



**PGY1 COMMUNITY BASED PHARMACY PRACTICE
RESIDENCY PROGRAM IN UNDESERVED
POPULATIONS**



James. L. Winkle College of Pharmacy
3225 Eden Avenue
Cincinnati, OH 45267-0004

Welcome to the University of Cincinnati College of Pharmacy PGY1 Community-based Pharmacy Residency for underserved populations! We are working with our partners, St Vincent de Paul Charitable Pharmacy, Five Rivers Health Centers and Medication Managers, LLC to create unique and challenging experiences in underserved/community-based care. We are very excited that you have chosen to spend your next year with us, learning and caring for those in our community. You were chosen for our residency program based on your educational background, experience, and passion for caring for those in need.

We pride ourselves in providing unique experiences that will allow you to grow not only as a professional but also as an individual. This next year will be challenging in many ways but will go by fast.... so, hold on.... We strive to achieve the best possible outcome for customers, patients and health professions learners while maintaining a collaborative environment. Each must always be respected and mentored in a professional manner. We strive to maintain a patient and student-centered attitude in all that we do.

As part of the team, you will be actively engaged in all aspects of the activities at each site: from counseling patients and conducting health screenings, to dose adjusting medication therapy, to teaching health professions students/pharmacists/other health professionals. You will develop communication, cultural competence and clinical skills that are unique to the population we serve. You have the support of all members of the residency team: preceptors and other mentors as you travel down this one-year journey. Most of all, members of our staff are committed to supporting the residency program and assisting in any way....

Our doors are always open, and we invite you in....

University of Cincinnati:
Bethanne Brown PharmD, BCACP– Residency Program Director

St Vincent de Paul
Mike Espel RPh,

Medication Managers, LLC
Joshua Postolski PharmD

Five Rivers Health Centers
Anne Metzger PharmD, BCPS

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STATEMENT OF PURPOSEASHP/APhA Community-Based Residency Program Universal Purpose Statement

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.

The University of Cincinnati Community-Based Pharmacy Residency Program

Our program prepares residents to fill positions as clinical providers of advanced patient care services in community-based pharmacy settings with a focus on underserved communities. The program will equip the resident to:

1. Provide culturally appropriate direct patient care services
2. Hone skills essential to becoming an integral part of a health care provider team
3. Educate patients/family members, health care providers, health professions and the community
4. Develop leadership, research and health care improvement skills needed to advance community-based practice.



**University of Cincinnati PGY1 Community-Based Pharmacy Residency
in Underserved Populations
Program Policies
2019-2020**

Requirements for Completion of Residency:

The University of Cincinnati Community-Based Residency Program requires one year of full-time training that will generally commence on July 1 and finish on June 30 of the subsequent year. Residents are expected to pursue the achievement of all the goals of the residency program as established in their customized plans through an enthusiastic and timely completion of all activities and assignments.

The residency program director and preceptors will actively encourage and assist residents in the satisfactory completion of the residency. A residency certificate will be awarded upon successful completion of the program. Successful completion requires the following (see Appendix A):

1. Successful completion of all required and elective (if applicable) learning experiences
2. A designation of “Achieved” on a minimum of 85% of the required goals identified in the program plan. A designation of “Satisfactory Progress” on all remaining goals identified in the customized plan (but no more than 15% of required goals).
3. Satisfactory completion of a residency project. Completion includes presentation of the project at national and regional meetings and approval of a manuscript in publishable form by the resident’s project committee.
4. Satisfactory completion of all assignments as approved by the residency program director (RPD), Residency Advisory Committee and preceptors.

Licensure:

Residents should be licensed in Ohio by the by start of their residency when practical to do so and must be licensed no later than the end of July of the year they begin training. Failure to obtain licensure will necessitate customization of the resident’s training program and may result in suspension or termination from the program. Termination will occur if the resident is unable to become licensed in the State of Ohio by the end of September in the year the training occurs (within 90 days of the start date of the residency). This licensure requirement is consistent with ASHP Community -Based Accreditation Standard for Post Graduate Year 1 (PGY1) Training 1.4: Requirements for Resident Selection and Resident Completion of the Program. If NAPLEX or MPJE exams cannot be scheduled prior to the start of the residency year, the resident should schedule the exam(s) on a Saturday in July. Vacation time is not permitted to be used for exam taking purposes and any time away from the practice site must be made up during Orientation.

Development Plans and Required/Elective Experiences:

The residency program is committed to maintaining a customized program that meets the needs of individual residents. All residents will be expected to meet the performance requirements of the residency as established in the University of Cincinnati Community-Based Residency Program. However, in order to meet each resident’s individual needs, aspects of residency including elective goals and objectives, orientation, program structure, teaching strategies (modeling, coaching and facilitation) and evaluation strategies may be modified, or customized, to help the resident be successful and obtain the maximum value from the residency. The resident’s customized plan will be re-evaluated and updated at least once each quarter of the program.

Components of Development Plan

1. Entering Self-Evaluation and Self-Reflection – residents will be asked to both self-evaluate (taking a critical view of skills/abilities based on given standard) and self-reflect (global view of your learning and professional growth) by completing assigned activities prior to the start of the residency training year. Directions will be sent via email by the RPD with expected return date. Completed documentation will be distributed to program preceptors.
2. Residents will be asked to answer entering interest questions as part of the Self-Evaluation and Self-Reflection form. These questions will provide preceptors background on the residents training, desired preceptor interaction, organizational involvement and teaching interests. Responses will be sent to preceptors who will then use this information to customized orientation experiences.
3. Pharmacademic Self-Evaluation: Residents will also be asked to review current ASHP/APhA Competency Statements/Goals/Objectives of the residency program and complete a self-evaluation in Pharmacademic (Entering Objective-Based Self-Evaluation) during orientation. Each resident will determine level of experience and ability to achieve the educational objectives of the residency program. For each goal, residents will review the criteria provided and select one of the following level of skills (and associated level of preceptor interaction). Comments are required for each objective and will be discussed at length during orientation.

Level of Skill	Preceptor Interaction
Fundamental Awareness	Teaching/Role Modeling
Novice	Coaching
Intermediate	Experience with Coaching
Independent	Independent
Achieved	None needed

4. Initial orientation activities – The RPD and primary preceptor will prepare the initial customized training for orientation based on the above collected information. Throughout orientation, the primary preceptor will also evaluate the resident based on the same criteria in the self-evaluation and adjust the plan as needed.
5. Initial customized plan will be created with RPD during orientation month (late July). This plan will include: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development and learning interests, to help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc.
6. Each quarter, the resident will meet with the RAC to evaluate progress and review/updated customized plans including: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development, learning interests, modifications to residency, readiness for independent learning and assessment strategies. Meeting will take place in October, January, and April.

Required Learning Experiences:

All residents will complete unique learning experiences as part of the residency year. Details for each experience can be found in the learning experience documents within the residency handbook. Most experiences are longitudinal except for Orientation, which lasts 4 to 8 weeks.

The resident must successfully complete each of the following experiences:

- 1 Orientation
- 2 Patient Centered Dispensing ± Management
- 3 Direct Patient Care
- 4 Academic and Teaching
- 5 Business Plan
- 6 Research Project
- 7 Quality Improvement Project

Elective options/Shadowing experiences:

Based on the resident's interests and areas for improvement, elective/shadow experiences are available. These experiences ideally will take place in April/May/June of the residency year. All elective/shadow experiences will be discussed/decided upon collaboratively by the RAC. It is the responsibility of the RPD to then organize/manage these experiences in conjunction with the preceptor (s).

Assessment of Performance:

For each required/elective learning experience, the resident's skills/ability will be assessed using formative and summative evaluations and self-evaluation and self-reflection. The resident will also assess the preceptor, learning experience and RPD. The timing of these assessments is listed in the Assessment Strategy document

Formative Feedback: This type of assessment is ongoing, frequent, immediate, specific and constructive to help the learner identify the strengths and weaknesses by providing immediate feedback. Effective formative feedback follows the acronym: FAST or F: Frequent, A: Accurate, S: Specific, T: Timely

Examples of formative feedback include:

- a. Observation and dialogue about a specific performance
- b. Reviewing and commenting on drafts of manuscripts/presentations
- c. Receiving student feedback on specific learning experience

Summative Feedback: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives of the residency.

Examples of summative feedback include:

- a. Pharmacademic quarterly learning experience evaluation conducted by preceptor
- b. Final report on quality improvement project
- c. Final manuscript for research project

Self-Assessment: The ability to accurately self- evaluate one’s skills/abilities is a critical skill for any professional. To help residents develop, the residency program has built in bi-weekly/quarterly self-assessment opportunities.

1. Bi-weekly, residents will be asked to identify a strength/struggle to evaluate. This self-reflection is found in the weekly activity log. How to accurately self-reflect will be reviewed in orientation.
2. Quarterly residents will self-evaluate their performance compared to the criteria-based goals/objective statements for each learning experience.
 - a. This evaluation is found in Pharmacademic
 - b. Each evaluation must be completed by the due date or within 7 days.
 - c. For detailed information on how to complete this evaluations-see assessment strategy found in the residency handbook
 - i. Failure to either complete the evaluations on time or failure to complete evaluations as detailed in the assessment strategy will result in disciplinary action as described in the remediation/disciplinary/performance policy found below.

Residency Grievance

As with any challenging experience, conflicts may arise between coworkers, other residents and preceptors. It is the expectation that the resident will first attempt to resolve the conflict with the individual with whom they are experiencing the concern. If a mutually acceptable resolution is not achieved, any of the parties may seek consultation of the RPD to help negotiate a settlement.

Resident Evaluation Concerns:

If the resident does not agree with the evaluation from a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution.

1. If the resident is not satisfied with consequent evaluation discussions, the resident should notify the RPD to discuss. The RPD will make every attempt to mediate the concerns of both the resident and preceptor in a face-to-face meeting.
2. If either party is dis-satisfied with the outcome of the face-to-face meeting, the resident and/or preceptor may submit a written request to present his/her justification of the performance to the Pharmacy Residency Program Director (RPD) within 7 days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the concerned party in writing.
3. If the resident is not satisfied with the resolution, s/he may submit a written request for review by the Multisite Program Committee (MPC) within 7 days of notification of the Residency Program Director’s decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident’s performance. The resident will also have the opportunity to present to the MPC verbally. The resident may request that the preceptor involved not be present. However, the MPC may deem it appropriate to have the preceptor involved also present information to the committee. The MPC will also review all written documentation of performance and discussions. The MPC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident’s performance in this circumstance. Criteria-based evaluation forms (snapshots) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used. The MPC decision with the concurrence of the Residency Program Director is final.

4. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the MPC committee will select another preceptor to coordinate the process.

Remediation/Disciplinary/Performance Policy:

The resident is expected to fulfill all the learning objectives of required experiences and to satisfactorily complete all other requirements outlined in the residency handbook. Professionalism, submission of high-quality work and timeliness are expected. The residency takes precedence over all other professional activities (for example: moonlighting). The goal is for the resident to successfully meet the expectations and to grow professionally.

In the event that performance does not meet these expectations, the following process will occur:

1. Preceptors will notify residency program director immediately once a situation of concern has been identified. Examples include concerns revolving around patient care, professional/ethical behavior, educational requirements, failure to meet deadlines or conducting personal business during work hours.
2. A meeting with the residency program director, all preceptors at the site and the resident will be held to discuss the concerns identified
3. If deemed necessary, a performance improvement plan (PIP) will be initiated in accordance with the University of Cincinnati Performance Improvement Policies.

This PIP plan will contain the following

- a. Describes the behavior(s) or performance that is falling short of expectations
- b. Describes the impact on the team/organization of this shortfall
- c. Expected Performance Behavior- details provided
- d. Follow-up frequency
- e. Signatures of all involved parties
- f. Documentation of follow-up discussions
- g. A copy will be provided to all for editing within 48 hours of the initial meeting. All comments will be sent to the residency program director and the final document will be emailed to all involved within 1 week of the initial meeting
- h. Follow-up meetings will be scheduled as needed to ensure resident is meeting the goals set within the action plan

Resident will have a pre-determined, communicated time frame (no longer than 30 days) to demonstrated documented improvement or formal termination procedures will proceed.

4. Any failure to meet any part of the performance improvement plan will result in the issuance of a formal, written reprimand. This reprimand will be issued by the residency program director in collaboration with UC HR and presented to the resident in a face-to-face meeting. The reprimand contains the following:
 - a. Specific procedures violated
 - b. Describe situation/issue
 - c. Future performance expectations
 - d. All involved parties will sign the document
 - e. The document will be placed in the resident's human resources file and is considered public record- viewable by any who request a copy.
 - f. Action plan will be updated based on new evidence of concerning behavior.

5. If a resident receives MORE THAN ONE formal reprimand, dismissal procedures may be set in action. This step must require approval of RPD and site coordinator.
6. In cases of serious misconduct, regardless of the whether it is the resident's first offense, the College of Pharmacy reserves the right to initiate discipline at any of the aforementioned levels, up to and including termination.

Dismissal Policy:

Residents are graduate pharmacist trainees but are also employees of the University of Cincinnati. They will be employed by the site for a one-year period in return for pursuit of achievement of the goals of the program and completion of required activities. Residents may be dismissed from the residency for the following reasons:

1. He/she fails to make satisfactory progress toward achieving the goals of the program as documented in the formal process described in section above (Remediation/Disciplinary Performance Policy)
2. He/she is in violation of work policies or procedures established by the practice sites as documented and reviewed by training site with the resident.
3. Violation of any State or Federal Law as it pertains to the practice of pharmacy.
4. Any other serious misconduct or violation of the University of Cincinnati policies/procedures or practice site policies/procedures

Time Away from Work:

The residency is a full-time obligation. The hours of training and service are established in order to teach each learning experience and fulfill the residents' customized plans. Residents are employed by and their stipend is paid by University of Cincinnati. Hence the residents are obligated to meet the University of Cincinnati employment policies. These full policies are made available to the resident at the time he/she completes new hire orientation. They can also be found on-line at: http://www.uc.edu/content/dam/uc/hr/labor_and_employee_relations/policies/16_13_postdoctoral_appointments.pdf. The program reserves the right to review the reason for time away from work to determine whether the resident should be permitted to continue in the current position, suspend or terminate the residency position based on the individual circumstances presented.

Resident Vacation:

Residents will accrue vacation time at the rate of 6.67 hours/month for each month worked (10 days/year). If vacation is to be taken as a full week, the request must be submitted at least 6 weeks in advance since coverage must be secured. If vacation is to be taken in days, requests should be submitted at least 2 weeks in advance. Vacation days cannot all be used for the same day of the week (i.e. all Wednesdays or all Fridays).

Vacation time may be taken during the year of residency when the following process is observed:

1. You must accrue vacation time before you are eligible to take the time off.
2. Your vacation must be completed by June 30th of the residency year.

3. Vacation may be taken as a full week or as days that can be used throughout the residency year.
4. You must clear your time off request with the practice site and other affected preceptor's first via email.
5. You must copy the Residency Program Director on any vacation e-mail requests.
6. Your request must be submitted via UCFLEX Employee Self-Service (see below).

The Residency Program Director and Residency Preceptor Team reserve the right to disapprove vacation requests if the vacation would adversely affect residency training or seriously interfere with the operation of business. Any unused vacation days do not extend beyond the residency year and will not be paid out at year end.

Unpaid time off: residents are permitted to take days off without pay. However, ALL days off (paid or unpaid) may not exceed the total vacation time accrued (10 days per residency year).

Resident Holidays:

The Holiday Policy will be observed based on the training site. If the training site is closed due to a holiday, then the Resident may also observe that holiday.

UC* is closed the following holidays for 2019-2020: July 4th, September 2nd, November 11th, November 28th and 29th, December 24nd and 25th, January 1st, January 20th and May 25th

Residents are expected to be either at the College or at your practice site during the following time periods:

October 10th and 11th: Reading Day/Fall Break
December: 23rd to 27th: Winter Break, UC Closed
March 16th to 22nd: Spring Break

Discuss holidays and time off with your preceptor responsible for your learning experience during which the holiday falls.

