

## Program 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 prepares pharmacists for generalist ambulatory practice in urban underserved areas and roles in teaching. The residency 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 or expanding clinical pharmacy services. Time on campus is split between teaching roles and academic development via Master's in Education coursework. 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***

| <b>Learning Experience</b>               | <b>Required or Elective</b> | <b>Rotation Type</b>                | <b>Duration</b>  |
|--|-----------------------------|-------------------------------------|------------------|
| <b>Orientation</b>                       | <b>Required</b>             | <b>Concentrated</b>                 | <b>6 weeks</b>   |
| <b>Direct Patient Care Year 1</b>        | <b>Required</b>             | <b>Longitudinal</b>                 | <b>12 months</b> |
| <b>Direct Patient Care Year 2</b>        | <b>Required</b>             | <b>Longitudinal</b>                 | <b>12 months</b> |
| <b>Staffing</b>                          | <b>Required</b>             | <b>Longitudinal or Concentrated</b> | <b>10 days</b>   |
| <b>Teaching</b>                          | <b>Required</b>             | <b>Longitudinal</b>                 | <b>24 months</b> |
| <b>Academic and Personal Development</b> | <b>Required</b>             | <b>Longitudinal</b>                 | <b>24 months</b> |

**24-month Learning Experience Schedule**

| 1 <sup>st</sup> Semester                      | 2 <sup>nd</sup> Semester          | 3 <sup>rd</sup> Semester                           | 4 <sup>th</sup> Semester           |
|---|-----------------------------------|--|------------------------------------|
| <b>Teaching Activities</b>                    |                                   |  |                                    |
| APC lab series                                | APC lab series                    | APC lab series                                     | APC lab series                     |
|   | Junior Coordination of lab course | Coordination of unit within Pharmacotherapy course |                                    |
|   | Isolated lectures                 | Lectures within Pharmacotherapy                    | Co-coordination of elective course |
| <b>Practice Activities</b>                    |                                   |  |                                    |
| Patient care at Year 1 site                   |                                   | Practice/Staffing at Year 2 site                   |                                    |
| <b>Residency-Related Projects</b>             |                                   |  |                                    |
|   | MUE                               | Monograph/Protocol, 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                 |

## Certification of Program Completion



Resident: \_\_\_\_\_

*The Residency Director 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:*

- \_\_\_\_\_ Learning experiences. Resident must have documented achievement (for the residency) 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
  - \_\_\_\_\_ Flash-drive containing all required materials
  - \_\_\_\_\_ Future Pharmacy Faculty Certificate components (including lecture, Navigating Academia seminar)
  - \_\_\_\_\_ Presentation of the following program activities at their practice site
    - \_\_\_\_\_ Clinical Pearls or Practice Management Presentation
    - \_\_\_\_\_ Journal Club
    - \_\_\_\_\_ Case Presentation
  - \_\_\_\_\_ Completion of drug class review, monograph, treatment guideline, or protocol
  - \_\_\_\_\_ Completion of medication use evaluation
  - \_\_\_\_\_ Completion of Masters in Education degree
  - \_\_\_\_\_ Residency project (related to patient care or medication use), including:
    - \_\_\_\_\_ Presentation at a statewide, regional or national meeting AND submission of a manuscript consistent with guidelines for an appropriate article type of a journal that would be an appropriate fit for the project.
    - \_\_\_\_\_ Presentation of their residency project via poster to CUWSOP faculty and residency program preceptors.
- 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.***

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**Sarah Ray, PharmD, BCPS, FAPhA**  
**Residency Program Director**

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**Date of Review**

## **Resident Portfolio**

### **Policy**

The CUW PGY1 Pharmacy Residency Program will document all resident activities utilizing an electronic 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, preferably a USB drive. At least quarterly, all documents should be uploaded to the USB drive.

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 USB 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:

| <b>Date Archived</b>  | <b>Artifact</b>   |
|---|---|
| <b>CREDENTIALS</b>  |   |
|   | Copy Of Wisconsin Pharmacist License  |
|   | 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/Masters Portfolio (Teaching Portfolio)</b> |   |
|   | Teaching Philosophy (including any drafts)  |
|   | Lecture (including any drafts)  |
|   | Education Journal Club Documentation  |
|   | Peer Review of Scholarship  |
|   | Lab Teaching Evaluations  |
|   | Masters thesis  |
|   | 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   |
| <b>POSTERS</b>  |   |
|   | PowerPoint Poster Content   |
|   | Draft Poster Image  |
|   | Final Poster  |
|   | PDF any emails with feedback and changes  |
|   | Any other posters   |
| <b>CLINICAL PROJECT</b>   |   |
|   | 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  |
| <b>DRUG CLASS REVIEW/MONOGRAPH/TREATMENT GUIDELINE/ OR PROTOCOL</b>               |   |
|   | Draft Document  |

|                                      |  |
|--------------------------------------|--|
|                                      | <b>Final Document</b>  |
|                                      | <b>PDF any emails with feedback and changes</b>  |
| <b>MEDICATION USE EVALUATION</b>     |  |
|                                      | <b>Draft Document</b>  |
|                                      | <b>Final Document</b>  |
|                                      | <b>PDF any emails with feedback and changes</b>  |
| <b>PATIENT CARE DOCUMENTATION</b>    |  |
|                                      | <b>De-identified copies of patient care services/clinic notes (3 per quarter)</b>  |
|                                      | <b>De-identified copies of communication of information to health care professionals when transferring a patient from one health care setting to another (3 per quarter)</b>   |
|                                      | <b>At least two examples of resident's written materials to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.</b> |
|                                      | <b>Any documentation of formative feedback</b>   |
| <b>ACTIVITY TRACKING SPREADSHEET</b> |  |
|                                      | <b>Quarter 1 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 2 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 3 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 4 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 5 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 6 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 7 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
|                                      | <b>Quarter 8 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)</b>  |
| <b>OTHER</b>                         |  |
|                                      | <b>Pre-residency CV</b>  |
|                                      | <b>End of residency CV</b>   |
|                                      | <b>List of activities at a national, state and/or local professional association during the residency</b>  |
|                                      | <b>Evidence of resident's contributions to the Pharmacy planning process.</b>  |



## **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 the end of their first 90 days of the residency. A copy of documentation or proof of training must be provided to the Program Director by the due date:
- CPR Certification for Basic Life Support
  - Licensure to practice pharmacy in the state of Wisconsin

Should a resident not successfully be licensed within the first 90 days, the Residency Program Director will do the following;

- Meet with the resident to discuss the reasons for failure to be licensed and his/her 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. If the resident is unable to be licensed by the 120 day mark of the residency, the resident will be dismissed from the program. The residency program director reserves the right to offer an extension of the residency program by up to 2 months so the resident is licensed for 2/3 of the residency program.

