assignment Requirements

- DI questions
- MUE