Sick Leave*:

Residents accrue sick time at a rate of 6.67 hours/month for each month worked (10 days/year). Upon the end of the residency and will not be paid for any unused days. For sick time greater than 5 days taken consecutively, a doctor's note will be required.

Since the residency program is of limited length (1 year), the program has an additional policy pertaining to leave. Short-term leave, sick leave, and other long-term absences due to unforeseen circumstances may impact the ability of resident to satisfactorily complete the residency within their one-year appointment. In such cases, the resident's program may be extended. The determination to extend the length of the program, the length of extension, and the continuation/discontinuation of stipend will be made on an individual basis, according to individual circumstances, by the Residency Program Director, and Preceptor Team based on the advice of UC Human Resources. If leave of any type extends past 6 months, the resident will be terminated and will be given the opportunity to reapply for the residency program.

Professional Leave:

UC supports attendance at professional meetings as required by the UC Community-Based Pharmacy Residency. Specific days of travel will be approved based on the resident's expected participation and responsibilities at each conference. If the needed professional leave falls on a day or days when the resident has staffing obligations, the resident must work with the primary site coordinator in order to reschedule the missed hours. Approximate professional leave dates will be decided during Residency Orientation. Any additional request for professional leave must be submitted to the Residency Program Director. The final decision for all professional leave is made by the Residency Program Director and Preceptor team.

Unpaid Leave:

You may take time off that is unpaid for personal/professional activities during the residency year. This leave must be approved in the same manner as other leave and documented within UCFlex as leave without pay. However, your total days off, paid or unpaid, may not exceed 10 (total allowed vacation days in the residency year). This policy does not apply to leave requested due to illness (see Sick Leave above)

Inclement Weather:

Due to the longitudinal nature of this rotation, each practice site will handle weather emergencies differently. The resident will be responsible for contacting the preceptor at the site they are scheduled to determine appropriate course of action.

Professional Travel:

Residents are expected to attend and participate in professional meetings as part of the requirements of the residency program. Residents will be reimbursed for travel expenses for up to six meetings/recruitment events each year (up to a max of \$200 total for the year). Additional travel/training may be reimbursed on an individual basis after approval from RPD/Preceptors.

The required meetings/recruitment events are:

- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase
- Ohio Pharmacists Association Advocacy Events (fall or spring events)
- Ohio Pharmacy Residency Conference Showcase (OPRC)

Reimbursable expenses generally include the following:

1. Registration fee- early bird only
2. Coach airfare or auto travel as appropriate
3. Hotel room (double occupancy only)
4. Per diem Rate for meals per UC travel policy
5. Airport parking and cab or other business-related travel at meeting location

Travel expenses will be reimbursed by College of Pharmacy. Expenses reimbursed by the College must follow university procedures. These include:

1. Submission of travel authorization form via Concur, the Universities on-line travel reimbursement system. You will complete the training related to this system during UC orientation.
2. All requests for travel must be submitted a **minimum of one month prior to your trip.**
3. Submission of completed travel expenses will also be conducted using Concur. This information must be submitted no later than **ONE WEEK** from the date of return from your required travel.
 - a. If the ONE WEEK deadline is missed, the resident may be responsible for the entire cost of the travel. It is at the discretion of the residency program to accept or deny reimbursement for travel expenses submitted late.
4. Reimbursement check is generally provided within 2 weeks of submission of expense form with receipts.
5. Concur website is: www.uc.edu/concur-travel.html.

See UC Travel Policy found at:

http://www.uc.edu/content/dam/uc/af/financialpolicies/Docs/travelexp_pol.pdf. Please review carefully.

Key Tentative Dates:

- ASCP Annual Meeting 2019: November 7 to 10, 2019; Grapevine, Texas (MM/LL residents only)
- APhA Annual Meeting 2020: March 20 to 23; Washington DC (FRHC and SVdP residents only)
- OPA: April 3-5, 2020; Columbus, OH
- Ohio Pharmacy Residency Conference: 5/15/20 (tentative), Ada, Ohio
- OSHP residency showcase 10/26/19 (tentative) Columbus, Ohio
- OPA advocacy events (November, February- resident to confirm)

The dates you are expected to leave and return from these meetings will vary based on distance to the meeting, activities to be completed at the meeting and the need for the resident to be at the practice site. It is the resident's responsibility to discuss travel dates with the site coordinators and RPD prior to submitting TOFW for approval.

Documentation of Vacation/Sick/Travel Leave:

Once approved, all time off from work (TOFW) must be documented and submitted to the College business office. Time off requests must be submitted via the UCFLEX Employee Self-Service (ESS) portal via instructions listed below. Once submitted, the College business office will verify via email to the RPD that the time is approved, and the time will then be processed on the following payroll cycle. Access to ESS will be available on the first date of employment.

1. Vacation request should be completed once the time away has been approved by the site coordinators and residency program director and prior to travel based on number of days off
 - a. No later than one month for a full week and 2 weeks for individual days
2. All required travel documentation should be submitted no later than one month prior to travel
3. For sick time, the form must be completed within one week of returning to full time work.

Detailed instructions for submitting TOFW requests can be found in the Help menu for UCFLEX:

<https://www.uc.edu/af/bcs/uc-flex.html>.

Use UC VPN, to access UCFLEX Employee Self Service (ESS) to submit vacation/required travel and sick leave.

Other Benefits:

For information regarding retirement, health benefits and tuition remission, please see the UC website Post-Doctoral Fellows and Special Fellows found at:

https://www.uc.edu/content/dam/uc/hr/benefits/benefit_summaries/2019/post-docs-2019.pdf.

Resident Calendar:

Each resident is expected to maintain a monthly calendar to be shared with the primary Residency Preceptors and the Residency Program Director. The calendar will be in the form of a “living document” located on OneDrive. It is the responsibility of the RESIDENT to maintain this calendar and notify all parties of any changes. The calendar should be updated each week with the submission of weekly reflections.

Resident Health

Due to the nature of the populations served and requirements established by each practice site, proof of immunization history is required for every resident and includes the following:

1. Influenza vaccine- yearly, provided by the College at no charge
2. Tdap- physician documentation of the last dose within 10 years
3. PPD- yearly screening, documented by physician. This is provided by the College at no charge. See <https://med.uc.edu/uhs> to find hours and to schedule an appointment.
4. Hepatitis B vaccine series- physician documented

Duty Hours Requirement:

The residency is a full-time obligation; hence the resident shall manage activities external to the residency to not interfere with the goals, objectives and obligations of the program.

Duty hours include the following: time spent at the practice site, time spent at home working on residency related activities, time spent at the College, external moonlighting and patient care provided on a volunteer basis.

Under certain circumstances, a limited amount of outside work may compliment and enrich the residency experience. Therefore, it is the policy of the residency program to allow a resident to work outside the residency program under the following conditions.

1. The resident requests permission from the Residency Program Director before work commitments are made and justifies the reasons, type and amount.
2. The outside work schedule and number of hours do not compromise any component of the residency.
3. Work outside of the residency may be continued as long as the resident’s performance is satisfactory as determined by the Residency Program Director.

4. The resident will communicate with the RPD their intention to seek or continue outside employment at the first meeting of the residency year. The resident will be limited to not more than 16 hours per month of moonlighting.
5. All duty hours must be documented on the weekly activity log and total hours must not exceed the ASHP residency standard (see below).
6. Per ASHP standards the maximum time allowed for duty hours (includes moonlighting) is 80 hours per week, averaged over a four-week period, inclusive of moonlighting. For specific details regarding maximum hours of work per week and duty free times see: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>.

Resident Portfolio:

Each resident is expected to maintain an electronic record of important elements of his/her residency program as determined by the site preceptor and RPD each year. At a minimum, these include:

General Elements of the Residency Program:

- Residency Program Policies
- ASHP/APhA Residency Accreditation Standards along with Competency Goals and Objectives
- Development plans and Requirements to Complete the Residency Check list (completed each quarter beginning with Q1)

Specific Elements of Your Program:

- Major Project Materials and Progress:
 - Example include: grant application, abstracts, forms & procedures, poster presentations, slides presentations, final manuscript.
 - Must include ALL drafts and feedback provided (even in email form)
 - Final edition appropriately labeled
- Teaching Certificate Program Materials
- Lectures/Presentations- including drafts and feedback provided (even if in email form)
- Teaching materials: including all Skills Lab module preceptor guides and other respective teaching activities
- Leadership and Management Projects
- Advancing Community-based practice and improving patient care projects (example: business plan/quality improvement project)
- Patient Tracking Documentation (in compliance with HIPAA requirements)
- Drug Information questions and responses
- Monthly Schedule(s)
- Weekly reflections
- Certificates of completion of training (Diabetes/Immunizations etc.)
- Other items at the discretion/direction of the RPD/preceptor
- Other items/materials that represent the products of training

Resident portfolios should be available for review by the site preceptor/RPD on a weekly basis and otherwise as requested.

Failure to maintain OneDrive in accordance with the above directions will result in disciplinary action as described in the Remediation/Disciplinary/Performance policy above.

Appendix A; Requirements for Completion of Residency

1. Residents must successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACH). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI).
2. All requirements must be verified and acceptable to each site coordinator in conjunction with the Residency Program Director.
3. The resident must complete the following activities as part of the program:
 - Engaged in direct patient care related activities an average of 65% of the residency
 - Engaged in patient centered dispensing activities a minimum of 8 hours/week
 - Completion of the following:
 - Completion of the teaching certificate program and all requirements as documented by the teaching portfolio
 - Completion of IHI basic certificate in health care quality improvement as documented by the certificate of completion from IHI by start of residency year.
 - Completion of residency project(s) and project manuscript: the research related to the project must be completed by May of the residency year. The associated manuscript must be written in an appropriate journal style, reviewed by the research team with edits completed by the end of the residency or at an alternate date determined by the RAC.
 - Development, implementation and evaluation of a business plan
 - Implementation and evaluation of a quality improvement project related to either patient centered dispensing or direct patient care.
 - Participation in patient transitions of care services
 - Resident electronic weekly activity logs- completed in accordance with guidelines provided and in a timely manner over the course of the year.
 - Resident electronic portfolio- resident to maintain OneDrive with all draft and final documents completed during the residency year.
 - Evaluations: resident must complete all required evaluations +/- 7 days of the due date with the final evaluations completed prior to end of June of the residency year.
 - Attendance at scheduled RPD/preceptor resident meetings as well as other meeting requirements set forth in the resident calendar.
 - Precept under the guidance of residency preceptors, APPE and potentially IPPE students
 - Attendance at all required residency presentations, recruiting events and others determined by site preceptor or RPD.
 - Attendance at the Advocacy events hosted by Ohio Pharmacist Association in the fall or spring of each year and others as identified.
 - Completion of community service requirement as explained in orientation
 - Membership and active participation in one of the following: local, state or national pharmacy organization
 - Completion of all teaching/education requirements including: pharmacy/health professions students, patients/caregivers (individual and group setting), health care providers, pharmacists/technicians, members of the community.
 - Attendance at monthly residency meetings
 - Check out procedures: As dictated by the College of Pharmacy. Resident to contact business office beginning of June of the residency year for up to date check out procedures

**University of Cincinnati Community -Based Pharmacy Practice Residency Program in
Underserved Populations
Requirements to Complete Residency Checklist**

Date Completed: _____ / BY: _____

Requirement: Residency Program Competency Areas		Progress to Date Percentage Goals/Objectives Achieved (ACH)	Timeline for Completion/Completion Date
Tracking goals and objectives	Outcome R1: Patient Care (100% achievement required for graduation)		
	Outcome R2: Leadership and Management		
	Outcome R3: Advancement of Community-based Practice and Improving Patient Care		
	Outcome R4: Teaching, Education and Dissemination of Knowledge.		



Requirement	Progress to Date Include brief description here	Timeline for Completion/Completion Date
Completion of IHI basic certificate in health care quality improvement		
Readiness for Independent Practice Checklist completed by resident and site coordinator and preceptors (as applicable).		
Completion of residency project (s) and project manuscript Presentations: ASCP/APhA, OPA and OPRC		
Development, implementation and evaluation of a business plan Presentations: Shark Tank		
Implementation and evaluation of a quality improvement project: Presentation: Key Stakeholders at each practice site		
Participation in patient transitions of care services		

Timely completion of weekly electronic activity log		
Maintenance of electronic residency portfolio on OneDrive		
Completion of Pharmacademic Evaluations +/- 7 days of due date and Final evaluation completed by 6/30 of the residency year		
Attendance at RPD/preceptor meetings		
Attendance at all required residency presentation and recruiting events (i.e.: OSHP residency recruiting, ASHP Mid-Year, ORPC)		
Precept APPE and potentially IPPE Students		
Completion of all teaching certificate program events and submission of teaching portfolio		
Membership and active participation in local, state or national pharmacy organization		
Attendance and participation at Ohio Pharmacists Association advocacy day (either fall or spring)		
Completion of Community Service Requirement		
Attendance at Monthly Residency Meetings		
Completion of all Leadership Development Activities		
Completion of Self-Care Activities: Orientation, weekly logs and APhA Webinars		
Check out procedure as dictated by the College of Pharmacy		
Teaching, Education and dissemination of knowledge to the following groups:		
	Pharmacy/Health Professions Students	
	Patients/Caregivers	
	Health Care Providers	
	Pharmacists/Technicians	

**The University of Cincinnati PGY1 Community-Based Pharmacy Residency
in Underserved Communities
Assessment Strategy 2019-2020**

Assessment of a resident’s performance is critical to the growth and development of the resident during the residency year. The assessment strategy involves the preceptor, resident and RPD providing formative and summative feedback as well as completing self-evaluations.

The assessment strategy to be utilized during the residency year will be detailed below:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Preceptors: All preceptors are expected to provide quality feedback to the resident. This could take the form of verbal or written feedback and will vary depending on the learning experience and situation.

Formative Feedback:

This type of assessment is ongoing, frequent, immediate, specific and constructive to help the learner identify the strengths and weaknesses by providing immediate feedback. Effective formative feedback follows the acronym: FAST or F: Frequent, A: Accurate, S: Specific, T: Timely
Examples of formative feedback include:

- d. Observation and dialogue about a specific performance
- e. Reviewing and commenting on drafts of manuscripts/presentations
- f. Receiving student feedback on specific learning experience

Summative Feedback:

This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Examples of summative feedback include:

- d. Pharmacademic quarterly learning experience evaluation conducted by preceptor
- e. Final report on quality improvement project
- f. Final manuscript for research project

Summative evaluation schedule: Quarterly, all preceptors will be required to complete summative evaluations based on the learning experiences they are involved in for the residency program. Completion will be required +/- 1 week based of the due dates within Pharmacademic and should only address those goals/objectives listed on the T/TE Grid for that specific quarter/time period.

Summative Evaluation Process:

The process to complete summative evaluations is as follows:

1. Preceptors will review the T/TE Grid to determine which objectives should be evaluated
2. Preceptors will review the criteria for each objective to determine the residents progress towards achievement
3. Qualitative written comments will be provided for each objective that is to be evaluated at this time period by using the following guidelines:
 - a. Use criteria provided within the Required Competency Areas, Goals and Objective document for PGY1 Community-Based Pharmacy Residencies (this information is also available in Pharmacademic) as a basis for your comments.
 - b. Include information that is specific and actionable.
 - c. Include comments about the resident's strengths and areas for improvement related to the objective being assessed.
 - d. Recognize the resident's skill development and progression towards achievement.
4. Preceptor and resident will independently complete the summative evaluations.
5. Preceptor and resident will discuss and compare the evaluations as well as the resident's progress towards achievement.
6. All other objectives not being evaluated will be given an SP unless otherwise noted by the preceptor. If preceptor feels comments are necessary, these will follow the guidelines listed above.