### **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 residency 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.
    - The residency program may be extended if a resident is not meeting expectations and a remediation plan is implemented, to a maximum of 3 months. At that time, if the resident is still not meeting expectations, they will be dismissed from the program.
  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 School 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 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
- Martin Luther King, Jr. 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, up to a maximum of 6 months. Leave time beyond the cumulative 35 work days/year must be made up.



## **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.
- "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.

**PGY1 Pharmacy Residency Program  
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
    - iv. group interview with Preceptors
    - v. meeting with current resident (when applicable)
    - vi. a presentation
  - 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.
  - e. If Phase II or Scramble interviews occur, the same process as above is utilized, although a virtual interview via ZOOM will be offered to candidates not able to come to an in-person interview
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 in Phase II or the Scramble.
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 the 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 deadline established by the program
    - iii. Passing a criminal background check

# Candidate Application 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<br><b>0 points</b>           | Cover letter displays appropriate communication skills, but fails to address either of the other two components<br><b>2 points</b> | Cover letter displays appropriate communication skills and addresses one of the other two components<br><b>5 points</b> | Cover letter address all components, but does not do so clearly or in a compelling way<br><b>7 points</b>      | Cover letter address all components and is clear and compelling<br><b>10 points</b>    |     |
| <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<br><b>0 points</b>  | CV displays evidence of two components<br><b>2 points</b>  | CV displays evidence of three components<br><b>5 points</b>   | CV displays evidence of four components, but evidence is not substantial<br><b>7 points</b>                    | CV displays substantial evidence of four components<br><b>10 points</b>                |     |
| <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>  | <b>0 points</b>  | <b>0.5 points</b>  | <b>1.5 points</b>   | <b>2.5 points</b>  | <b>3.5 points</b>  |     |
| <b>Letter 2</b>  | <b>0 points</b>  | <b>0.5 points</b>  | <b>1.5 points</b>   | <b>2.5 points</b>  | <b>3.5 points</b>  |     |
| <b>Letter 3</b>  | <b>0 points</b>  | <b>0.5 points</b>  | <b>1.5 points</b>   | <b>2.5 points</b>  | <b>3.5 points</b>  |     |
| <b>Transcript</b>  | Extremely poor academic performance (< 2.24 GPA or <25% class rank in P/F system)<br><b>0 points</b> | Poor overall academic performance (2.25-2.49 GPA or Top 75% class rank in P/F system)<br><b>1 point</b>                            | Average academic performance (2.5 – 3 GPA or Top 50% class rank in P/F system)<br><b>2 points</b>                       | Above average performance in practice-related coursework (Top 25% class rank in P/F system)<br><b>4 points</b> | Above average overall coursework (Top 10% class rank in P/F system)<br><b>5 points</b> |     |
| <b>Total Score</b>   |  |  |   |  |  |     |

**Comments:**

## Candidate Interview Evaluation

Candidate: \_\_\_\_\_

Reviewer: \_\_\_\_\_

### Post-Candidate Interview Evaluation

| Criteria   | Unacceptable                                 | Below Average  | Average   | Above Average   | Exceptional  | Pts |
|--|--|--|---|---|--|-----|
| <i>Verbal communication skills</i>   | Poor skills/poise<br><b>0 points</b>         | Minimal skills/poise<br><b>2 points</b>  | Average skills/poise<br><b>5 points</b>   | Above average skills/poise<br><b>7 points</b>                               | Exceptional skills/poise<br><b>10 points</b>   |     |
| <i>Ability to articulate a personal vision for career in pharmacy</i>          | Has no vision<br><b>0 points</b>             | Vision is not clearly articulated<br><b>3 points</b>                           | Vision is clearly articulated<br><b>5 points</b>                                | Vision clearly articulated/somewhat compelling<br><b>7 points</b>           | Vision is clearly articulated and very compelling<br><b>10 points</b>                |     |
| <i>Evidence of ability to effectively manage workload of residency program</i> | No ability noted<br><b>0 points</b>          | Minimal evidence/ability<br><b>2 points</b>                                    | Average ability noted<br><b>5 points</b>  | Above average ability noted<br><b>7 points</b>                              | Exceptional time management skills noted<br><b>10 points</b>                         |     |
| <i>Commitment to providing patient-centered care</i>                           | No commitment noted<br><b>0 points</b>       | Minimal evidence/commitment<br><b>2 points</b>                                 | Average experience/commitment shown<br><b>5 points</b>                          | Good experience and desire demonstrated<br><b>7 points</b>                  | Substantial experience and desire demonstrated<br><b>10 points</b>                   |     |
| <i>Commitment to teaching</i>  | No commitment noted<br><b>0 points</b>       | Minimal evidence/commitment<br><b>2 points</b>                                 | Minimal experience, but desire for involvement shown<br><b>5 points</b>         | Teaching experience and desire demonstrated<br><b>7 points</b>              | Substantial experience and desire demonstrated<br><b>10 points</b>                   |     |
| <i>Experience in leading groups and/or program improvement</i>                 | No experience discussed<br><b>0 points</b>   | Experience is limited<br><b>2 points</b>                                       | Minimal experience, but desire for involvement shown<br><b>5 points</b>         | At least 1 leadership experience and desire demonstrated<br><b>7 points</b> | Substantial experience and desire demonstrated<br><b>10 points</b>                   |     |
| <i>Presentation skills</i>   | Poor skills/poise<br><b>0 points</b>         | Minimal skills/poise (minimal engagement)<br><b>2 points</b>                   | Average skills/poise (some active learning, meets time req.)<br><b>5 points</b> | Above average skills/poise<br><b>7 points</b>                               | Exceptional skills/poise<br><b>10 points</b>   |     |
| <i>Alignment of career and educational goals with program (mission fit)</i>    | No alignment demonstrated<br><b>0 points</b> | Alignment is minimal and may be better with another program<br><b>2 points</b> | Alignment is evident, but another program may be better.<br><b>5 points</b>     | Alignment with site is clear and a good fit<br><b>7 points</b>              | Alignment with site is clear, compelling and an exceptional fit.<br><b>10 points</b> |     |
| <b>Total Score</b>   |  |  |   |   |  |     |