To help preceptors provide feedback for learning experience summative evaluations, please refer to the following definitions of Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH)

Satisfactory Progress (SP):

1. Resident is working to meet the criteria specific for each objective by performing most activities with guidance but can complete the requirements without significant input from preceptors/RPD.
2. There is evidence of improvement since last evaluation even in it is not complete mastery of the task
3. Resident is emerging in their skill and knowledge base development.
4. Resident needs occasional preceptor intervention.
5. Demonstrates good, but not comprehensive, knowledge base.
6. Resident takes good initiative in seeking, critically evaluating and applying new knowledge and often asks good questions.
7. Resident will be able to achieve goal or objective if feedback for improvements provided by preceptor is adopted by the resident.

Needs Improvement (NI):

1. Resident has shown lack of interest in content area
2. Resident has failed to put forth effort to complete or initiate tasks required to meet the objective/goal
3. Resident fails to meet due dates
4. Resident turns in work considered unacceptable by preceptor/RPD.
5. Resident's level of skill on the goal does NOT meet the preceptor's standards

Achieved (ACH):

1. Resident can consistently perform at the level expected of an entry level health care provider without guidance.
2. Resident demonstrates competence in the area being assessed
3. Resident's level of skill on the objectives meets the preceptor's standards
4. No further instruction or evaluation is required in subsequent learning experiences.

Not Applicable (NA):

1. Reserved for objectives that will never be evaluated within a given learning experience. If a preceptor feels NA should be used within a summative evaluation, please notify the RPD to re-assign this objective to a different learning experience.

Use a mix of ratings depending on the time of year and progress: Very few objectives should receive an ACH (ACHIEVED) by the end of quarter one/two.

Once an objective has been ACHIEVED (ACHR) for the residency, the radio button located just below the objective will turn green. Once this occurs, it is at the discretion of the preceptor to comment on or provide feedback to the resident as part of completing the summative evaluation (based on T/TE grid).

The screenshot displays a web interface for a summative evaluation. At the top, there are navigation buttons for 'Submit', 'Home', and 'Next', along with a page indicator 'Page 1 - PGY2 Transplant F'. The main heading is 'PGY2 Transplant Required (2007)'. Below this, there are two goal sections:

- Goal R1.1:** 'Establish oneself as an expert for transplant pharmacy-related information and resources.' The ACHR status is 'Yes' (green button). Objective R1.1.1 (Synthesis) is 'Develop a strategy for earning credibility within the organization to be an authoritative resource on the pharmaceutical care of transplant patients.' The ACHR status is 'Yes' (green button). Evaluation options are: Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), and Not Applicable (NA). A 'Comments:' field is provided.
- Goal R1.2:** 'Lead the modification or development and implementation of medication-related guidelines or protocols for transplant patient care.' The ACHR status is 'No' (red button). Objective R1.2.1 (Analysis) is 'Identify the need for a new or modified medication-related guideline/protocol for transplant patient care.' The ACHR status is 'No' (red button). Evaluation options are: Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), and Not Applicable (NA). A 'Comments:' field is provided.

In the example above, the preceptor is required to evaluate the resident on Objective R1.2.1 but it is optional to provide an evaluation or feedback on Objective R1.1.1 (since ACHR status is indicated in green). Once all the objectives have been achieved (ACH) for a specific goal, the ACHR button for the GOAL will automatically turn green.

Determining Achieved for the Residency (ACHR) for Objectives:

Beginning in Quarter 2, the primary preceptor for each learning experience may determine with the resident if an objective can be marked as ACHIEVED for the residency or ACHR. If this determination is made at a quarterly evaluation, the preceptor may change the radio button from RED to GREEN using the following process:

1. Click on the ACHR: NO button located under the objective

Objective R3.3.2 (Applying). Implement a practice-related project significant to community-based practice.

ACHR : Yes Criteria Activities

Needs Improvement (NI)

Satisfactory Progress (SP)

Achieved (ACH)

Not Applicable (NA)

* Objective R3.3.3 (Evaluating). Accurately assess the impact of the practice-related project including sustainability, if applicable.

ACHR : No Criteria Activities

Needs Improvement (NI)

Satisfactory Progress (SP)

Achieved (ACH)

Not Applicable (NA)

* Objective R3.3.4 (Creating). Effectively develop and present, orally and in writing, a final project report.

ACHR : No Criteria Activities

Needs Improvement (NI)

Satisfactory Progress (SP)

Achieved (ACH)

Not Applicable (NA)

Comments:

Comments:

Comments:

2. Change the ACHR? From No to Yes

Home Page 1 - PGY1 Community Pharmacy Required (2016)

Objective R3.3.3 (Evaluating). Accurately assess the impact of the practice-related project including sustainability, if applicable.

ACHR? Yes No

Comment

Select Option to View Details on this Goal or Objective:

Criteria Evaluations Feedback Evidence Reflections Activities ACHR History

Criteria

- Analyzes data and information collected to assess the success of the project.
- Determines and discusses the impact of the project in terms of quality, safety, cost-effectiveness, significance, and sustainability, if applicable.
- Identifies limitations of the project and potential modifications or changes.
- Draws appropriate conclusions from the analyzed data.

Cancel

3. Include comments in the comments section that meet the requirements listed in the Summative Evaluation Process (page 2)

Once all objectives have been indicated at the achieved level for the residency, ACHR will be marked automatically at the goal level and editing at the objective level is unavailable.

At each customized planning meeting, the RAC will review with the resident their overall evaluation status by reviewing the Goals and Objectives with ACHR History report. The RAC will work with the resident/preceptor to provide customization of the residency program to ensure a successful residency year.

Other Professionals: At various points in time, the resident will be working closely with other health care professionals (pharmacists, technicians, nurses, social workers etc.). The feedback from their perspective is critically important for the resident to receive and review to allow for growth and development. This feedback will be provided using Pharmacademic Customized Evaluations. Specific goals/objectives will be chosen based on the learning experiences and interactions between the health care professionals and the resident. These evaluations may be completed electronically or on paper. If on paper, the evaluation will be uploaded to Pharmacademic.

Resident Completed Evaluations:

Self-Reflection and Self-Evaluation:

The key professional skills of self-evaluation and self- reflection will be honed during the residency year.

Each is defined as:

Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time.

Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria.

The Process:

1. Entering residency self-evaluation and self-reflection
 - a. Self-Evaluation will contain 2 components: Pharmacademic Objective Based Self-Evaluation and narrative self-evaluation based on prompting questions provided
 - b. Self-Reflection will be completed in narrative form based on prompting questions provided.
 - a. Both will be completed prior to or during orientation
2. Continued self-reflection:
 - a. Biweekly residents will be asked to identify a strength/struggle to self-reflect within the weekly activity log. How to accurately self-reflect will be reviewed in orientation.
 - b. For unique experiences, residents will be asked to reflection upon the experience and the impact on their growth as a professional. These reflections will be uploaded to One-Drive based on the learning experience and will be reviewed by either preceptor or RPD. An example of such an activity would be self-reflecting on a teaching experience or participating in advocacy days.

3. Continued Self-Evaluation

- a. Residents will be required to complete summative evaluations either at the end of a learning experience (Orientation) or each quarter (all longitudinal learning experiences). Completion will be required +/- 1 week based of the due dates within Pharmacademic and should only address those goals/objectives listed on the T/TE Grid for that specific quarter/time period.

- b. Summative Evaluation Process:

The process to complete summative self- evaluations is as follows:

1. Review the T/TE Grid and check with preceptors to determine which goals/objectives should be evaluated.
2. Review the criteria for each goal/objective to determine their progress (NI, SP, ACH or NA). The criteria are found within the Competency Areas, Goals and Objective document for PGY1 Community-Based Pharmacy Residencies (this information is also available in Pharmacademic using the criteria button)
3. Determine where you are in the process towards achievement of a specific objective by indicating one of the following: NI, SP, ACH or NI for each objective being evaluated in PharmAcademic. Comments for each objective must be included and are based on the following guidelines:
 - a. Justification of your choice of: NI, SP, ACH or NA. These comments must include details on the HOW not the WHAT you did to meet the chosen level. Detailed definitions of NI, SP and ACH are provided below.
 - b. Strengths and areas for improvement related to the objective being self-evaluated.
 - c. Details that are specific and actionable and recognize your progression towards achievement of a specific objective
4. Resident and preceptor will independently complete the summative evaluations
5. Resident will discuss self-evaluation with preceptor and compare progress towards achievement.
6. All other objectives not being evaluated will be given an SP unless otherwise noted by the preceptor. All comments will follow the guidelines listed above.

4. Final residency self-reflection:

- a. Residents will complete a final self-reflection during the last month of the residency. This reflection will be completed prior to the end of the residency meeting with the RPD and will be based on prompting questions provided.

To help each resident determine their progress for learning experience summative self-evaluations, please refer to the following definitions of Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH).

Satisfactory Progress (SP):

1. Resident is working to meet the criteria specific for each objective by performing most activities with guidance but can complete the requirements without significant input from preceptors/RPD.
2. There is evidence of improvement since last evaluation even in it is not complete mastery of the task
3. Resident is emerging in their skill and knowledge base development.
4. Resident needs occasional preceptor intervention.
5. Demonstrates good, but not comprehensive, knowledge base.
6. Resident takes good initiative in seeking, critically evaluating and applying new knowledge and often asks good questions.
7. Resident will be able to achieve goal or objective if feedback for improvements provided by preceptor is adopted by the resident.

Needs Improvement (NI):

1. Resident has shown lack of interest in content area
2. Resident has failed to put forth effort to complete or initiate tasks required to meet the objective/goal
3. Resident fails to meet due dates
4. Resident turns in work considered unacceptable by preceptor/RPD.
5. Resident's level of skill on the goal does NOT meet the preceptor's standards

Achieved (ACH):

1. Resident can consistently perform at the level expected of an entry level health care provider without guidance.
2. Resident demonstrates competence in the area being assessed
3. Resident's level of skill on the objectives meets the preceptor's standards
4. No further instruction or evaluation is required in subsequent learning experiences.

Not Applicable (NA):

1. Reserved for objectives that will never be evaluated within a given learning experience. If a resident feels NA should be used within a summative evaluation, please notify the RPD to re-assign this objective to a different learning experience.

Evaluation of Learning Experience: At the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences, the resident will be asked to evaluate the learning experience. This evaluation allows the resident to provide the following feedback using a scale or Consistently to Partially True to False:

1. Communication of objectives for experience
2. Learning opportunities
3. Resources
4. Assessment of performance
5. Development of ability
6. Patient-Care
7. Orientation to experience

Free response questions cover: strengths, weaknesses and suggestions for improvements

Residents should provide honest feedback as it pertains to each learning experience using the guided prompts. Comments within the free response sections should be constructive and include SPECIFIC examples on how the experience can be improved.

Evaluation of Preceptors: The resident's evaluation of the preceptor is an important part of the quality assurance process. This type of feedback evaluates the preceptor's performance either at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching- twice at mid-point and end). For feedback to be effective it must be honest, professional and provide SPECIFIC comments for what has gone well and what can be improved upon.

To help residents in providing feedback, please refer to the following:

1. Provide qualitative comments that are specific to meet your needs as a learner
2. Provide praise when appropriate
3. Note areas of improvement since last evaluation
4. Identify new areas for improvement at each evaluation period
5. Provide specific recommendations on what or how the preceptor can improve

We ask that you meet with the preceptor to review your comments/suggestions for improvement. If a resident is uncomfortable providing feedback, the resident should contact the RPD for assistance, support, and guidance. Preceptor will review your comments, sign and send to the RPD for review. These comments are then included in the preceptor expectations, self-assessment and professional development plan.

Evaluation of RPD: As with the evaluation of the preceptors, the evaluation of the RPD is an important part of the quality assurance process. This evaluation will take place twice during the residency year- at mid-point and final. For feedback to be effective it must be honest, professional and provide SPECIFIC comments for what has gone well and what can be improved upon.

To help residents in providing feedback, please refer to the following:

1. Provide qualitative comments that are specific and constructive
2. Looking at the role of the RPD, include potential changes that could be made to improve the management of the residency program
3. Reflect on your needs and address how the RPD can improve to help meet your needs as a learner and individual.

**University of Cincinnati Community –Based Pharmacy Practice Residency
Program in Underserved Populations
Community Service Guidelines**

Competency Area R2: Leadership and Management

Goal: Demonstrate Personal and Professional Leadership

Objective: Demonstrate commitment to the community through service.

Criteria:

- 1 Understands the importance of community involvement as a core tenant of being a community-based pharmacist practitioner.
- 2 Articulates effectively the contribution that community service makes to personal and professional growth and development
- 3 Engages in community service activity that aligns with the resident's personal goals and schedule
- 4 Fulfills commitments made to provide community service.

Residency Program Guidance to meet Objective:

1. Must complete 6 hours per quarter starting in July of the residency year for a total of 24 hours.
2. Resident is responsible for finding a non-profit organization in which to complete service and emailing this list for approval to both preceptors and RPD (by the end of July).
 - a. Include in the email the following:
 - i. Organization name and volunteer coordinator contact information
 - ii. Population served
 - iii. Brief description of the volunteer activities you would like to be engaged in to meet your personal goals.
3. Service must be completed with a population similar to the one you serve at the practice site and involving humans (for example: walking dogs at the SPCA would not count).
4. Consistency and relationship building are important part of service to the community, so the hours need to be completed at no more than two (preferably one) non-profit agency during the residency year.
5. The hours need to be in direct contact with the individuals served by the non-profit. For example- packing boxes or organizing a warehouse would not be acceptable.
6. Any required training or orientation would count towards hours served for that quarter.
7. Service may be completed at your practice site, as long as the activities you are engaged meet your personal goals for this experience.
8. Tracking/Documentation of the community service will be completed thru the weekly activity log: Community Service Report.

Resident Activity Report

Resident Name: _____

Week Number: _____ Total Hours Worked: (Max 80) _____ % Hours DPC: _____ (Goal 65%)

Day	Date	Site	Direct Patient Care	Patient Centered Dispensing/ Management	Teaching, Education and Dissemination of Knowledge	Advancing Community Based Practice	Other
Su							
M							
T							
W							
Th							
F							
Sa							
Totals			0	0	0	0	0

Community Service Report

	Date/Location/Hours/Contact	Activities/Community Served	Learning

Continuous Professional Development
Reflections: every other week alternating with drug information question

	Successes	Struggles
What?		<div data-bbox="841 558 927 590">Successes</div>
So What?		
Now What?		

Continuous Professional Development
Drug Information Question: every other week alternating with reflection

Background:	
Question:	
Answer:	
References:	

Advancing Community Based Practice Weekly Update

	Progress to Date	Plan for upcoming week
Research Project		
Business Plan		
QI Project		
Other Projects		

Self-Care Activities This Week

Date	Briefly describe activities you have completed this week that promoted your self-care

Weekly Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed



St Vincent de Paul Charitable Pharmacy

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ORIENTATION- ST VINCENT DE PAUL CHARITABLE PHARMACY

General Description:

Orientation is a required 1 to 2 month learning experience which will provide the resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, quality improvement (QI), research and business plan background knowledge, teaching certificate program initial training and required essential physical assessment skills training and check.

Weeks 1-7: COP- The resident will be scheduled for ½ to 1 day(s) of orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site for the next 3 weeks. This will include the following:

1. Introduction to Pharmacy and Bank Street Staff
 - a. Review history and mission of SVdP
2. Learn operations and daily pharmacy workflow
3. Review pharmacy policy and procedures, history and mission
4. Attend SVdPCP staff meetings
5. OutcomesMTM/QS1 training
6. Participate in home visit with SVdP staff
7. Complete orientation with administration, development and Executive Director
8. Completion of orientation activities as detailed below
9. Participate in pharmacy board meeting-
 - a. Prior to participation, review board member's backgrounds

Type: Concentrated, required

This is a full-time experience for the duration of Orientation.

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptor/Site Coordinator: Mike Espel RPh: (site coordinator)

Lydia Bailey PharmD: primary preceptor*

Training Pharmacists: Mike Espel, Lydia Bailey, Rusty Curington, Katie Owens,

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/3/19:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to OneDrive
2. IHI Open School Basic Certificate. Upload certificates to OneDrive
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (i.e. for Ohio this is the License Look Up page) to OneDrive (Residency Documentation folder)

Activities to be completed by end of Orientation (unless otherwise noted):

1. Collaborative Practice Agreements:
 - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on OneDrive.
 - b. Ohio State Board of Pharmacy Guidance Document as of 8/31/2017 found at: <https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on Pneumococcal and Influenza.
 - b. Upload the following to OneDrive (Residency documentation):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Site
 - a. Review SVdP Policy and Procedure Manual posted to OneDrive
Resident must document completion of the above review and upload signed document to OneDrive no later than 7/12.
4. Review most recent guidelines the following disease states (all found on OneDrive):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2019 and Nutrition Recommendations for Patients with Diabetes
 - b. CV risk factors: Hypertension, Hyperlipidemia – AHA guidelines for HTN and HLD
 - c. Asthma/COPD- GOLD guidelines, Asthma Guidelines
 - d. Psychiatric Disorders including: Depression, Bipolar and Schizophrenia
 - e. Chest 2016

5. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Once completed, upload certificates to OneDrive (Residency Documentation). **Must be completed by 7/14/19.**
6. Review CLIA waiver requirements to understand the requirements for SVdP as it pertains to point of care testing. This information can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>
7. Complete OutcomesMTM training
 - a. See information sheet found on OneDrive and Lydia Bailey with questions
8. Attend meetings as appropriate- including but not limited to procurement, certain pharmacy board meetings. Discuss experiences with preceptor.
9. Communication Skill Review (see Communication Skills folder):
 - a. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.
 - b. Adherence: reading posted on OneDrive
 - c. Working with interpreters: view slide set and video posted to OneDrive. Complete quiz and upload to OneDrive.

Additional activities to be completed:

1. APhA Diabetes Certificate on-line pre-work and case-based skills review.
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September/October. Attendance is mandatory.
Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
2. Participate in research training (see research project time-line)
 - a. Research seminar provided by College
 - b. Meeting with Dr. Jeff Guo to discuss statistical analysis of research project
 - c. Participate in research protocol review with other residents and Institutional Review Board reviewer.

Expectations of the Resident:

This experience will help prepare the resident to practice as a member of the healthcare team and learn to manage the workflow of a community pharmacy while gaining confidence in patient services and counseling. It is our expectation that the resident will be engaged with the pharmacists and pharmacy staff when the pharmacy is open and operating. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident's own time.

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Patient centered dispensing CMR orientation	Formative verbal feedback provided by each training pharmacist and preceptor. Written reflections	T
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Patient Centered dispensing and CMR orientation	Feedback from preceptor/training pharmacist. Uploading documents to Box as described above Discussions at weekly meetings with RPD	T
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing			T
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating			T
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Patient centered dispensing and CMR appointment orientation	Formative feedback from Preceptor/training pharmacist	TE Orientation
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying			
R1.1.10: Document patient care activities appropriately and efficiently.	Applying			
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation

R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Orientation for patient centered dispensing	Formative feedback provided by each preceptor/training pharmacist	TE Orientation
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying			
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying			
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing			

Competency Area: R2 Leadership and Management

Goal R2.2: Demonstrate personal and professional leadership skills.

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Meeting all deadlines for activities as set by preceptor/RPD	Formative feedback by preceptor Written feedback on weekly reflections	T
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meeting preceptor/RPD expectations for written reflections		

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	Complete CITI training and actively participate in research seminar	Participation in research seminar and engagement in research project	T

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ACADEMIC LEARNING EXPERIENCE

General Description: The academic and teaching component of the residency is a longitudinal learning experience that takes place throughout the residency year. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach all those whom they contact including patients, community members, health care professionals and health professional students.

Residents will be assigned teaching responsibilities in a variety of courses during the fall (Aug/Sept/Oct/Nov/Dec) and Spring (Jan/Feb/Mar/April) semesters at the University of Cincinnati College of Pharmacy.

Type: Longitudinal Learning Experience, required

Duration: 11 months

The resident will spend an average of 4 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);

Mike Hegener PharmD BCACP (primary preceptor),

Karissa Kim PharmD BCACP, BCPS

Orientation Activities:

The resident will attend the teaching certificate program seminar, a 2-day seminar in July/August. The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11-month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
 - a. Approval by the course coordinator;
 - b. Approval by the Academic Learning Experience Coordinator
 - c. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program.
5. Attend seminar topic presentations as outlined in the teaching certificate program.
6. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and/or practice site coordinator for pharmacists and technicians.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Attend teaching certificate program seminars focused on resident lead teaching topic discussions. Details found in teaching certificate program
5. Participate in evaluation of poster presentations (IPPE or Capstone)

Minimum Continuing Education Requirements:

The CE program should:

- i. Contain all the components of an effective adult learning experience
- ii. Contain a minimum of one (preferably two) active learning activities
- iii. Designed at the Applying or Analyzing level of Bloom's Taxonomy
- iv. Follow the guidelines provided on during residency monthly meeting and documents posted on OneDrive to create this program.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:

Achieved (ACH) after all rounds of teaching materials have been created and deployed;

Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

Needs Improvement (NI): if the resident fails to make progress or take the feedback and incorporate it into teaching materials, OR if the teaching materials never reach a point where they can be used.

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<p>COP</p> <ol style="list-style-type: none"> 1. Update or edit small group/team type learning activity. 2. Design/update a lecture for the appropriate assigned course 3. Write appropriate exam questions that correlate to the assigned teaching activity. 4. Create Continuing Education (CE) programming for Pharmacists/technicians 	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2/4

R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	<ol style="list-style-type: none"> 1. Deliver 1 lecture to a large group. 2. Moderate Skills Labs as assigned. 3. Moderate small group learning as assigned. 4. Deliver CE presentation (either face/face or with the use of technology) 	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	T: Q1 TE: Q2/4
R4.1.3: Develop effective written communication skills 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.	Applying	<ol style="list-style-type: none"> 1. Create appropriate written materials to educate audience (students/pharmacists) 	Materials presented to the students/pharmacists/technicians is effective, up to date, and appropriate for the given course/CE and audience.	T: Q1 TE: Q2/4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide appropriate and timely feedback to students during teaching activities using “sandwich” method	Preceptor observation during training for teaching activities	TQ1 TE: Q2/4

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

DIRECT PATIENT CARE- ST VINCENT DE PAUL

General Description: This learning experience is designed to move the resident from student to independent practitioner; one who can provide safe, culturally appropriate, and evidence-based patient care services including; medication therapy management, health and wellness, immunizations, and chronic disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

Type: Longitudinal, required.

The resident will spend on average 16 to 24 hours per week in direct patient care services related activities.

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Mike Espel RPh (site coordinator)

Lydia Bailey PharmD (primary preceptor)

Orientation Activities:

Residents will complete the following activities:

1. Review of immunization protocols for Pnemovax and influenza vaccines and point-of-care testing policies for blood pressure, heart rate, blood sugar, and A1C.
2. Review and participate in topic discussion of the following:
 - A. Common outpatient disease state guidelines including diabetes, asthma/COPD, cardiac, and mental health.
 - B. Ohio Collaborative Practice Agreement (CPA) and Tobacco Cessation Program general laws and specific SVDP policies
3. Introduction to clinical services including shadowing of CMR and patient advocate and review of OutcomesMTM patient management system
4. Introduction to Good Samaritan Free Health Center (GSFHC) including a tour and shadowing of disease state management appointments.
5. Review and training of EPIC system

Expectations of the Resident:

The resident will move from dependent to fully independent practitioner in the following competency areas (Check list provided to monitor progress)

Clinical services including:

Comprehensive Medication Review skills:

1. Accurate and complete patient work up
2. Timely and thorough gathering of patient information
3. Appropriate prioritization of patient related concerns/disease states
4. Accurate and timely creation of patient care plan
5. Incorporation of effective communication techniques, including motivational interviewing, when delivering care plan to patient
6. Accurate and timely documentation of patient care plan and follow-up
7. Appropriate communication of follow-up to involved healthcare professionals and patients

Disease state management skills:

1. Appropriate usage of CPA through data assessment and plan implementation
2. Accurate documentation of disease state management activities including CPA usage and patient GSFHC patient appointments via OutcomesMTM, QS1, EPIC, and interprofessional healthcare team communications
3. Utilization of clinical practice guidelines at SVDP and GSFHC

Immunization skills:

1. Accurate and safe delivery of available vaccinations to eligible patients
2. Efficiently document vaccination services
3. Utilization of clinical practice guidelines

Demonstrate leadership ability in precepting clinical services including:

APPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

IPPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing:
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Complete tasks without prompting, uphold professional appearance and behaviors at all times, foster professional relationships with pharmacy and interprofessional team	Observe professional relationships with staff, continued feedback provided throughout residency	TQ1/EQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Foster open and respectful communication with patients during all interactions	Strong patient-connection assessed via 3 CMR recordings and preceptor observation, continued feedback provided throughout residency	TQ1/EQ1
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Appropriately gather necessary data during patient interactions	<ul style="list-style-type: none"> • Accurate and efficient data collection assessed via 3 recordings, 30 completed presentations without need of gathering further information, approval by each preceptor, continued feedback provided throughout residency • Correct evaluation of immunization needs using protocol form • Accurate and efficient data collection at GSFHC assessed by preceptor, 	TQ1/EQ2

			maintain set appointment times assessed by preceptor	
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Appropriately prioritize problem lists for each patient based on data collection	Completion of 30 problem lists/SOAP notes without additional edits, approval by each preceptor, continued feedback provided throughout residency	TQ1/EQ2
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Create appropriate clinical plans	<ul style="list-style-type: none"> • Completion of 30 plans without additional edits, approval by each preceptor, continued feedback provided throughout residency • Appropriate plan design using CPA assessed via case presentations, approval by each preceptor, continued feedback provided throughout residency 	TQ1/EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Implement approved clinical plans through counseling	<ul style="list-style-type: none"> • Implementation of clinical plans to patients assessed via 3 recordings and to medical team via 30 correctly identified claims, approval by each preceptor, continued feedback provided throughout residency • Correct immunization technique demonstrated to preceptor and delivered to patient • Appropriate CPA implementation assessed via MD approval, approval by each preceptor, 	TQ1/EQ2

			continued feedback provided throughout residency	
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Evaluate and adjust implementation of clinical plans through OutcomesMTM follow-up	Accurate application of OutcomesMTM and EPIC processes reviewed by preceptors, following and reporting on specifically assigned patients, continued feedback provided throughout residency	TQ1/EQ2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Effective communication utilizing Motivational Interviewing techniques	Communicating effectively with patient using appropriate communication skills assessed via 3 recordings and 10 in-room counseling sessions, approval by each preceptor, continued feedback provided throughout residency	TQ1/EQ2
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Effective communication showing balance of respect and confidence when interacting with other health care team members	Clear efforts taken to communicate patient goals and educate clinical reasoning with health care team, assessed by preceptor review with continued feedback provided throughout residency	TQ1/EQ2
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Document all clinical plans in OutcomesMTM and EPIC with high quality and efficiency	<ul style="list-style-type: none"> • Completion of 10 plans without additional edits completed within 20 minutes, continued feedback provided throughout residency • Accurate documentation of all immunization activities • Appropriate usage of EPIC system with all documentation completed in a timely manner assessed via preceptor 	TQ1/EQ2

Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	<ul style="list-style-type: none"> • Accurately identify patients in need of transitions of care at SVDP • Utilize Medicaid portal to identify Medicaid active patients • Generate report for ER voucher patients 	<ul style="list-style-type: none"> • Complete 5 patient cases with correctly identified need for transitions of care • Complete 5 Medicaid portal checks for enrollment status • Complete follow up 5 ER voucher patients to ensure medication filled 	TQ1/EQ3
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	<ul style="list-style-type: none"> • Effectively follow-up on transitions of care plans • Correctly transfer profiles to other pharmacy after Medicaid verified 	<ul style="list-style-type: none"> • Complete 5 patient follow-ups regarding transitions of care plans • Complete 5 profile transitions to other pharmacies after Medicaid verified 	TQ1/EQ3

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists** Only applies if part of business plan service	Creating	Appropriately apply polices regarding CPA usage, evaluate need for CPA edit/expansion	Successful identifications, implementation and follow through of 3 CPA changes assessed via preceptor approval. Discussion with preceptors regarding current CPA practice usage with draft edits as needed.	TQ1 EQ1

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Design appropriate activity for group patient education and CE for pharmacists	Completion of agreed educational activities with feedback provided by responsible preceptor	TQ3/EQ4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Effectively teach/present via group patient education and CE for pharmacists	Completion of agreed educational activities with feedback provided by team member in attendance	TQ3/EQ4
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of	Applying	Develop written material for group patient	Completion of agreed educational activities with approval by each preceptor	TQ3/EQ4

the community; health profession students; pharmacists; and other health care professionals.		education and CE for pharmacists		
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	Participate and plan learning activities for IPPE and APPE students as appropriate including topic discussions and DI questions	Completion of 4 showing topic discussions/3 DI questions, 4 mentoring topic discussions/3 DI questions, independent topic discussions/DI questions as appropriate, with approval by each preceptor	TQ3/EQ4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Create and deliver midpoint and final evaluations for IPPE and APPE students as appropriate	Completion of 3 shadowing evaluations, 5 mentoring evaluations, and independent evaluations as appropriate, with approval by each preceptor	TQ3/EQ4

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

LEADERSHIP AND MANAGEMENT- ST VINCENT DE PAUL

General Description:

Manage operations of practice site and demonstrate personal and professional leadership skills throughout residency.

Type: Longitudinal, required

On average, the resident will spend 2 to 4 hours per week in this learning experience.

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Mike Espel RPh (site coordinator/primary preceptor) *

Orientation Activities:

Residents will complete the following:

1. Learn about SVDP history and mission as well as pharmacy overview
2. Complete orientation with administration, development, and Executive Director
3. Shadow home visit
4. Attend SVDPCP staff meeting
5. Review inventory policies
6. Review pharmacy board members background

Expectations of the Resident:

The resident will:

1. Participate in monthly staff meetings, procurement meetings, and board meetings as appropriate
2. Engage in outreach, development, and networking opportunities
3. Prioritize patient care workload, student workload, and assignments
4. Participate in inventory control
5. Participate in management of CPA

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Participate and present at select staff, procurement, and Pharmacy Board meetings	Accurate information relayed for assigned board meetings. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	<ul style="list-style-type: none"> Identify importance of donor relationships Remain up to date on legal changes to pharmacy practice 	Display appropriate understanding of non-profit relationships through SVDP functions, create plans for adjusting policies based off changes to community pharmacy practice if needed	TQ2/EQ3
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	<ul style="list-style-type: none"> Prioritize and delegate all management tasks appropriately Complete tasks in reasonable timeframe Demonstrate personal commitment to vision of organization 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	TQ1/EQ3
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	<ul style="list-style-type: none"> Complete all reflections and preceptor meetings Identify and work towards identified areas of improvement within management 	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	TQ1/EQ4

R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	<ul style="list-style-type: none"> • Show ownership over pharmacy functioning • Lead staffing team through delegation and time management • Lead clinical team through GSFHC interactions 	Demonstrate leadership by effectively managing assigned projects	TQ3/EQ2
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join pharmacy related organization of your choice and participate actively in a committee/working group of this organization.	Completion of professional involvement	TQ1/EQ4
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Participate in community service activities as approved by preceptor/RPD. See guidelines posted to BOX	Active participation in volunteer events, demonstration of relationship development at GSFHC	TQ2/EQ4

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

PATIENT-CENTERED DISPENSING-SVDP

General Description:

This learning experience is designed to move the resident from student to independent practitioner who can provide patient-centered care while dispensing medication. This will be achieved when the residents is able to complete the following: perform effective drug utilization review at the time of dispensing, prepare and dispense medications to support safe, lawful and effective patient-centered care, identify and provide services to assist in the safe and effective use of medications, and counsel and educate patients regarding the appropriate use of the medication provided.

Type: Longitudinal, Required.