**Comments:**



|   | Orientation | Practice Year 1 | Practice Year 2 | Staffing | Academic & Personal Development | Teaching |
|---|-------------|-----------------|-----------------|----------|---------------------------------|----------|
| <b>Competency Area R1: Patient Care</b>   |             |                 |                 |          |                                 |          |
| effective patient care to a diverse range of patients..following a consistent patient care process.   |             |                 |                 |          |                                 |          |
| Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.                            | X           | X               | X               |          |                                 |          |
| Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.  | X           | X               | X               |          |                                 |          |
| Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.                                    |             | X               | X               |          |                                 |          |
| Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.                        |             | X               | X               |          |                                 |          |
| Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). |             | X               | X               |          |                                 |          |
| regimens and monitoring plans (care plans) by taking appropriate follow-up actions.   |             | X               | X               |          |                                 |          |
| Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.              |             | X               | X               |          |                                 |          |
| Objective R1.1.8: (Applying) Demonstrate responsibility to patients.  |             | X               | X               |          |                                 |          |
|   |             |                 |                 |          |                                 |          |
| <b>GOAL R1.2 Ensure continuity of care during patient transitions between care settings.</b>  |             |                 |                 |          |                                 |          |
| Objective R1.2.1: (Applying) Manage transitions of care effectively.  |             | X               | X               |          |                                 |          |
|   |             |                 |                 |          |                                 |          |
| <b>GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>                         |             |                 |                 |          |                                 |          |
| Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.      |             |                 |                 | X        |                                 |          |
| Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.                                  |             |                 |                 | X        |                                 |          |
| Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.                               |             |                 |                 | X        |                                 |          |
|   |             |                 |                 |          |                                 |          |
| <b>Competency Area R2: Advancing Practice and Improving Patient Care</b>  |             |                 |                 |          |                                 |          |

|  |   |   |   |  |   |  |
|--|---|---|---|--|---|--|
| Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.                        |   |   |   |  |   |  |
| Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.                                      |   | X | X |  |   |  |
| Objective R2.1.2 (Applying) Participate in a medication-use evaluation.  |   | X |   |  |   |  |
| Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.  |   | X |   |  |   |  |
| Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.  |   | X |   |  |   |  |
|  |   |   |   |  |   |  |
| GOALR2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care |   |   |   |  |   |  |
| Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.                           |   |   | X |  |   |  |
| Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.                                      |   |   | X |  |   |  |
| Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.                                   |   |   | X |  |   |  |
| Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.                                   |   |   | X |  |   |  |
| Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.                               |   |   | X |  |   |  |
|  |   |   |   |  |   |  |
| Competency Area R3: Leadership and Management  |   |   |   |  |   |  |
| GOALR3.1 Demonstrate leadership skills.  |   |   |   |  |   |  |
| Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.                   | X | X | X |  | X |  |
| Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.                             | X | X | X |  | X |  |
|  |   |   |   |  |   |  |
| GOALR3.2 Demonstrate management skills.  |   |   |   |  |   |  |
| Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.  |   | X | X |  | X |  |

|   |   |   |   |  |   |   |
|---|---|---|---|--|---|---|
| Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.                   |   | X | X |  |   |   |
| Objective R3.2.3: (Applying) Contribute to departmental management.   |   | X | X |  | X |   |
| Objective R3.2.4: (Applying) Manages one's own practice effectively.  |   | X | X |  | X |   |
|   |   |   |   |  |   |   |
| Competency Area R4: Teaching, Education, Dissemination of Knowledge   |   |   |   |  |   |   |
| GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public. |   |   |   |  |   |   |
| Objective R4.1.1: (Applying) Design effective educational activities.   |   | X |   |  |   | X |
| Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.   | X | X |   |  |   | X |
| Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.  |   | X |   |  |   | X |
| Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.   |   | X |   |  |   | X |
|   |   |   |   |  |   |   |
| GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.   |   |   |   |  |   |   |
| Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.                           |   | X |   |  |   | X |
| Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.  |   | X |   |  |   | X |
| Competency Area E2: Added Leadership and Practice Management Skills   |   |   |   |  |   |   |
| GOALE2.1 Apply leadership and practice management skills to contribute to management of pharmacy services.  |   |   |   |  |   |   |
| Objective E2.1.2: (Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service                   |   |   | X |  |   |   |
|   |   |   |   |  |   |   |
| Competency Area E6: Teaching and Learning   |   |   |   |  |   |   |
| GOAL E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.   |   |   |   |  |   |   |
| Objective E6.1.1: (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.              |   |   |   |  | X |   |

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| Objective E6.1.2: (Understanding) Explain academic roles and associated issues.  |  |  |  |  | X |  |
| Goal E6.2 Develops and practices a philosophy of teaching  |  |  |  |  |   |  |
| Objective E6.2.1 (Creating) Develop a teaching philosophy statement.   |  |  |  |  | X |  |
| Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.  |  |  |  |  | X |  |
| Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation. |  |  |  |  | X |  |
| Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.             |  |  |  |  | X |  |

## **Resident Orientation Topics**

### **Session 1 – Sarah Ray**

#### **Orientation Overview**

##### **Logistics**

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

##### **Development**

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

## **Session 2 – Practice and Scholarship**

|   |
|---|
| Practice  |
| <ul style="list-style-type: none"><li>ø <b>Faculty practice site partners overview</b><ul style="list-style-type: none"><li>○ Progressive</li><li>○ Second year sites</li></ul></li><li>ø <b>Insurance coverage</b></li></ul> |

|   |
|---|
| <b>Scholarship</b>  |
| <ul style="list-style-type: none"><li>ø <b>Peer reviewed abstracts/posters</b></li><li>ø <b>Poster printing</b></li><li>ø <b>Manuscripts and journal options</b><ul style="list-style-type: none"><li>○ Clinical</li><li>○ Educational</li></ul></li><li>ø <b>Faculty scholarship interests</b></li></ul> |

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

|   |
|---|
| Teaching and Assessment   |
| <ul style="list-style-type: none"><li>ø <b>Curriculum overview (Mike Brown)</b></li><li>ø <b>APC series</b><ul style="list-style-type: none"><li>○ Overview (Sarah)</li><li>○ APC Instructors (Beth Buckley, Kassy Bartelme, Jordan Wulz)</li></ul></li><li>ø <b>Pharmacotherapy series including guiding principles for lecturers (Joe Rinka or Beth DeJongh)</b></li><li>ø <b>Academic Rotation/Teaching Certificate (Sarah/Audrey)</b></li><li>ø <b>DI resources and library access (Kathy Malland)</b></li><li>ø <b>IPPE and APPE series (Melissa Theesfeld)</b></li><li>ø <b>Instructional Design Center (Justin Frisque)</b></li><li>ø <b>SLOs and Assessment plan (Nicia Lemoine)</b></li><li>ø <b>Grading rubric system (Mike Brown)</b></li><li>ø <b>Curriculum Committee Overview and Policies (Chair of committee)</b></li></ul> |

ø **Pharmaceutical Care Overview (Sarah)**

**Service**

- ø **CUWSOP opportunities (Sarah)**
  - **CSPA and other student groups**
  - **Standing Committees**
  - **Ad hoc committees**
- ø **CUW opportunities (Sarah)**
- ø **National and Local Involvement (Sarah)**
- ø **Admissions (Kaylan Gaines)**
  - **Student candidate interviews**
  - **Recruitment**
- ø **Student Affairs (Lauren Dixon)**

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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 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 prior to their start date. Preceptors and residents must meet to review the initial resident assessment and complete Customized Training Plan, Quarter 1, within 4 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. Residents will also complete an initial self-reflection during the first month of the residency program.