The resident will spend, on average, 12 hours per week in this learning experience

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Mike Espel RPh (site coordinator)

Lydia Bailey PharmD (primary preceptor)

Orientation Activities:

Residents will complete the following:

1. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
2. Review of privacy policies including HIPAA and SVdP policies
3. QS1 and OutcomesMTM Computer training
4. Introduction to dispensing services including shadowing pharmacy technician and staff pharmacist

Expectations of the Resident:

The resident will move from dependents to independent practitioner who is able to fully and competently perform and manage the dispensing functions of the pharmacy by:

Displaying independent competency in the following roles:

Technician roles (to understand each role of the dispensing team): Ability to enter and fill prescriptions, edit patient profiles, request refills, change drug inventory, etc.

Staffing: Safe and effective use of QS1 and OutcomesMTM to verify, dispense, and counsel on medications. Appropriately communicate to other pharmacies, physicians, patients as needed. Transfer prescriptions

Team management: Effective leadership as the responsible pharmacist of dispensing team including managing technicians, volunteer pharmacists, and volunteer technicians

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents’ learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident’s performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident’s performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Complete 1-2 months of shadowing and participation in DUR with staffing pharmacists until independent as determined by preceptors	Independently completing DUR with preceptor approval, feedback provided throughout residency	TQ1/EQ1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Complete 1-2 months of shadowing and participation in dispensing with staffing pharmacists until independent as determined by preceptors	Independently completing dispensing with preceptor approval, feedback provided throughout residency	TQ1/EQ1
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Complete 1-2 months of shadowing and participation in providing additional information during dispensing with staffing pharmacists until independent as determined by preceptors	Independently refer patients to additional services (MD, specialist, social services, local help, etc.) with preceptor approval, feedback provided throughout residency	TQ1/EQ2
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Complete 1-2 months of shadowing and participation in counseling with staffing pharmacists until independent as determined by preceptors	Independently complete counseling with preceptor approval, feedback provided throughout residency	TQ1/EQ2

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Complete 1-2 months of shadowing and participation in managing staffing team until independent as determined by preceptors	Independently manage staffing team with preceptor approval via direct observation, feedback provided throughout residency	TQ2/EQ3

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

To move community practice forward, it is essential that all new services instituted within a community-based setting have a clear and objectively created road map. The business plan provides the guidance needed to ensure a proposed service is viable for one site but can then be spread to others. The key components of a business plan according to the Small Business Administration include the following:

1. Executive Summary: This concise overview, located at the beginning of the plan, which provides the key elements of the business plan and why you feel this plan will be successful
2. Product/Service: Brief description of product or service to be instituted
3. Market Analysis: Evaluating area market and competition
4. Company Description: A look at the overall operations of the pharmacy
5. Organization and Management: Provides an overview on the management structure of the pharmacy
6. Marketing and Sales Management: How is the public/providers going to know about your new community-pharmacy based service
7. Product/Service: Detailed description of the new service the community-based pharmacy is offering
8. Funding Request: Startup funds required
9. Financials: How the service will add to the profitability of the pharmacy
10. Appendices: Any information that can value to the proposed plan

The How to Start and MTM Practice: A guidebook for Pharmacists will be used as the road map for the business plan created as part of the residency. Each plan must contain the following 20 sections as described in the guidebook on Page 6.

Type: Longitudinal, required

Duration: up to 6 to 9 months

Weekly time commitment: will vary, schedule to be determined by preceptor and resident

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Josh Postolski- MM

Kristina Hirt - FRHC

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Read: How to Start and MTM Practice: A Guidebook for Pharmacists by APhA.
2. Complete business plan survey- to assess entering comfort level and experience
3. Participated in a 2.5-hour refresher lecture on Business Plan creation during residency orientation
4. Review ideas for business plan creation with site coordinator or preceptor by the end of Q1

Expectations of the Resident:

Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to analysis of the instituted plan. The business plan may be a component of either the research or quality improvement projects or may be a completely separate project- this will vary by site.

Time Line:

	June/July	Aug-Oct (Q1)	Nov (Q2)	Dec (Q2)	Jan-Mar (Q3)	April-May (Q3/4)	June (Q4)
Gain baseline knowledge	XX	XX					
Work with preceptor to Identify project, review literature		XX	XX				
Draft business plan and send to preceptors for edit/review.			XX	XX			
Institute new service on a limited basis to test business plan					XX	XX	
Evaluate the success of the pilot new service						XX	
Present results to business plan teams in resident competition and create plan for widely instituting new service (Shark Tank 2.0)							XX
Final Business Plan completed and uploaded to OneDrive							XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists** Only applies if part of business plan service	Creating	See R3.2 if CPA is part of business plan	Feedback as part of business plan review	TQ1-2 EQ2

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.2: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.2.1: Identify the need and develop a business plan for a new or enhanced service.	Creating	Identify the project, conduct lit review, design draft of business plan	Feedback from business plan team	TQ1-3 EQ2
R3.2.2: Implement the planned new or enhanced service.	Applying	Initiate business plan	Feedback from business plan team	TQ1-3 EQ3
R3.2.3: Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	Evaluating	Collect data based on business plan roadmap	Data review by business plan team	TQ1-3 EQ4

Additional Information: A list of other resources that can be helpful when preparing a business plan can be found in the APhA Guidebook for Pharmacists on page 5. Refer to business plan training held during residency orientation as well as examples provided on OneDrive.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

As stated by Institute for Health Care Improvement: “The science of improvement is an applied science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about what changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools. It is multidisciplinary — drawing on clinical science, systems theory, psychology, statistics, and other fields.”ⁱ This methodology can be traced back to W. Edwards Deming (1900 to 1993). In his book *The New Economics for Industry, Government and Education*, Deming taught that by adopting principles of management, organizations can increase quality and reduce costs. The key is to practice continual improvement within the system.ⁱⁱ The move to improve the health care system came with the publication by Institute of Medicine: *To err is human; building a safer health system* published in 1999.ⁱⁱⁱ The health care industry began adopting these methods in order to improve the care provided and reduce overall cost burden experienced by payers, patients and the federal government.

Community pharmacies are complex systems involving multiple layers where areas for improvement abound. This learning experience is designed to allow the resident to learn about and apply health care quality improvement concepts to a quality issue identified at the practice site. This can be either within the Leadership and Management or Patient Care competency areas. Residents will work with the RPD, site coordinator and preceptor to identify, study, implement and evaluate one quality improvement project during the course of the residency year. This project must be identified by December, implemented by March and evaluated no later than May.

Type: Longitudinal, required

Duration: up to 6 to 9 months

The resident will spend an average of 2 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Nick Borchers- FRHC

Joshua Postolski-MM (primary preceptor), Jodi Hoffman- LL

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to OneDrive.
2. Review resources available on OneDrive including:
 - a. QI Proposal Worksheets
 - b. QI Essentials Toolkit Complete from IHI
 - c. Squire 2.0
 - d. Example QI summary document
3. Review quality improvement concepts during monthly residency meetings in Fall.

Expectations of the Resident:

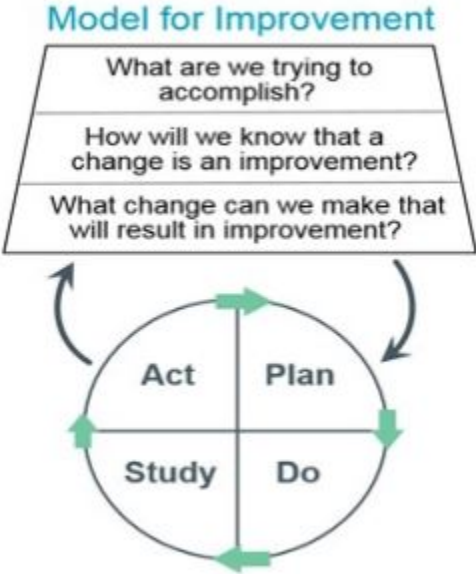
Residents will progress from knowledge to application of health care quality improvement concepts. This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at an appropriate pharmacy team meeting(s)

Final Products must include the following:

1. QI Proposal Worksheets- completed 1, 2, 3 and 5
2. Key Driver Diagram
3. PDSA cycles – a minimum of 3 complete cycles
4. Process flow diagram- a minimum of 2 drafts
5. QI Executive Summary- minimum of 2 drafts

The model for improvement (below) will be utilized as well as the quality improvement tools including but not limited to: process flow diagrams, run charts, PDSA cycles, failure modes and effects analysis to name a few.



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete Worksheet 1, 2, 3 and 5		XX	XX		
Apply QI tools to implement change in system (a minimum of key driver diagrams, PDSA cycles X3 and process flow X2)			XX	XX	
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete executive summary document and submit to preceptor team for approval					XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Discuss with preceptors areas of need for improvement. Complete literature review, complete QI worksheets 1, 2, 3 and 5. Begin drafts of QI executive summary	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to OneDrive	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools, implement project based	Documentation related to QI tools uploaded to OneDrive. Discussion with preceptors. Completion of the following: 3 complete PDSA cycles, with drafts and final of both key driver and process flow diagrams(x2)	TEQ2-3
R3.1.3: Evaluate the impact of a quality improvement project.	Evaluating	Using QI tools, evaluate impact of change using appropriate outcome measurements. Draft worksheet 5.	Documentation of outcome measures with creation of written executive summary presented to appropriate committees	TEQ4

Additional Resources include:

1. Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: https://www.ismp.org/sites/default/files/attachments/2018-02/ISMP_AROC_whole_document.pdf.
2. On-line Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31 Found at: <https://surveys.ismp.org/s3/Community-Self-Assessment>.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

Advancing Community Based Practice- Research Project

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.^{iv} The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- a. Identifying a topic based on the needs of the practice site and the interest of the resident
- b. Establishing a timeline based on the residency year (see page X)
- c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- d. Developing a research question in collaboration with the research team
- e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. Designing a solid research project which protects the rights of the participants
- g. Evaluating the project using appropriate statistical analyses
- h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.

Please go to: <http://www.equator-network.org/> for additional details.

Type: Longitudinal, Required

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

SVdP: Lydia Bailey PharmD, Mike Espel RPh + UC Faculty

FRHC: Anne Metzger + Others based on topic of research

MedManagers: Joshua Postoski MM, Matt Willoughby LL, Craig Steins MM

+ UC faculty based on areas of expertise.

Orientation Activities: Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Completing Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed
2. Attending research seminar (s) during residency orientation sponsored by the University of Cincinnati
3. Meeting with representatives from Colleges internal IRB review committee on as needed basis.
4. Connecting with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project.

Expectations of the Resident:

Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:

1. Completing one to two research projects over the course of the residency year.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating on a regular basis with the entire project team to obtain both formative and summative feedback.
7. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive
8. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)
9. Presenting research at the following (as dictated by practice site):
 - a. American Society of Consultant Pharmacists (MM): poster presentation
 - b. American Pharmacists Association (FRHC, CHD): poster presentation
 - c. Ohio Pharmacists Association (ALL): podium or poster presentation
 - d. Ohio Pharmacy Residency Conference (ALL): podium presentation

Expectations of Project Team:

Members of the project team are responsible for the following:

1. Providing direct guidance/instruction during all stages of the research project
2. Giving verbal and written feedback in a timely manner in order for the resident to improve.
3. Attendance at research team meetings as called by resident
4. Meeting deadlines as set by RPD or resident
5. Support resident during poster or podium presentation (s)

Time Line: Time line will be dictated by the practice site. See time line provided on One-Drive.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each

activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.

- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 4. Determine time table for development, implementation and evaluation 5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 6. Effectively organize and lead meetings with project team to ensure established deadlines are met	Formative and Summative Feedback from Project team	TEQ1
R3.3.2: Implement a practice-related project significant to community-based practice.	Applying	1. Work closely with project team to implement project		TE: Q2

		<p>2. Effectively organize and lead meetings with project team to ensure established deadlines are met</p> <p>3. Prepare and submit APhA or other grant application (if applicable)</p> <p>4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis</p>		
R3.3.3: Accurately assess the impact of the practice-related project including sustainability, if applicable.	Evaluating	Analyze data collected appropriately based on project team input		TE: Q2/3
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	<p>Presentations at ASHP, APhA/ASCP, OPA, and OPRC</p> <p>Manuscript submission to appropriate journal as defined by project team.</p>	Review by peers	TE: Q4

Additional Information:

Resident to utilize resources found in OneDrive.



Five Rivers **Health Centers**

Five Rivers Health Centers

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ORIENTATION- FIVE RIVERS HEALTH CENTERS

2019-2020

General Description:

Orientation is a required 1 to 2 month learning experience which will provide the resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, quality improvement (QI), research and business plan background knowledge, teaching certificate program initial training and required essential physical assessment skills training and check.

Weeks 1-7: COP- The resident will be scheduled for ½ to 1 day(s) of orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Weeks 1 to 7: Practice Site-The resident will be scheduled to orient at the practice site for the next 3 to 5 weeks. This will include the following:

1. Operation of daily pharmacy workflow
2. Epic/QS1 training
3. Introduction to clinic staff
4. Completion of orientation activities as detailed below
5. Shadow CDTM appointment – review readiness for independent practice checklist for direct patient care learning experiences.

Type: Concentrated, required

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS

Preceptor: Kristina Hirt, PharmD

Orientation Activities:

 = Finished

 = In Progress

Activities completed as part of Residency Orientation prior to 7/3/19:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to OneDrive
2. IHI Open School Basic Certificate. Upload certificates to OneDrive
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (i.e. for Ohio this is the License Look Up page) to OneDrive (Residency Documentation folder)

Activities to be completed by end of Orientation (unless otherwise noted)

1. Collaborative Practice Agreements:
 - a. Review CPA policy and procedures for FRHC
 - b. Review Ohio State Board of Pharmacy Guidance Document for CPA's:
<https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on immunizations provided during vaccination days as well as Pneumococcal, Hep B and Influenza.
 - b. Upload the following to OneDrive (residency documentation):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Site (Anne & Kristina Gathering)
 - a. Review FRHC Policy and Procedures and sign document of understanding
 - b. Sign HIPAA forms at Practice Site
 - c. Upload copies of signed forms to OneDrive (Residency Documentation) prior to giving to FRHC Compliance Officer
4. Review most recent guidelines the following disease states (all found on OneDrive):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2019 and Nutrition Recommendations for Patients with Diabetes
 - b. CV risk factors: Hypertension, Hyperlipidemia – AHA guidelines for HTN and HLD
 - c. Asthma/COPD- GOLD guidelines, Asthma Guidelines
5. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Once completed, upload certificates to OneDrive (Residency Documentation). **Must be completed by 7/14/19.**
6. Complete OutcomesMTM/Mirixa training and add FRHC pharmacy
 - a. Complete required OutcomesMTM modules (necessary for account registration) if not previously completed
 - b. See Pharmacy Manager for Mirixa account

7. Complete the Medicare Part D: Controlling Fraud, Waste and Abuse Training at <https://learner.minims.com/default.aspx?state=879062a4-e800-4210-b253-9a3d4e7aa348>
 - a. Create a new account by clicking on Need an Account?
 - b. Complete the following Provider Compliance Modules:
 - i. Combating Medicare Parts C and D Fraud, Waste and Abuse
 - ii. Medicare Parts C and D General Compliance Training
 - iii. Upload completed quizzes to OneDrive.

8. Complete 340B on demand modules; save completion certificate and upload to OneDrive when complete.
 - a. Register and access the modules here: <https://www.340bpvp.com/education/340b-u-ondemand/modules/> Register as a covered entity, Five Rivers Health Centers
 - b. Complete the full curriculum listed here: <https://www.340bpvp.com/education/340b-u-ondemand/modules/>
 - c. Upload completed quizzes to OneDrive

9. Communication Skill Review:
 - a. Motivational Interviewing
 - i. To review this essential communication technique, see information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>. This document covers the skills needed
 - ii. Once complete, watch the video on YouTube located at: <https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
 - iii. Participate in the MI orientation activities.

Additional activities to be completed:

1. APhA Diabetes Certificate on-line pre-work and case-based skills review.
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September/October. Attendance is mandatory.
Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.

2. Participate in research training (see research project time-line)
 - a. Research seminar provided by College
 - b. Meeting with Dr. Jeff Guo to discuss statistical analysis of research project
 - c. Participate in research protocol review with other residents and Institutional Review Board reviewer.

Expectations of the Resident:

This experience will help prepare the resident to practice as a member of the healthcare team and learn to manage the workflow of a community pharmacy while gaining confidence in patient services and counseling. It is our expectation that the resident will be engaged with the pharmacists and pharmacy staff when the pharmacy is open and operating. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident's own time.

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	EPIC Training and shadow CDTM for patient care documentation; Perform 2 CMR's with pharmacist supervision and document appropriately in OutcomesMTM	Formative feedback from Preceptor/training pharmacist	T Q1
R1.1.10: Document patient care activities appropriately and efficiently.	Applying			
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Orientation in FRHC Pharmacy in patient centered dispensing	Formative feedback provided by each preceptor/training pharmacist	T Q1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying			

R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying			
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing			

Competency Area: R2 Leadership and Management

Goal R2.2: Demonstrate personal and professional leadership skills.

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Meeting all deadlines for activities as set by preceptor/RPD	Formative feedback by preceptor Written feedback on weekly reflections	TE Orientation
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meeting preceptor/RPD expectations for written reflections		

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	Complete CITI training and actively participate in research seminar	Participation in research seminar and engagement in research project	T

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ACADEMIC LEARNING EXPERIENCE

General Description: The academic and teaching component of the residency is a longitudinal learning experience that takes place throughout the residency year. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach all those whom they contact including patients, community members, health care professionals and health professional students.

Residents will be assigned teaching responsibilities in a variety of courses during the fall (Aug/Sept/Oct/Nov/Dec) and Spring (Jan/Feb/Mar/April) semesters at the University of Cincinnati College of Pharmacy.

Type: Longitudinal Learning Experience, required

Duration: 11 months

The resident will spend an average of 4 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);

Mike Hegener PharmD BCACP (primary preceptor),

Karissa Kim PharmD BCACP, BCPS

Orientation Activities:

The resident will attend the teaching certificate program seminar, a 2-day seminar in July/August. The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11-month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
 - b. Approval by the course coordinator;
 - c. Approval by the Academic Learning Experience Coordinator
 - d. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program.
5. Attend seminar topic presentations as outlined in the teaching certificate program.
6. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and/or practice site coordinator for pharmacists and technicians.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Attend teaching certificate program seminars focused on resident lead teaching topic discussions. Details found in teaching certificate program
5. Participate in evaluation of poster presentations (IPPE or Capstone)

Minimum Continuing Education Requirements:

The CE program should:

1. Contain all the components of an effective adult learning experience
2. Contain a minimum of one (preferably two) active learning activities
3. Designed at the Applying or Analyzing level of Bloom's Taxonomy
4. Follow the guidelines provided on during residency monthly meeting and documents posted on OneDrive to create this program.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:

Achieved (ACH) after all rounds of teaching materials have been created and deployed;

Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

Needs Improvement (NI): if the resident fails to make progress or take the feedback and incorporate it into teaching materials, OR if the teaching materials never reach a point where they can be used.

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<p>COP</p> <ol style="list-style-type: none"> 5. Update or edit small group/team type learning activity. 6. Design/update a lecture for the appropriate assigned course 7. Write appropriate exam questions that correlate to the assigned teaching activity. 8. Create Continuing Education (CE) programming for Pharmacists/technicians 	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2/4

R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	<ol style="list-style-type: none"> 5. Deliver 1 lecture to a large group. 6. Moderate Skills Labs as assigned. 7. Moderate small group learning as assigned. 8. Deliver CE presentation (either face/face or with the use of technology) 	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	T: Q1 TE:Q2/4
R4.1.3: Develop effective written communication skills 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.	Applying	<ol style="list-style-type: none"> 2. Create appropriate written materials to educate audience (students/pharmacists) 	Materials presented to the students/pharmacists/technicians is effective, up to date, and appropriate for the given course/CE and audience.	T: Q1 TE:Q2/4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide appropriate and timely feedback to students during teaching activities using “sandwich” method	Preceptor observation during training for teaching activities	TQ1 TE: Q2/4

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

DIRECT PATIENT CARE FIVE RIVERS HEALTH CENTERS

2019-2020

General Description:

The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients of diverse backgrounds and beliefs. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in the community pharmacy setting.

Direct patient care services at FRHC include: Collaborative Drug Therapy Management clinic (under a collaborative practice agreement with the primary care physician), Transitional Care Clinic (working directly with a physician), Primary Care (working with resident physicians and mid-level providers) and MTM (medication therapy management).

The primary preceptor will model, coach and facilitate the learning experience as appropriate. Initially, beginning in Orientation, the preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes. Based on preceptor assessment and resident readiness, the resident will move into a role of leading the direct patient care interaction with the preceptor observing. The resident will begin with the most basic patient interactions and build to more complex cases gradually. The resident will develop and present the patient care plan independently, and the preceptor will provide feedback. The resident will progress to independently seeing patients, with preceptor interaction resident-initiated or as needed for the preceptor to monitor care plans, documentation, and follow-up. Eventually, the resident will function independently, with the preceptor auditing visits for quality assurance and feedback, as well as chart notes. Resident progress will be based on the resident's knowledge, skills, and abilities.

Residents will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the site. Residents will gain experience with a number of health conditions due to the variety of patient interactions available

Type: Longitudinal, required

Duration: 11 months

Resident will spend an average of 24 hours/week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (site coordinator)

Kristina Hirt, PharmD

Nick Borchers, PharmD

Orientation Activities:

1. Attend CDTM Patient visits with preceptor. Preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes.
2. Attend TCC with Preceptor. Discussions around the educational needs and patient care plan will occur around each patient the resident observes.
3. Work in primary care with different nurses and different physicians
4. Shadow PA to understand mid-level provider activities
5. Document patient care activities in EPIC with preceptor supervision.
6. Attend epic training for scheduling patient appointments, if requested.

Expectations of the Resident:

The primary preceptor will model, coach and facilitate the learning experience as appropriate. Initially, beginning in Orientation, the preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes. Based on preceptor assessment and resident readiness, the resident will move into a role of leading the direct patient care interaction with the preceptor observing. The resident will begin with the most basic patient interactions and build to more complex cases gradually. The resident will develop and present the patient care plan independently, and the preceptor will provide feedback. The resident will progress to independently seeing patients, with preceptor interaction resident-initiated or as needed for the preceptor to monitor care plans, documentation, and follow-up. Eventually, the resident will function independently, with the preceptor auditing visits for quality assurance and feedback. Resident progress will be based on the resident's knowledge, skills, and abilities.

Residents will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the site. Residents will gain experience with a number of health conditions due to the variety of patient interactions available

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Communicates and interacts with all members of the healthcare team in a professional and responsible manner.	Primary preceptor will observe and provide feedback.	TEQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Interacts with patients in a professional manner.	Primary preceptor will observe and provide feedback.	TE Q1
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Present patients to the primary preceptor with relevant subjective and objective information.	Preceptor will listen to presentations of patients.	TQ1 EQ2
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Create a problem list for the CDTM patient.	Preceptor will listen to presentations of patients.	TQ1 EQ2
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Create a comprehensive plan for CDTM patients.	Preceptor will listen to presentations of patients.	TQ1 EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Write orders as appropriate for patient; discuss with PCP as appropriate (not necessary for all patients in CDTM as operating under a CPA)	Preceptor will read and evaluate patient notes.	TQ1 EQ2

R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Educate patient and caregivers regarding plan and monitoring.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discuss plan with PCP and send all documents electronically after patient visit is completed.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Write chart notes and orders for all patients seen in CDTM and TCC.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Participate in the TCC weekly.	Q1- preceptor will observe and provide feedback. Q2-4 preceptor will receive feedback from PA and Physician provider in TCC to track progress.	TEQ1
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Participate in TCC weekly	Q1- preceptor will observe and provide feedback. Q2-4 preceptor will receive feedback from PA and Physician provider in TCC to track progress.	TQ1 EQ2

Competency Area: R2 Leadership and Management

Goal R2.1: Manage operations and services of the practice.

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	Creating	Evaluate the CPA that exists for any changes or modifications based on state or federal laws.	Verbal and written feedback from provided.	TQ2 EQ4

Goal R2.2: Demonstrate personal and professional leadership skills.

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Participate in OPA MTM task force	Direct observation by preceptor. Verbal and written feedback provided.	TEQ1

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ4
R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ4
R4.1.3 Develop effective written communication skills 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.	Applying	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	Analyzing	Create APPE student calendar based on student interests and needs of the practice site. Review with preceptors. Using the 4 preceptor roles: instructing,	Preceptor review and feedback provided based on activities created and modified	TQ1 EQ4

		modeling, coaching and facilitating, modify activities as needed based on the student performance		
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide formative feedback after daily interactions with students. Provide summative feedback by filling out the midpoint and final evaluations and actively running feedback discussions with students on their performance, with the site coordinator.	Direct observation by preceptor. Verbal and written feedback provided.	T: Q1, teaching certificate program E: Q4, precept students in May and June

Additional Information: None

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

LEADERSHIP AND MANAGEMENT- FIVE RIVERS HEALTH CENTERS

2019-2020

General Description:

Manage operations of practice site and demonstrate personal and professional leadership skills throughout residency.

Type: Longitudinal, Required

Duration: 11 months

Resident will spend an average of 4 hours/week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptor: Anne Metzger, PharmD (site coordinator)

Orientation Activities: Resident will complete as part of orientation the following:

1. Learn about FRHC history and mission as well as overview of pharmacy operations
2. Attend a PCMH meeting with the Chief Medical Officer (CMO)
3. Attend FRHC staff meeting
4. Review pharmacy policies and procedures

Expectations of the Resident: The expectation of this residency is for the pharmacy resident to:

1. Complete weekly 340B Audits
2. Attend quarterly C-Suite/Pharmacy Team meetings
3. Attend clinical pharmacy team meetings Bi-monthly; Create agenda for these meetings Jan-June
4. Attend monthly FRHC staff and provider meetings
5. Attend monthly PCMH meeting

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Participate (and present if assigned) at the monthly staff meetings. Attend bimonthly clinical pharmacy meetings and chair meetings Jan-June.	Accurate information relayed for assigned meetings. Takes ownership. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Attend the monthly PCMH meeting Attend OPA advocacy day either fall or spring of residency year	Upload a synopsis of the meeting or meeting minutes to OneDrive. Write separate reflection on the experience and upload to OneDrive (leadership/management folder)	TQ2/EQ4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Complete all reflections and preceptor meetings Identify and work towards identified areas of	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	TQ1/EQ4

		improvement within management		
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Show ownership over pharmacy functioning. Effectively and timely complete auditing as assigned by pharmacy manager Demonstrate leadership by effectively managing assigned projects	Verbal and written feedback by preceptor.	TQ3/EQ4
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join and attend OPA MTM Task Force Meetings with Anne Metzger as they occur. Join another national organization based on interest and actively participate in a committee/working group	Completion of professional involvement	TQ1/EQ4
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Choose a service activity and complete 3 hours of community service per month in the same organization that serves Montgomery County. Include this in weekly activity log	Written reflection of community service activity read by preceptor; brief discussion of experience with resident after each session.	TQ2/EQ3

Additional Information: none at this time

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

To move community practice forward, it is essential that all new services instituted within a community-based setting have a clear and objectively created road map. The business plan provides the guidance needed to ensure a proposed service is viable for one site but can then be spread to others. The key components of a business plan according to the Small Business Administration include the following:

1. Executive Summary: This concise overview, located at the beginning of the plan, which provides the key elements of the business plan and why you feel this plan will be successful
2. Product/Service: Brief description of product or service to be instituted
3. Market Analysis: Evaluating area market and competition
4. Company Description: A look at the overall operations of the pharmacy
5. Organization and Management: Provides an overview on the management structure of the pharmacy
6. Marketing and Sales Management: How is the public/providers going to know about your new community-pharmacy based service
7. Product/Service: Detailed description of the new service the community-based pharmacy is offering
8. Funding Request: Startup funds required
9. Financials: How the service will add to the profitability of the pharmacy
10. Appendices: Any information that can value to the proposed plan

The How to Start and MTM Practice: A guidebook for Pharmacists will be used as the road map for the business plan created as part of the residency. Each plan must contain the following 20 sections as described in the guidebook on Page 6.

Type: Longitudinal, required

Duration: up to 6 to 9 months

Weekly time commitment: will vary, schedule to be determined by preceptor and resident

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Josh Postolski- MM

Kristina Hirt - FRHC

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Read: How to Start and MTM Practice: A Guidebook for Pharmacists by APhA.
2. Complete business plan survey- to assess entering comfort level and experience
3. Participated in a 2.5-hour refresher lecture on Business Plan creation during residency orientation
4. Review ideas for business plan creation with site coordinator or preceptor by the end of Q1

Expectations of the Resident:

Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to analysis of the instituted plan. The business plan may be a component of either the research or quality improvement projects or may be a completely separate project- this will vary by site.

Time Line:

	June/July	Aug-Oct (Q1)	Nov (Q2)	Dec (Q2)	Jan-Mar (Q3)	April-May (Q3/4)	June (Q4)
Gain baseline knowledge	XX	XX					
Work with preceptor to Identify project, review literature		XX	XX				
Draft business plan and send to preceptors for edit/review.			XX	XX			
Institute new service on a limited basis to test business plan					XX	XX	
Evaluate the success of the pilot new service						XX	
Present results to business plan teams in resident competition and create plan for widely instituting new service (Shark Tank 2.0)							XX
Final Business Plan completed and uploaded to OneDrive							XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists**	Creating	See R3.2 if CPA is part of business plan	Feedback as part of business plan review	TQ1-2 EQ2
Only applies if part of business plan service				

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.2: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.2.1: Identify the need and develop a business plan for a new or enhanced service.	Creating	Identify the project, conduct lit review, design draft of business plan	Feedback from business plan team	TQ1-3 EQ2
R3.2.2: Implement the planned new or enhanced service.	Applying	Initiate business plan	Feedback from business plan team	TQ1-3 EQ3
R3.2.3: Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	Evaluating	Collect data based on business plan roadmap	Data review by business plan team	TQ1-3 EQ4

Additional Information: A list of other resources that can be helpful when preparing a business plan can be found in the APhA Guidebook for Pharmacists on page 5. Refer to business plan training held during residency orientation as well as examples provided on OneDrive.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

As stated by Institute for Health Care Improvement: “The science of improvement is an applied science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about what changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools. It is multidisciplinary — drawing on clinical science, systems theory, psychology, statistics, and other fields.”^v This methodology can be traced back to W. Edwards Deming (1900 to 1993). In his book *The New Economics for Industry, Government and Education*, Deming taught that by adopting principles of management, organizations can increase quality and reduce costs. The key is to practice continual improvement within the system.^{vi} The move to improve the health care system came with the publication by Institute of Medicine: *To err is human; building a safer health system* published in 1999.^{vii} The health care industry began adopting these methods in order to improve the care provided and reduce overall cost burden experienced by payers, patients and the federal government.

Community pharmacies are complex systems involving multiple layers where areas for improvement abound. This learning experience is designed to allow the resident to learn about and apply health care quality improvement concepts to a quality issue identified at the practice site. This can be either within the Leadership and Management or Patient Care competency areas. Residents will work with the RPD, site coordinator and preceptor to identify, study, implement and evaluate one quality improvement project during the course of the residency year. This project must be identified by December, implemented by March and evaluated no later than May.

Type: Longitudinal, required

Duration: up to 6 to 9 months

The resident will spend an average of 2 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Nick Borchers- FRHC

Joshua Postolski-MM (primary preceptor), Jodi Hoffman- LL

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to OneDrive.
2. Review resources available on OneDrive including:
 - a. QI Proposal Worksheets
 - b. QI Essentials Toolkit Complete from IHI
 - c. Squire 2.0
 - d. Example QI summary document
3. Review quality improvement concepts during monthly residency meetings in Fall.