#### ***Rating Scale Guidance***

| Rating Scale Component                                 | Definition   |
|--|--|
| Needs Improvement (NI)                                 | <ul style="list-style-type: none"><li>• Deficient in knowledge/skills in this area</li><li>• Often requires assistance to complete the objective</li><li>• Unable to ask appropriate questions to supplement learning</li><li>• Repeatedly unable to meet deadlines</li></ul>                  |
| Satisfactory Progress (SP)                             | <ul style="list-style-type: none"><li>• Adequate knowledge/skills in this area</li><li>• Sometimes requires assistance to complete the objective</li><li>• Able to ask appropriate questions to supplement learning</li><li>• Requires skill development over more than one rotation</li></ul> |
| Achieved (ACH)   | <ul style="list-style-type: none"><li>• Fully accomplished the ability to perform the objective</li><li>• Rarely requires assistance to complete the objective; minimum supervision required</li><li>• No further developmental work needed</li></ul>  |
| Achieved for Residency (ACHR)<br>Completed by RPD only | <ul style="list-style-type: none"><li>• Resident consistently performs objective at Achieved level, as defined above, for the residency.</li></ul>   |

#### ***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 set-up in the system each quarter. 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. Evaluations should NOT include a list of activities that were completed; rather the evaluations should be an assessment of the resident's strengths and weaknesses and progress towards achieving the objective, with a plan for improvement as necessary. ***We will be tracking our progress through the year with the goal that 90% of all objectives are achieved by the end of the residency, with the rest marked as satisfactory progress.***

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

### ***Assessments to be Completed by Residents***

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

What is self-evaluation? It can be described as a process of residents reflecting on and evaluating the quality of their work, their progress towards achieving the goals/objectives of their learning experiences, and identification of their strengths or weaknesses. The self-evaluations should not be a listing of what the resident completed throughout the learning experience, but rather a reflection on their progress towards achieving the objectives and what they will do to improve.

In addition, residents will be asked to evaluate (every 6 months for longitudinal learning experiences) their:

- Residency Preceptor(s) (for each preceptor a resident works with)
- Overall Learning Experience

PharmAcademic sets this up for each individual learning experience. Preceptors and residents should meet to discuss the evaluations prior to the quarterly evaluation debriefing meetings.

### ***Quarterly Evaluation Debriefing Meetings***

Within 2 weeks 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.

### ***Custom Training Plans Quarters 2-8***

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 for are outlined in the table below.

| <b>Deadline for Completing Evaluations Online</b> | <b>Deadline for Evaluation Review Meeting</b> |
|---|---|
| October 1   | October 15                                    |
| January 4   | January 18                                    |
| April 1   | April 15                                      |
| June 25   | June 30 (or last day of residency)            |

### ***Tips for Summative Evaluation Feedback***

1. When assigning a resident to a learning activity, tell them what you are looking for. Consider utilizing formative feedback (can give feedback directly through PharmAcademic) 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.

## **CUW PGY1 Pharmacy Residency Program Learning Experiences**

### **Orientation**

#### **General Description (Practice Area/Role of the Pharmacist)**

Orientation will occur at both the first year practice site and CUW during the first 6 weeks of the residency. The resident will be on campus 1-2 days per week and at the practice site 3-4 days per week.

At CUW the resident will be oriented to the residency in general, including policies, expectations, PGY1 standards, competency area goals and objectives, and evaluation strategy. The resident will be also be oriented to the role of a faculty member. This includes basic logistics, development, practice and scholarship, teaching and assessment, and service.

At the first year practice site the resident will be oriented to the clinic in general, including the departments of the clinic and clinic personnel. The resident will also be oriented to the role of the clinic pharmacist and be provided direct instruction/review on the process of delivering patient care. This includes orientation to the EHR, referral process, CPAs, visit process (including documentation), and quality outcomes.

#### **Expectations**

At CUW the resident is expected to participate actively in the orientation meetings as outlined above) and other faculty meetings. The resident is expected to take initiative to schedule meetings with other key staff and faculty for certain orientation topics (as outlined).

At the practice site the resident is expected to observe patient care visit modeling by preceptor (at least 10) and gradually progress to leading visits with coaching by the preceptor. It is expected that the resident will participate/lead at least 20 visits by the end of the orientation period. The resident will be oriented to group visits if they align with the orientation schedule. The resident is expected to participate actively in topic discussions on most common chronic disease states and lead a journal club on a clinical journal article. The resident is expected to participate actively in discussions about quality outcomes.

#### **Feedback/Evaluations**

The preceptor and resident will have weekly check-ins to review progress and to identify needs and areas for improvement during the orientation period. A summative evaluation will be completed at the end of the 6 week orientation period. This will be completed by the preceptor and resident (self-evaluation). In addition the resident will complete a preceptor evaluation and learning experience evaluation. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

## Goals/Objectives and Learning Activities

| Objective   | Learning Activity  |
|---|--|
| <b>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.</b>         | <ul style="list-style-type: none"><li>• <b>Introduce self to clinic personnel</b></li><li>• <b>Shadow primary care providers</b></li></ul>   |
| <b>Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.</b>                         | <ul style="list-style-type: none"><li>• <b>Perform medication histories on assigned patients</b></li><li>• <b>Provide medication education to patients, their families, and/or caregivers</b></li><li>• <b>Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling.</b></li></ul> |
| <b>Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</b> | <ul style="list-style-type: none"><li>• <b>Develop relationships with physicians, nurses, co-workers, faculty, staff, and students you interact with</b></li></ul>   |
| <b>Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.</b>           | <ul style="list-style-type: none"><li>• <b>Complete summative evaluation by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic</b></li></ul>   |
| <b>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</b>                        | <ul style="list-style-type: none"><li>• <b>Lead a journal club discussion</b></li></ul>  |

## **Direct Patient Care Year 1**

### **General Description (Practice Area/Role of the Pharmacist)**

The Direct Patient Care Year 1 learning experience exposes the resident to an urban underserved patient population at Progressive Community Health Center. This is a multi-specialty FQHC that has 4 physicians, 1 physician assistant, and 4 nurse practitioners in primary care, serving both children and adults. 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 several chronic disease states. In addition, the clinical pharmacists may see patients for Comprehensive Medication Reviews (CMRs), specific drug education or for polypharmacy consults. The pharmacists are also available for drug/disease state information questions and regularly provide presentations and email medication-related updates to the providers. The pharmacists also precept ambulatory APPE students. The pharmacists are also active members of several clinic committees. 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 resident will be at clinic 2 days per week, with the opportunity to expand to an additional ½ day of independent practice once the resident is deemed competent to see patients independently (typically beginning in December/January).

### **Expectations**

The resident is expected to progress from being coached by the preceptor in August and September to having more independence during patient visits in October-December (preceptor as facilitator). The resident will progress from contributing to portions of the visit (med history, disease state/medication education, plan of care) to leading the entire visit. It is expected that the resident will lead at least 50 entire visits before adding the additional ½ day of independent patient practice. The resident is expected to participate actively in topic discussions and presentations.

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 CMRs, education and management via CPA throughout the year
- 3- Consultations/Questions from providers and staff throughout the year
- 4- Group visits (if scheduled on resident clinic days)

- 5- Presentations to provider and nursing staff
- 6- Participation in clinic meetings (if scheduled on resident clinic days)
- 7- Precepting ambulatory care APPE students as a team with the expectation of being the preceptor of record for at least 1 APPE student during the last one-third of residency year 1
- 8- Medication Use Evaluation- topic identified in Quarter 2, analysis and report completed in Quarter 3, meetings with clinic stakeholders in Quarter 4.
- 9- Drug class review, monograph, treatment guideline, or protocol
- 10- Assist in development and implementation of other projects/services as they arise throughout the year
- 11- Interventions to track and improve quality and medication adherence measures for individual and population health metrics

**Feedback/Evaluations**

The resident will receive weekly, if not daily, verbal or written formative feedback from their preceptor(s). The resident’s written documentation will be reviewed after each clinic day and formative feedback will be given. The preceptors will complete quarterly written summative evaluations of the resident and resident will complete quarterly self-evaluations. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

**Goals/Objectives and Learning Activities**

| Objective  | Learning Activity   |
|--|---|
| Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy. | <ul style="list-style-type: none"> <li>• Identify medication-related problems in clinic patients and implement medication changes per CPA</li> <li>• Provide recommendations to providers and answer drug information questions in a timely manner</li> </ul>   |
| Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.                 | <ul style="list-style-type: none"> <li>• Perform medication histories on assigned patients</li> <li>• Provide medication education to patients, their families, and/or caregivers</li> <li>• Assess patients’ and/or caregivers’ understanding of medication therapy and address educational needs through counseling.</li> </ul> |

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| <p><b>Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.</b></p>  | <ul style="list-style-type: none"> <li>• <b>Collect information from the EHR and patient during patient visits</b></li> <li>• <b>Collaborate with providers and other team members for additional information if needed</b></li> </ul>   |
| <p><b>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</b></p>                                  | <ul style="list-style-type: none"> <li>• <b>Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor</b></li> <li>• <b>Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed.</b></li> </ul>  |
| <p><b>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</b></p>           | <ul style="list-style-type: none"> <li>• <b>Initiate/change therapy for patients as necessary. Communicate plan with patient and schedule follow-up visit. Document recommended changes to the regimen and monitoring plan in the EHR and discuss with appropriate clinic staff when a situation may require more immediate means of communication.</b></li> </ul> |
| <p><b>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</b></p> | <ul style="list-style-type: none"> <li>• <b>Document recommended changes to the regimen and monitoring plan in the electronic medical record and discuss with appropriate clinic staff when a situation may require more immediate means of communication. Ensure appropriate follow-up visit is scheduled.</b></li> </ul>   |
| <p><b>Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</b></p>                        | <ul style="list-style-type: none"> <li>• <b>Document a patient care note in the EHR every time a patient is seen (live or virtual)</b></li> <li>• <b>Document any identified adverse drug events into the system's incident reporting system and EHR</b></li> </ul>  |
| <p><b>Objective R1.1.8: (Applying) Demonstrate responsibility to patients.</b></p>  | <ul style="list-style-type: none"> <li>• <b>Prioritize patient problems. Work to resolve all existing or potential medication therapy issues before leaving for the day</b></li> <li>• <b>Communicate any medication therapy issues not resolved by the end of the day to your preceptor(s)</b></li> </ul>   |



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|  | <ul style="list-style-type: none"> <li>• Ensure patients have information and/or access to resources to obtain prescribed medication therapy</li> </ul>  |
| Objective R1.2.1: (Applying) Manage transitions of care effectively.   | <ul style="list-style-type: none"> <li>• Complete medication reconciliation for patients recently discharged from a hospital and facilitate scheduling an appointment with a provider for a hospital follow up if not already scheduled</li> <li>• Communicate with other health care providers when patients should be referred for more specialized care</li> </ul>  |
| Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.                    | <ul style="list-style-type: none"> <li>• As requested by preceptor prepare drug class review, monograph, treatment guideline, or protocol</li> </ul>   |
| Objective R2.1.2 (Applying) Participate in a medication-use evaluation.  | <ul style="list-style-type: none"> <li>• Participate in a medication-use evaluation by developing criteria for use, participating in data collection, and/or analyzing data.</li> </ul>  |
| Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.                        | <ul style="list-style-type: none"> <li>• Review the ISMP publication of safety reports to identify potential weaknesses in organization's medication use process and provide report on potential recommendations or identify 3 opportunities for improvement of the medication-use system during rotation and provide recommendations for potential changes</li> </ul> |
| Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.                                    | <ul style="list-style-type: none"> <li>• Complete medication event reports that you become aware of and review medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management.</li> </ul>   |
| Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership. | <ul style="list-style-type: none"> <li>• Develop relationships with physicians, nurses, co-workers, and students you interact with during the learning experience</li> </ul>   |

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|---|---|
| <p><b>Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.</b></p>                    | <ul style="list-style-type: none"> <li>• Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic</li> <li>• Describe your personal process of staying up to date and improving performance</li> </ul>          |
| <p><b>Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.</b></p>   | <ul style="list-style-type: none"> <li>• Participate in discussions with preceptor(s) on assigned topics-including service development; financial management; accreditation, legal, regulatory and safety requirements applicable to the site; facilities design; organizational culture; strategic planning</li> </ul> |
| <p><b>Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.</b></p> | <ul style="list-style-type: none"> <li>• Participate in discussions with preceptor(s) on assigned topics-including quality metrics; changes to laws and regulations as related to medication use; and keeping current on trends in pharmacy and healthcare.</li> </ul>  |
| <p><b>Objective R3.2.3: (Applying) Contribute to departmental management.</b></p>   | <ul style="list-style-type: none"> <li>• Serve on a clinic committee as assigned</li> </ul>   |
| <p><b>Objective R3.2.4: (Applying) Manages one's own practice effectively.</b></p>  | <ul style="list-style-type: none"> <li>• Correctly prioritize patients / activities within the structure of the day and; complete consults/projects in a timely manner; meet deadlines</li> </ul>   |
| <p><b>Objective R4.1.1: (Applying) Design effective educational activities.</b></p>   | <ul style="list-style-type: none"> <li>• Prepare educational materials for patients as assigned</li> <li>• Prepare evidence-based presentation to be delivered to clinic personnel</li> </ul>   |
| <p><b>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</b></p>                                 | <ul style="list-style-type: none"> <li>• Provide education to clinic patients</li> <li>• Present evidence-based presentation to clinic personnel</li> <li>• Lead topic discussions with pharmacy students</li> </ul>  |