Expectations of the Resident:

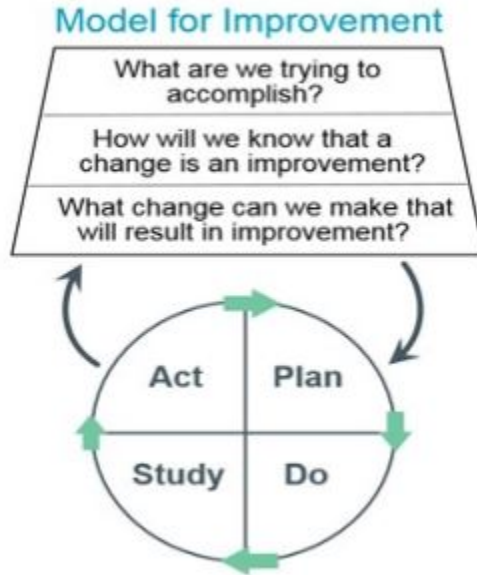
Residents will progress from knowledge to application of health care quality improvement concepts. This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at an appropriate pharmacy team meeting(s)

Final Products must include the following:

1. QI Proposal Worksheets- completed 1, 2, 3 and 5
2. Key Driver Diagram
3. PDSA cycles – a minimum of 3 complete cycles
4. Process flow diagram- a minimum of 2 drafts
5. QI Executive Summary- minimum of 2 drafts

The model for improvement (below) will be utilized as well as the quality improvement tools including but not limited to: process flow diagrams, run charts, PDSA cycles, failure modes and effects analysis to name a few.



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete Worksheet 1, 2, 3 and 5		XX	XX		
Apply QI tools to implement change in system (a minimum of key driver diagrams, PDSA cycles X3 and process flow X2)			XX	XX	
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete executive summary document and submit to preceptor team for approval					XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Discuss with preceptors areas of need for improvement. Complete literature review, complete QI worksheets 1, 2, 3 and 5. Begin drafts of QI executive summary	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to OneDrive	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools, implement project based	Documentation related to QI tools uploaded to OneDrive. Discussion with preceptors. Completion of the following: 3 complete PDSA cycles, with drafts and final of both key driver and process flow diagrams(x2)	TEQ2-3
R3.1.3: Evaluate the impact of a quality improvement project.	Evaluating	Using QI tools, evaluate impact of change using appropriate outcome measurements. Draft worksheet 5.	Documentation of outcome measures with creation of written executive summary presented to appropriate committees	TEQ4

Additional Resources include:

1. Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: https://www.ismp.org/sites/default/files/attachments/2018-02/ISMP_AROC_whole_document.pdf.
2. On-line Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31 Found at: <https://surveys.ismp.org/s3/Community-Self-Assessment>.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

Advancing Community Based Practice- Research Project

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.^{viii} The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- i. **Identifying** a topic based on the needs of the practice site and the interest of the resident
- j. **Establishing** a timeline based on the residency year (see page X)
- k. **Evaluating** existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- l. **Developing** a research question in collaboration with the research team
- m. **Writing** a specific aim defined as a well-crafted statement providing an overview of the entire project.
- n. **Designing** a solid research project which protects the rights of the participants
- o. **Evaluating** the project using appropriate statistical analyses
- p. **Presenting** the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.

Please go to: <http://www.equator-network.org/> for additional details.

Type: Longitudinal, Required

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors:

SVdP: Lydia Bailey PharmD, Mike Espel RPh + UC Faculty

FRHC: Anne Metzger + Others based on topic of research

MedManagers: Joshua Postoski MM, Matt Willoughby LL, Craig Steins MM

+ UC faculty based on areas of expertise.

Orientation Activities: Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Completing Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed
2. Attending research seminar (s) during residency orientation sponsored by the University of Cincinnati
3. Meeting with representatives from Colleges internal IRB review committee on as needed basis.
4. Connecting with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project.

Expectations of the Resident:

Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:

1. Completing one to two research projects over the course of the residency year.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating on a regular basis with the entire project team to obtain both formative and summative feedback.
7. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive
8. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)
9. Presenting research at the following (as dictated by practice site):
 - a. American Society of Consultant Pharmacists (MM): poster presentation
 - b. American Pharmacists Association (FRHC, CHD): poster presentation
 - c. Ohio Pharmacists Association (ALL): podium or poster presentation
 - d. Ohio Pharmacy Residency Conference (ALL): podium presentation

Expectations of Project Team:

Members of the project team are responsible for the following:

1. Providing direct guidance/instruction during all stages of the research project
2. Giving verbal and written feedback in a timely manner in order for the resident to improve.
3. Attendance at research team meetings as called by resident
4. Meeting deadlines as set by RPD or resident
5. Support resident during poster or podium presentation (s)

Time Line: Time line will be dictated by the practice site. See time line provided on One-Drive.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
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Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

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- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident’s performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident’s performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 4. Determine time table for development, implementation and evaluation 5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 6. Effectively organize and lead meetings with project team to ensure established deadlines are met	Formative and Summative Feedback from Project team	TEQ1
R3.3.2: Implement a practice-related project significant to community-based practice.	Applying	1. Work closely with project team to implement project 2. Effectively organize and lead meetings with project team to		TE: Q2

		<p>ensure established deadlines are met</p> <p>3. Prepare and submit APhA or other grant application (if applicable)</p> <p>4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis</p>		
R3.3.3: Accurately assess the impact of the practice-related project including sustainability, if applicable.	Evaluating	Analyze data collected appropriately based on project team input		TE: Q2/3
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	<p>Presentations at ASHP, APhA/ASCP, OPA, and OPRC</p> <p>Manuscript submission to appropriate journal as defined by project team.</p>	Review by peers	TE: Q4

Additional Information:

Resident to utilize resources found in OneDrive.



Medication Managers/Lifeline

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ORIENTATION- LIFE LINE/MEDICATION MANAGERS

General Description:

Orientation is a required 1 to 2 month learning experience which will provide each resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, quality improvement (QI), research and business plan background knowledge, teaching certificate program initial training, and required essential physical assessment skills training and check.

COP Orientation: The residents will be scheduled for orientation activities at the College over the months of July and August. See provided schedule for dates as well as activities to be complete during this orientation.

LifeLine:

Week 1-3: The residents will be scheduled to orient at LifeLine for the next 3 weeks. This will include the following:

1. Introduction to Pharmacy Staff
2. Learn operations and daily pharmacy workflow
3. Review pharmacy policy and procedures
 - a. Review on-call policy/procedure
4. Sterile compounding training/assessment
5. Pharmacy dispensing software training
 - a. Train with pharmacist
 - a. Train with an order entry technician
 - i. New prescriptions, hospice patients, on-call procedures
6. Controlled Substance training with compliance technicians
7. Completion of orientation activities as detailed below

Medication Managers:

Week 4 to 8: Resident will begin training with Medication Managers consultants and continue with mentored staffing responsibilities at Lifeline. Residents will work with consultants to complete the activities listed on the readiness for independent practice check list as well as below.

Type: Concentrated, required.

Duration: up to 2 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors/Site Coordinator:

Jodi Hoffman PharmD- LifeLine (site coordinator)

Joshua Postolski PharmD- (site coordinator)

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to OneDrive
2. IHI Open School Basic Certificate. Upload certificates to OneDrive
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (i.e. for Ohio this is the License Look Up page) to OneDrive (Residency Documentation folder)

Activities to be completed outside of the training day by end of Orientation (8/17 unless otherwise noted):

1. Review Collaborative Practice Agreements:
 - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on OneDrive.
 - b. Ohio State Board of Pharmacy Guidance Document as of 8/8/2016 found at: <https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
 - i. Focus on immunizations for the following targeted populations:
 1. Seniors: Zoster, Shingrex, pneumococcal, influenza
 2. Diabetes/Smokers: influenza, pneumococcal
 - b. Upload the following to OneDrive (Residency Documentation):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Sites
 - a. Review Policy and Procedure Manual for both LifeLine and Medication Managers found at the sites/see site coordinators.

Resident must document completion of the above review and upload signed document to OneDrive **no later than 7/12.**

4. Review most recent guidelines the following disease states (all found on OneDrive):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2019 and Nutrition Recommendations for Patients with Diabetes

- b. CV risk factors: Hypertension, Hyperlipidemia – AHA HTN Guidelines and lipid guidelines
 - c. Psychiatric Disorders including: Depression, Bipolar, Anxiety and Schizophrenia
 - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
 - e. Beers Criteria and Stopp/Start Criteria
 - f. Clinical Practice Guidelines for Quality Palliative Care
 - g. Dementia
5. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Click to use your central log-in (top bar)
- a. Complete: Blood Borne Pathogens (faculty, staff, medicine.) AND HIPAA Privacy Introduction
 - b. Once completed, upload certificates to OneDrive, Residency Documentation. **Must be completed by 7/12/19.**
6. Read State Operations Manual for Long Term Care Pharmacy- from CMS in preparation for review/discussion with Consultant
- a. Found on OneDrive
 - b. Focusing on F329 tag
7. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, Residency Documentation

Activities to be completed during the training day with consultants by 8/30:

1. Introductions to key management/providers within each assigned home
2. Work with consultants on process of patient chart reviews and written/verbal recommendations to providers
 - a. Work side by side with consultant preceptor for 2 to 3 weeks (7/22 to 8/9).
 - b. Work in tandem with consultant preceptor for up to 2 months (gradually given more independence).
 - i. Goal independently managing 450 to 600 beds by 12/19.
3. Training on technology used in assigned skilled nursing facilities
 - a. HC1 (consulting software)
 - b. Appropriate electronic medical record based on nursing home (i.e. Point-Click-Care or Matrix Care)
4. Audit training
 - a. Controlled Substance Audits-perform with Marcie at LL
 - i. Review laws and regulations of controlled substances of the various facilities LifeLine services.
 - ii. Learn how to properly complete controlled substance prescriptions (i.e. documentation, packaging)
 - b. Attend mock audit or State inspection (if available)
 - c. Review MedPass audit form in HC1
 - d. Review MedCart audit form

- e. Train on Cart Audits with appropriate individual from LL
- 5. QI/QAPI meetings at assigned home(s) as well as join facility-based committee
 - a. Review process and reports generated with consultants
 - b. Attend meeting at home (if available)
- 6. Join and contribute to one facility specific care team (falls prevention, stewardship etc.) at one of your assigned homes.
- 7. Review readiness for independent practice check list with primary preceptor
- 8. Review of State Operating Manual (SOM)
 - a. Focusing on F329 tag numbers

Additional training activities to be completed:

1. APhA Diabetes Certificate on-line pre-work and case-based skills review.
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September/October. Attendance is mandatory.

Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review. Dates TBD

2. Participate in research training (see research project time-line)
 - a. Research seminar provided by College
 - b. Meeting with Dr. Jeff Guo to discuss statistical analysis of research project

Expectations of the Resident:

This experience will help prepare each resident to practice as a member of the healthcare team and learn to manage the workflow of a community-based/ long term care pharmacy while gaining confidence in patient services and consulting. It is our expectation that the resident will be engaged with key staff at each assigned location- either the pharmacy or within skilled nursing facility. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident's own time.

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

Please note: Prior to independent practice, all competency skills will be checked off by preceptors...See Orientation, Readiness for Independence Checklist Folder for both LL and MedManagers

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. ³ Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Demonstrates professionalism through appearance and personal conduct; Interacts cooperatively, collaboratively and respectfully with patients and staff; Holds oneself and colleagues to the highest principles of the profession's moral, ethical and legal conduct; Place patient needs above own needs and those of other healthcare professionals; Accepts consequences for his or her actions without redirecting blame to others	Formative verbal feedback provided by each preceptor pharmacist. Written reflections	T
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Begin to demonstrate the ability to Identify and access the appropriate sources of information using the Electronic Resources from each site; Begins to establish proficiency in collecting accurate and complete relevant patient information; Organizes and systematically records information thoroughly, efficiently and effectively; begin to gain the skills needed to analyze the information and assess the clinical effects of the patient's therapy	Formative feedback from preceptors via direct observation.	T
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing			

R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Create evidence based and cost-effective care plan for an acute and long term stay patients in a SNF;	Feedback from preceptors via direct observation	
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Begin to operationalize the implementation of a patient specific care plan effectively engaging the patient/caregiver/nurse/practitioner through education, empowerment and self-management; Determine most effective means of communication with care team you will be working with over the course of the next year.		
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor patient progress and revise care plan appropriately in collaboration with other health care professionals; Communicate changes to care team; Determine follow-up schedule		
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Demonstrate the ability to use clear and concise language at the appropriate literacy level; Use most appropriate communication techniques to engage the patient/caregiver and elicit accurate and meaningful data and to provide education; Identify appropriate communication support services; Use appropriate interviewing techniques; Provides appropriate supplemental written communication materials.	Formative feedback from preceptors via direct observation	T
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Adheres consistently and appropriately to the Core Principles and Values for Effective Team Based Health Care; Makes		

		recommendations clearly, concisely, persuasively and in a timely manner; Communicates assertively, but not aggressively; Advocates effectively on behalf of patients		
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Begin to: Select appropriate information to document in a clear and timely manner Follow documentation policies and procedures; Ensures security of protected health information (PHI)		
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Collect and assesses appropriate information to identify and detect actual/potential therapeutic problems. Create and implement a plan to make appropriate interventions to resolve potential or actual therapeutic problems	Formative feedback provided by each preceptor via direct observation	T
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Completes with guidance all the steps required in the patient centered dispensing process by accurately and efficiently: receiving, interpreting, preparing, checking, storing and administering (if appropriate) based on state law and organizations policies and procedures.		
R1.2.3: Identify and provide services related to patient-centered dispensing	Applying	Practice under preceptor guidance the ability to provide pertinent information necessary for the safe and effective use of		

that assist individual patients in the safe and effective use of medications.		medications to the care giver or patient as needed.		
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Recognize appropriately when patients/caregivers need medication counseling/education and maintains compliance with state laws and regulations.		
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Complete new admission intervention form on regular basis during LifeLine shifts to detect and resolve medication therapy errors during transitions of care experiences.	Formative feedback from preceptors and review of intervention forms	T
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying			

Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Adheres to organizational policies and procedures; Identifies organizations political and decision-making structure; Demonstrates personal commitment to the mission and vision of the organization; Demonstrates effective workload and time management skills; Prioritizes and organizes all tasks; Selects appropriate daily activities	Formative feedback by preceptor Written feedback on weekly log	TE Orientation
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Begins to use principles of continuing professional development (CPD) (reflect, plan, act, evaluate, record, and review)		

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	Complete CITI training and actively participate in research seminar	Participation in research seminar and engagement in research projects	T

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ACADEMIC LEARNING EXPERIENCE

General Description: The academic and teaching component of the residency is a longitudinal learning experience that takes place throughout the residency year. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach all those whom they contact including patients, community members, health care professionals and health professional students.

Residents will be assigned teaching responsibilities in a variety of courses during the fall (Aug/Sept/Oct/Nov/Dec) and Spring (Jan/Feb/Mar/April) semesters at the University of Cincinnati College of Pharmacy.

Type: Longitudinal Learning Experience, required

Duration: 11 months

The resident will spend an average of 4 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);

Mike Hegener PharmD BCACP (primary preceptor),

Karissa Kim PharmD BCACP, BCPS

Orientation Activities:

The resident will attend the teaching certificate program seminar, a 2-day seminar in July/August. The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11-month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
 - a. Approval by the course coordinator;
 - b. Approval by the Academic Learning Experience Coordinator
 - c. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program.
5. Attend seminar topic presentations as outlined in the teaching certificate program.
6. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and/or practice site coordinator for pharmacists and technicians.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Attend teaching certificate program seminars focused on resident lead teaching topic discussions. Details found in teaching certificate program
5. Participate in evaluation of poster presentations (IPPE or Capstone)

Minimum Continuing Education Requirements:

The CE program should:

- i. Contain all the components of an effective adult learning experience
- ii. Contain a minimum of one (preferably two) active learning activities
- iii. Designed at the Applying or Analyzing level of Bloom's Taxonomy
- iv. Follow the guidelines provided on during residency monthly meeting and documents posted on OneDrive to create this program.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:

Achieved (ACH) after all rounds of teaching materials have been created and deployed;

Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

Needs Improvement (NI): if the resident fails to make progress or take the feedback and incorporate it into teaching materials, OR if the teaching materials never reach a point where they can be used.