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| <b>Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.</b>                                | <ul style="list-style-type: none"><li>• <b>Prepare a written response to a drug information question</b></li></ul>   |
| <b>Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.</b>   | <ul style="list-style-type: none"><li>• <b>Assess effectiveness of topic discussions</b></li></ul>   |
| <b>Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.</b> | <ul style="list-style-type: none"><li>• <b>Discern the pharmacy learner's level of knowledge and the level of preceptorship needed</b></li></ul>                         |
| <b>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</b>  | <ul style="list-style-type: none"><li>• <b>Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation</b></li></ul> |

## **Direct Patient Care Year 2**

### **General Description (Practice Area/Role of the Pharmacist)**

The Direct Patient Care Year 2 learning experience builds upon the resident's exposure to an urban underserved patient population in year 1 and focuses on the skills necessary to develop or expand clinical pharmacy services at a new practice site. The resident will work collaboratively with their preceptor, other health care providers, and administration to develop and provide disease state education and management at Ascension St. Joseph 6<sup>th</sup> floor Professional Office Building (POB) Family Medicine Clinic. The clinic has 4 physicians, 2 nurse practitioners, and 1 physician assistant, serving both children and adults. Routine responsibilities of the pharmacist include: participate in achievement of practice quality metric attainment, provide recommendations and when appropriate implement therapeutic regimens and efficacy/safety monitoring; respond to formal consultations; collaborate with other members of the health care team; provide drug information and education to physicians, nurses and other allied health care providers as well as patients and their family members; education of pharmacy trainees; active participation in organizational, interdisciplinary, service area, pharmacy department and quality improvement committees. The clinical pharmacists have a collaborative practice agreement in place granting them privileges to manage patients with several chronic disease states. The preceptor is a clinical pharmacy manager with oversight of the site. 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 resident's yearlong project will relate to the service development/expansion they're involved with. The resident will be at the practice site 2.5 days per week.

### **Expectations**

It is anticipated that many of the goals related to provision of direct patient care will be achieved in the Direct Patient Care Year 1 learning experience. The primary focus of the Direct Patient Care Year 2 learning experience is on development/expansion of clinical pharmacy services. After orientation to the practice site in July, the resident will be coached on practice management skills necessary to further develop and expand the role of the pharmacist throughout the rest of Quarter 1 (and beyond as necessary). The resident will also establish relationships with the clinic management and providers and utilize informatics to determine patient registries/potential patients throughout Quarter 1. The resident will receive modeling and coaching on patient care visits as needed in Quarter 1, but progress to preceptor facilitation for the remainder of the year. The resident will work with preceptor and clinic administrators/providers to develop or expand clinical pharmacy services based on a need that

has potential to be sustainable. The resident is expected to participate actively in topic discussions and presentations.

**Activities include:**

- 1- Topic discussions related to ambulatory clinic development and disease states commonly encountered at the clinic will occur throughout the year but focused during July-September.
- 2- Appointment-based patient visits for CMRs, education and management via CPA throughout the year
- 3- Consultations/Questions from providers and staff throughout the year
- 4- Group visits as applicable
- 5- Presentations to provider and nursing staff
- 6- Participation in clinic meetings as assigned
- 7- Drug class review, monograph, treatment guideline, or protocol (if not completed in Year 1 or if necessary for service expansion)- identification in Quarter 1, revisions in Quarter 2, completed in Quarter 3 (or earlier if necessitated by practice site)
- 8-Interventions to track and improve quality and medication adherence measures for individual and population health metrics
- 9- Yearlong project related to service development/expansion- identification, background in Quarter 1, with data collection commencing in Quarter 1 and continuing throughout year. Interim data analysis in January to prepare abstract for Wisconsin Pharmacy Residency Conference (WPRC) due in January/February, full data analysis in March to prepare for WPRC presentation in April, final analysis/next steps for site to prepare for poster for resident graduation in June

**Feedback/Evaluations**

The resident will receive weekly, if not daily, verbal or written formative feedback from their preceptor(s). The resident’s written documentation will be reviewed after each clinic day and formative feedback will be given. The preceptors will complete quarterly written summative evaluations of the resident and resident will complete quarterly self-evaluations. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

**Goals/Objectives and Learning Activities**

| Objective  | Learning Activity   |
|--|---|
| Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy. | <ul style="list-style-type: none"> <li>• Identify medication-related problems in clinic patients and implement medication changes per CPA</li> <li>• Provide recommendations to providers and answer drug information questions in a timely manner</li> </ul> |

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|---|---|
| <p><b>Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.</b></p>  | <ul style="list-style-type: none"> <li>• Perform medication histories on assigned patients</li> <li>• Provide medication education to patients, their families, and/or caregivers</li> <li>• Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling.</li> </ul>                           |
| <p><b>Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.</b></p>  | <ul style="list-style-type: none"> <li>• Collect information from the EHR and patient during patient visits</li> <li>• Collaborate with providers and other team members for additional information if needed</li> </ul>  |
| <p><b>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</b></p>                                  | <ul style="list-style-type: none"> <li>• Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor</li> <li>• Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed.</li> </ul>   |
| <p><b>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</b></p>           | <ul style="list-style-type: none"> <li>• Initiate/change therapy for patients as necessary. Communicate plan with patient and schedule follow-up visit. Document recommended changes to the regimen and monitoring plan in the EHR and discuss with appropriate clinic staff when a situation may require more immediate means of communication.</li> </ul> |
| <p><b>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</b></p> | <ul style="list-style-type: none"> <li>• Document recommended changes to the regimen and monitoring plan in the electronic medical record and discuss with appropriate clinic staff when a situation may require more immediate means of communication. Ensure appropriate follow-up visit is scheduled.</li> </ul>   |
| <p><b>Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</b></p>                        | <ul style="list-style-type: none"> <li>• Document a patient care note in the EHR every time a patient is seen (live or virtual)</li> </ul>  |

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|  | <ul style="list-style-type: none"> <li>• Document any identified adverse drug events into the system's incident reporting system and EHR</li> </ul>   |
| Objective R1.1.8: (Applying) Demonstrate responsibility to patients.   | <ul style="list-style-type: none"> <li>• Prioritize patient problems. Work to resolve all existing or potential medication therapy issues before leaving for the day</li> <li>• Communicate any medication therapy issues not resolved by the end of the day to your preceptor(s)</li> <li>• Ensure patients have information and/or access to resources to obtain prescribed medication therapy</li> </ul> |
| Objective R1.2.1: (Applying) Manage transitions of care effectively.   | <ul style="list-style-type: none"> <li>• Complete medication reconciliation for patients recently discharged from a hospital and facilitate scheduling an appointment with a provider for a hospital follow up if not already scheduled</li> <li>• Communicate with other health care providers when patients should be referred for more specialized care</li> </ul>                                       |
| Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.            | <ul style="list-style-type: none"> <li>• As requested by preceptor prepare drug class review, monograph, treatment guideline, or protocol</li> </ul>  |
| Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems. | <ul style="list-style-type: none"> <li>• Identify a service to be developed or expanded</li> </ul>  |
| Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.            | <ul style="list-style-type: none"> <li>• Develop project proposal and obtain necessary approvals</li> </ul>   |
| Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.         | <ul style="list-style-type: none"> <li>• Collect data for project. Implement any changes proposed/pilot projects</li> </ul>   |
| Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.         | <ul style="list-style-type: none"> <li>• Analyze data and assess impact of service development or expansion</li> </ul>  |
| Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.     | <ul style="list-style-type: none"> <li>• Present project within organization and/or to external audiences</li> <li>• Write a report of the project using an accepted manuscript style suitable for</li> </ul>   |

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|   | <p>publication in the professional literature</p>  |
| <p><b>Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</b></p>          | <ul style="list-style-type: none"> <li>• Develop relationships with physicians, nurses, co-workers, and students you interact with during the learning experience</li> </ul>   |
| <p><b>Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.</b></p>                    | <ul style="list-style-type: none"> <li>• Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic</li> <li>• Describe your personal process of staying up to date and improving performance</li> </ul>           |
| <p><b>Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.</b></p>   | <ul style="list-style-type: none"> <li>• Participate in discussions with preceptor(s) on assigned topics- including service development; financial management; accreditation, legal, regulatory and safety requirements applicable to the site; facilities design; organizational culture; strategic planning</li> </ul> |
| <p><b>Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.</b></p> | <ul style="list-style-type: none"> <li>• Participate in discussions with preceptor(s) on assigned topics- including quality metrics; changes to laws and regulations as related to medication use; and keeping current on trends in pharmacy and healthcare.</li> </ul>  |
| <p><b>Objective R3.2.3: (Applying) Contribute to departmental management.</b></p>   | <ul style="list-style-type: none"> <li>• Serve on a clinic committee as assigned</li> </ul>  |
| <p><b>Objective R3.2.4: (Applying) Manages one's own practice effectively.</b></p>  | <ul style="list-style-type: none"> <li>• Correctly prioritize patients / activities within the structure of the day and; complete consults/projects in a timely manner; meet deadlines</li> </ul>  |
| <p><b>Objective E2.1.2: (Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service</b></p> | <ul style="list-style-type: none"> <li>• Work with preceptor and clinic administrators/providers to develop or expand clinical pharmacy services</li> </ul>  |



|  |   |
|--|---|
|  | <b>based on a need that has potential to be sustainable</b> |
|--|---|

## **Staffing**

### **General Description (Practice Area/Role of the Pharmacist)**

The Staffing learning experience will occur either during a concentrated or longitudinal experience at the end of the first year or beginning of second year of the residency. The resident will be expected to staff in an outpatient/community pharmacy for the equivalent of 10 full days in order to be exposed to the dispensing process and the opportunities for collaboration between the clinic and the outpatient/community pharmacy. The preceptor will be either a frontline staffing pharmacist or manager responsible for dispensing functions.

The role of the pharmacist includes overseeing the work of the technicians, dispensing medications, providing patient counseling, and providing immunizations.

### **Expectations**

It is anticipated that the resident will participate in dispensing functions mentioned above as a registered pharmacist. The resident will also complete a project related to one of the following topics:

- **Formulary management**
- **Interfacing with EHR**
- **340b**
- **WPQC**
- **Personnel management**
- **Other management topic pertinent to the pharmacy**

The resident will progress from direct instruction and modeling by the preceptor to being coached by the midpoint of the learning experience. It is anticipated that the preceptor will facilitate the resident's experience by day 9-10 and the resident will be able to staff independently.

### **Feedback/Evaluations**

The resident and preceptor will complete an evaluation at the end of the learning experience. In addition the resident will complete a preceptor evaluation and learning experience evaluation. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

### **Goals/Objectives and Learning Activities**

| <b>Objective</b> | <b>Learning Activity</b> |
|------------------|--------------------------|
|------------------|--------------------------|

|   |  |
|---|--|
| <b>Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.</b> | <ul style="list-style-type: none"><li>• <b>Perform order verification, check prepared prescriptions, and provide counseling to patients</b></li></ul>  |
| <b>Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.</b>                             | <ul style="list-style-type: none"><li>• <b>Recommend formulary therapeutic alternatives or initiate/complete prior authorization process for non-formulary medications, as appropriate</b></li></ul>   |
| <b>Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.</b>                          | <ul style="list-style-type: none"><li>• <b>Work with other pharmacists on shift to check all products prepared by technicians and oversee workflow within the pharmacy</b></li><li>• <b>Participate in project at the pharmacy</b></li></ul> |

## **Teaching**

### **General Description (Practice Area/Role of the Pharmacist)**

The Teaching learning experience offers the resident flexible and valuable opportunities to enhance their teaching skills. This experience includes interactions with faculty, didactic online seminars in pedagogy (teaching methods), live seminars preparing participants for understanding and pursuing academic careers, and lecture and small group teaching of student pharmacists. Residents will be exposed to course coordination, lab instruction, and lab/lecture development. The resident will interact with several faculty members who currently teach at Concordia University Wisconsin School of Pharmacy (CUWSOP), as well as CUWSOP staff and students. This learning experience is complemented further and expanded upon by the Academic and Personal Development learning experience. The resident will be “on campus” either in-person or virtually 2.5 days per week throughout each year for the two learning experiences.

### **Expectations**

The resident will receive direct instruction from various APC faculty and by participating in the online modules and other discussions in Quarter 1. APC faculty will also model appropriate instructor teaching. Throughout quarters 2, 3, and 4 the resident will be coached by various preceptors as they prepare their lectures and participate in APC lab as instructors. In Year 2, the resident will receive coaching from the Pharmacotherapy coordinators and APC faculty as needed. In Quarters 7 and 8, the faculty will be facilitating the resident as the resident operates and teaches completely independently without direct observation.

The resident will participate in the following activities that are designed to expose the resident to the roles and responsibilities of a faculty member:

- **Small Group Teaching-** at least 10 labs per semester with some exposure to coordinating lab days beginning in Spring of Year 1 and continuing in Year 2.
- **Large Group Teaching (Lecture)-** at least 1 per semester
- **Course/Module coordination in Year 2** (also evaluated in Academic and Personal Development learning experience)
- **Teaching Skills Online Modules and associated assignments** (evaluated in Academic and Personal Development learning experience)
- **Academic Service** (evaluated in Academic and Personal Development learning experience)
- **Careers in Academia Seminar** (evaluated in Academic and Personal Development learning experience)

## Feedback/Evaluations

The resident will work with the preceptor and other faculty throughout their rotation with timely formative feedback delivered verbally and written. 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. The preceptor will complete program evaluations on a quarterly basis. The resident will also self-evaluate and reflect formally on a Q6 month basis. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months.

The resident and preceptor will have regular check-ins to review progress and to identify needs. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

## Goals/Objectives and Learning Activities

| <b>Objective</b>   | <b>Learning Activity</b>  |
|--|---|
| <b>Objective R4.1.1: (Applying) Design effective educational activities.</b>   | <ul style="list-style-type: none"><li>• As part of lab and/or course/module coordination, design or redesign learning materials</li></ul>                         |
| <b>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</b>                         | <ul style="list-style-type: none"><li>• Facilitate/teach in a small group (lab)experience</li><li>• Present lecture to students</li></ul>                         |
| <b>Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.</b>                                | <ul style="list-style-type: none"><li>• As part of lab and/or course/module coordination, create written materials/handouts for students</li></ul>                |
| <b>Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.</b>   | <ul style="list-style-type: none"><li>• Review feedback from faculty preceptors and students and self-reflect on performance for areas of improvement</li></ul>   |
| <b>Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.</b> | <ul style="list-style-type: none"><li>• In lab/lecture, discern the pharmacy learner's level of knowledge and the level of preceptorship needed</li></ul>         |
| <b>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</b>  | <ul style="list-style-type: none"><li>• Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation</li></ul> |

## **Academic and Personal Development**

### **General Description (Practice Area/Role of the Pharmacist)**

The Academic and Personal Development learning experience 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 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. The resident will interact with several faculty members who currently teach at Concordia University Wisconsin School of Pharmacy (CUWSOP), as well as CUWSOP staff and students and other CUW university faculty in the School of Education. This experience is complemented by the Teaching learning experience. The resident will be "on campus" either in-person or virtually 2.5 days per week throughout each year for the two learning experiences.

### **Expectations**

The resident will participate in the following activities that are designed to expose the resident to the roles and responsibilities of a faculty member:

- Teaching Skills Online Modules and associated assignments in Fall of Year 1
- Academic Service- SOP Curriculum Committee 1<sup>st</sup> year, SOP Assessment Committee 2<sup>nd</sup> year
- Careers in Academia Seminar in Fall of Year 1
- Completion of Masters coursework, including verbal and written thesis defense (Spring of Year 2), academic project (identification of topic in Quarter 1, research plan in Quarter 2, data collection in Quarter 3 and 4 and potentially extending into Year 2, data analysis and report writing in Spring of Year 2, portfolio (completed in Spring of Year 2)
- Topic Discussions throughout each year
- Course/Module coordination in Year 2 (also evaluated in Teaching learning experience)
- Small Group Teaching- at least 10 labs per semester (evaluated in Teaching learning experience)
- Large Group Teaching (Lecture)- at least 1 per semester (evaluated in Teaching learning experience)

### **Feedback/Evaluations**

The resident will work with the preceptor and other faculty throughout their rotation with timely formative feedback delivered verbally and written. The preceptor will gather feedback from all involved faculty in order to provide summative evaluations. The preceptor will complete program evaluations on a quarterly basis. The resident will also self-evaluate and

reflect formally on Q6 month basis. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months.

The resident and preceptor will have regular check-ins to review progress and to identify needs. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

Goals/Objectives and Learning Activities

| Objective  | Learning Activity  |
|--|--|
| Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.               | <ul style="list-style-type: none"> <li>• Develop relationships with faculty, staff, and students you interact with during the learning experience</li> </ul>   |
| Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.                         | <ul style="list-style-type: none"> <li>• Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic</li> <li>• Describe your personal process of staying up to date and improving performance</li> </ul> |
| Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.  | <ul style="list-style-type: none"> <li>• Participate in Careers in Academia Seminar</li> <li>• Topic discussions with preceptor on University, School, and Department structure</li> </ul>   |
| Objective R3.2.3: (Applying) Contribute to departmental management.  | <ul style="list-style-type: none"> <li>• Academic Service as assigned</li> </ul>   |
| Objective R3.2.4: (Applying) Manages one’s own practice effectively.   | <ul style="list-style-type: none"> <li>• Correctly prioritize students / activities within the structure of the day and; complete projects in a timely manner; meet deadlines</li> </ul>   |
| Objective E6.1.1: (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education. | <ul style="list-style-type: none"> <li>• Masters coursework</li> <li>• Teaching Skills Online Modules and associated assignments</li> </ul>  |
| Objective E6.1.2: (Understanding) Explain academic roles and associated issues.  | <ul style="list-style-type: none"> <li>• Masters coursework specifically related to “teaching pharmacy students I-III coursework</li> <li>• Careers in Academia Seminar</li> </ul>   |

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| <p><b>Objective E6.2.1 (Creating) Develop a teaching philosophy statement.</b></p>   | <ul style="list-style-type: none"> <li>• <b>Create a teaching philosophy statement (examples in Teaching Skills Online Modules)</b></li> </ul>              |
| <p><b>Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.</b></p>  | <ul style="list-style-type: none"> <li>• <b>Course/Module coordination-lecture/assignment planning</b></li> <li>• <b>Lecture development</b></li> </ul>     |
| <p><b>Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.</b></p> | <ul style="list-style-type: none"> <li>• <b>Course/Module coordination- lecture delivery</b></li> </ul>   |
| <p><b>Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.</b></p>             | <ul style="list-style-type: none"> <li>• <b>Create a portfolio of teaching philosophy, skills, and experiences as part of Masters coursework</b></li> </ul> |



## **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 [dawn.cataldo@cuw.edu](mailto:dawn.cataldo@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](http://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 75% 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 Sarah Ray's signature first and she can forward it to the necessary people. **This form also needs to be filled out prior to each school year.**

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.
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/>.

**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 Sarah Ray 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 Presenting.doc



Master's Final Thesis  
Presentation Outline.docx

### *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 course instructor is Michelle Kasbohm - [michelle.kasbohm@cuw.edu](mailto:michelle.kasbohm@cuw.edu) .

### 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 Schnake) (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)<br><br>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 711)  | 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)   |

|   |                   |              |       |       |   |
|---|-------------------|--------------|-------|-------|---|
| <b>Fall Year 2</b>                        |                   |              |       |       |   |
| 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 712) | 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)   |
| <b>Spring Year 2</b>                      |                   |              |       |       |   |
| 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 713) | 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**