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<p>COP</p> <p>9. Update or edit small group/team type learning activity.</p> <p>10. Design/update a lecture for the appropriate assigned course</p> <p>11. Write appropriate exam questions that correlate to the assigned teaching activity.</p> <p>12. Create Continuing Education (CE) programming for Pharmacists/technicians</p>	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2/4

R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	<p>9. Deliver 1 lecture to a large group.</p> <p>10. Moderate Skills Labs as assigned.</p> <p>11. Moderate small group learning as assigned.</p> <p>12. Deliver CE presentation (either face/face or with the use of technology)</p>	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	T: Q1 TE: Q2/4
R4.1.3: Develop effective written communication skills 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.	Applying	3. Create appropriate written materials to educate audience (students/pharmacists)	Materials presented to the students/pharmacists/technicians is effective, up to date, and appropriate for the given course/CE and audience.	T: Q1 TE: Q2/4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide appropriate and timely feedback to students during teaching activities using “sandwich” method	Preceptor observation during training for teaching activities	TQ1 TE: Q2/4

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

Direct Patient Care- Medication Managers

General Description: Medication Managers/University of Cincinnati Long Term Care Residency – The resident will be incorporated into the clinical team in their respective Long-Term Care facilities as well as into Lifeline Pharmacy for dispensing insight and experience. While working in the LTC facility the role can be as simple as the MRR requirements of CMS, but it is expected that each resident bring their personality and the Medication Managers toolbox to the facility to expand services. Some of those services in the toolbox include a therapeutic interchange medication formulary, antibiotic stewardship, interim reviews and miscellaneous reports.

Type: Longitudinal, required

Duration: 11 months

The resident will spend an average of 24 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Joshua Postolski (Primary/Site Coordinator) Rick Hytree, Danielle Ibrahim, and Matt Willoughby.

Orientation Activities:

Medication Managers orientation will be directed by Joshua Postolski. Orientation at Lifeline Pharmacy will be directed by Jodi Hoffman, Joshua Postolski, and Matt Willoughby. See Readiness for independence checklist to determine activities related to orientation.

Expectations of the Resident:

After the first month of training the resident should be working toward becoming an independent clinical pharmacist contractor. Managing the schedule and networking will be key toward that progression. The resident's clinical skills will be refined as they determine the areas for improvement and interest. Self-motivation will be very important to make sure each resident stays on task and reaches their respective goals. The residents will learn new resources and will be expected to leverage them to ensure their success.

Checklists for Independent Practice: Will be completed in collaboration with preceptors. Residents will be evaluated over the course of 1 to 2 months for skills/ability. Independence will be granted as preceptors and resident gain skills and confidence. All checklist items must be completed prior to full independent practice.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Demonstrates professionalism through appearance and personal conduct; Interacts cooperatively, collaboratively and respectfully with patients and staff; Holds oneself and colleagues to the highest principles of the profession's moral, ethical and legal conduct; Place patient needs above own needs and those of other healthcare professionals; Accepts consequences for his or her actions without redirecting blame to others	Observe professional relationships with staff, continued feedback provided throughout residency	TQ1 EQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Longitudinally follow patients during their course of stay at each assigned facility. Gain access to EMR (Point Click Care) to collect appropriate information to	Preceptor to provide feedback during consulting training and as needed once independent.	TQ1 EQ3
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing			TQ1 EQ1

R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	make clinical decisions (labs, background, medical history, provider and care team notes). Review previous consultant recommendations to determine why accepted or rejected and generate pertinent recommendations.	See readiness for independence check list Once independent: Number of recommendations made, accepted and rejected, and pending will be reviewed at each customized planning meeting.	TQ1 EQ1
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Collaborate (using data collected from above) in the design of the individualized patient care plan with nurse, patient, and caregivers as needed.		TQ1 EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	After making recommendations for changes, utilize follow-up process to track outcomes to ensure the recommendations have been implemented.		TQ1 EQ2
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Once recommendations have been implemented resident should continually evaluate and monitor patient's progress toward the desired outcome/goal as part of monthly MMR. Determine reasons for lack of implementation of recommendations and resolve as needed.		TQ1 EQ2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Demonstrate the ability to communicate recommendations appropriately (written,	Discuss challenges to recommendation acceptance/outcomes with preceptors.	TQ1 EQ3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying			TQ1 EQ3

		forwarded to correct individual, timely) for irregularities found during MRR. Adheres consistently and appropriately to the Core Principles and Values for Effective Team Based Health Care; Communicates assertively, but not aggressively; Advocates effectively on behalf of patients	Discussing approach to difficult providers. See readiness for independence checklist.	
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Demonstrate the ability to document appropriately in HC1 using data from above and applying skills learned from orientation.	Preceptor to review recommendations made in HC1 and provide feedback as appropriate based on training schedule and level of independence.	TQ1 EQ3
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Conduct all interim reviews (within 72 hours of admit) for 1-assigned facility to analyze patient charts for discrepancies and needed medication changes, education of patient/caregiver and adherence concerns.	See readiness for independence checklist	TQ1, EQ1
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Conduct interim reviews (within 72 hours of admit) at	Preceptor to provide guidance during training, then review	TQ1 EQ2

R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	1 -assigned facility to detect medication therapy errors during transition from hospital to facility Communicate issue to appropriate staff and follow-up to ensure resolution.	completed reviews using HC1 and intervention forms (see check list)	TQ1 EQ2
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Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Discuss legislative issues within ASCP that are relevant. (IE provider status)	Discuss with preceptor at least one law/regulation that will impact the practice and understand the ramifications.	TQ2 EQ4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Effectively managing the monthly work load (i.e. interim, MRR and longitudinal projects)	Assigned management tasks completed with high quality and efficiency as determined by preceptors and review of weekly logs.	TEQ1
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Demonstrate ability to complete weekly logs(self-reflection) appropriately and to verbally self-evaluate during DPC experiences	Preceptor/RPD review of weekly logs and discussions with preceptors.	TQ1 EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Join a care team at a facility (e.g. falls committee, antibiotic stewardship, formulary) and attend CQI/QAPI meeting at one assigned home. Actively participate at meetings.	Review experience with preceptor. Maintain reports required for quality meetings as well as facility teams.	TQ1 EQ3
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join one organization of your choice and participate in a committee or working group as the local, state or national level.	Reflection as part of weekly activity log. Upload all documentation related to participation to OneDrive	TQ1 EQ4

R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	See guidelines provided for completing community service	Review of weekly activity log documenting monthly community service activities and reflections	TQ1 EQ4
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Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<ol style="list-style-type: none"> 1. Develop training plan/schedule for APPE students based on their skills/interest 2. Working with preceptors-determine location, audience and topic for community presentation. 3. Working with preceptors-determine audience and topic for group patient education session. 	<ol style="list-style-type: none"> 1. Preceptors/APPE student feedback 2/3. Preceptors to provide feedback on community/group education materials 	TQ3 EQ4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	<ol style="list-style-type: none"> 1. Use current Medication Managers protocol for APPE onboarding and bring them into the fold for the month. 2. Deliver educational activities to both community and group of patients. 	<p>Preceptor to oversee the onboarding process. 1 student to be evaluated during the residency.</p> <p>Preceptor to evaluate delivery of community programming.</p>	TQ3 EQ4
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the	Applying	Create handout for community/patient group education session to be used by the patients and pharmacists providing the	Preceptor to review all written communication provided to learners and provide feedback to resident	T- Q1 TE Q2 or4

community; health profession students; pharmacists; and other health care professionals.		service. (i.e.: would be proper use of a dry powder inhaler).	using either written or verbal comments.	
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	Determine learning activities for IPPE and APPE students as appropriate including topic discussions and DI questions	Resident to review the activities with preceptor before presenting to APPE students. Follow up with preceptor to evaluate effectiveness of activity.	TQ3 EQ4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Determine ability to create and deliver midpoint and final evaluations for IPPE and APPE students as appropriate	Discuss evaluations with preceptor prior to delivering to the APPE students.	TQ3 EQ4

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

PATIENT CENTERED DISPENSING/LEADERSHIP AND MANAGEMENT- LIFE LINE

General Description:

Patient Centered Dispensing encompasses two components: leadership and management

These experiences are intended to provide advanced training and practice in traditional pharmacy dispensing and counseling services in the long-term care setting. The resident will manage the overall operation and services of the practice while gaining skills related to professional leadership.

Type: Longitudinal, required.

Duration: 12 months

The resident will spend an average of 12 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Jodi L Hoffman PharmD (primary/site coordinator), Josh Postolski, PharmD and Matt Willoughby PharmD

Orientation Activities:

LifeLine orientation:

- a. Residents will be trained on both day (11-7) and evening (2:30 to close) shift at LifeLine during week 1 to 3 of the start of the residency year.
 - i. This will be a full-time orientation of 32 to 40 hours/week.
 - ii. All policies and procedures related to activities at LifeLine will be read and reviewed with preceptors including on-call list.
 - iii. Training on order entry will be provide for new prescriptions or hospice patients.
 - iv. Identification of areas for improvement will be documented in weekly activity log.
- b. Preceptors will train residents using the 3 of the 4 preceptor roles of: direct instruction, modeling and coaching during orientation.
- c. Residents will be engaged in patient centered dispensing in collaboration with another preceptor until preceptors determine the resident is ready to be fully independent. At that time, preceptors move into a facilitation role supporting the resident as they manage all aspects of operations during their scheduled shifts (by September).
- d. Topics covered- refer to Orientation Learning Experience

Expectations of the Resident:

It is the expectation that residents will learn collaboration, team work, management and leadership skills as well as counseling and consultation skills while providing patient centered care to all LifeLine patients. When independent, each resident will manage workflow and support staff while maintaining quality patient care. The ultimate goal is by the end of the year, the resident will gain skills needed to be an effective and efficient patient care manager/pharmacy manager practicing at a level that can serve as a role model to other pharmacists and pharmacy students.

Prior to independent practice the LifeLine Training and Readiness for Independent practice checklist will be reviewed by preceptors and residents. Competencies must be obtained prior to independent practice.

Time Line:

	July (week 1)	July- (week 2 and 3)	July (week 4)	September (week 9 to 52)
Aspect Technique review/training	XX	XX		
Leadership and Management orientation: day and evening shifts (full time)		XX		
Coaching Leadership and Management assigned staffing shifts begin (12h/week average)			XX	
Facilitated Leadership and Management staffing shifts begin (12h/week average)				XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Demonstrate the ability to communicate effectively with pharmacy staff, physicians and other health care professionals involved with the care of the patient during dispensing services.	Direct observation by preceptors.	TQ1 EQ2
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Demonstrated the ability to document interventions made and outcome of the intervention the intervention form in Frameworks LTC and ECM System...	Completion of the readiness for independence check list. As needed touch points once independent	TQ1 EQ2
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP	Analyzing	Collect and evaluate all pertinent patient	Direct observation by preceptors.	TQ1 TE Q1

Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.		specific data and assess this information to detect any potential DDI's, therapeutic duplications, dosing concerns, etc.... prior to dispensing the medication.		
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures.	Direct observation by preceptors.	TQ1 TE Q1
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Demonstrate the ability to provide pertinent information necessary for the safe and effective use of medications to the care giver or patient as needed.	Direct observation by preceptors.	TQ1 TE Q1
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services	Analyzing	Determine need for education of caregivers as needed during LifeLine Shifts.	Direct observation by preceptors.	TQ1 TE Q2
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Complete new admission intervention form on regular basis during LL shifts to detect and resolve medication therapy errors during	Preceptor to provide guidance during training, then review completed intervention forms (see check list)	TQ1 TE Q2
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying			TQ1 TE Q2

		transitions of care experiences		
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Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Efficiently lead daily operations of the pharmacy by applying policies and procedures, State Law and available technology	Direct observation by preceptors.	TQ1 EQ3
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Attend 1 initial meeting during orientation and then contribute to pharmacy management meetings on a regular basis by attending 1 per quarter.	Direct observation by preceptors.	TQ1 EQ3
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Efficiently lead daily operations of the pharmacy by applying policies and procedures, State Law and available technology	Preceptor discussion and feedback as needed.	TQ1 EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Efficiently leading daily operations of staffing, resolution of conflicts as they arise	Feedback provided by preceptor.	TQ1 EQ4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Create and deliver 1-2 nursing/staff educational programs	Preceptor observation and feedback	TQ1 EQ2-4- timing will depend on when educational programming is designed
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists and other health care professionals	Applying	Create and deliver 1-2 nursing/staff educational programs	Preceptor observation and feedback	TQ1 EQ2-4 timing will depend on when educational programming is delivered
R4.1.3: Develop effective written communication skills 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.	Applying	Working with Jodi, Pharmacy Director, create, write, edit articles for pharmacy "notes" every other month starting in August	Preceptor feedback on drafts	TQ1 EQ2-4

Additional Information:

All scheduling changes/residency travel will be communicated to Jodi Hoffman at the beginning of the residency year AND 7 days prior to the posting of the next work schedule. Changes made after this are the responsibility of the resident to find coverage.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

To move community practice forward, it is essential that all new services instituted within a community-based setting have a clear and objectively created road map. The business plan provides the guidance needed to ensure a proposed service is viable for one site but can then be spread to others. The key components of a business plan according to the Small Business Administration include the following:

1. Executive Summary: This concise overview, located at the beginning of the plan, which provides the key elements of the business plan and why you feel this plan will be successful
2. Product/Service: Brief description of product or service to be instituted
3. Market Analysis: Evaluating area market and competition
4. Company Description: A look at the overall operations of the pharmacy
5. Organization and Management: Provides an overview on the management structure of the pharmacy
6. Marketing and Sales Management: How is the public/providers going to know about your new community-pharmacy based service
7. Product/Service: Detailed description of the new service the community-based pharmacy is offering
8. Funding Request: Startup funds required
9. Financials: How the service will add to the profitability of the pharmacy
10. Appendices: Any information that can value to the proposed plan

The How to Start and MTM Practice: A guidebook for Pharmacists will be used as the road map for the business plan created as part of the residency. Each plan must contain the following 20 sections as described in the guidebook on Page 6.

Type: Longitudinal, required

Duration: up to 6 to 9 months

Weekly time commitment: will vary, schedule to be determined by preceptor and resident

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Josh Postolski- MM

Kristina Hirt - FRHC

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Read: How to Start and MTM Practice: A Guidebook for Pharmacists by APhA.
2. Complete business plan survey- to assess entering comfort level and experience
3. Participated in a 2.5-hour refresher lecture on Business Plan creation during residency orientation
4. Review ideas for business plan creation with site coordinator or preceptor by the end of Q1

Expectations of the Resident:

Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to analysis of the instituted plan. The business plan may be a component of either the research or quality improvement projects or may be a completely separate project- this will vary by site.

Time Line:

	June/July	Aug-Oct (Q1)	Nov (Q2)	Dec (Q2)	Jan-Mar (Q3)	April-May (Q3/4)	June (Q4)
Gain baseline knowledge	XX	XX					
Work with preceptor to Identify project, review literature		XX	XX				
Draft business plan and send to preceptors for edit/review.			XX	XX			
Institute new service on a limited basis to test business plan					XX	XX	
Evaluate the success of the pilot new service						XX	
Present results to business plan teams in resident competition and create plan for widely instituting new service (Shark Tank 2.0)							XX
Final Business Plan completed and uploaded to OneDrive							XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists** Only applies if part of business plan service	Creating	See R3.2 if CPA is part of business plan	Feedback as part of business plan review	TQ1-2 EQ2

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.2: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.2.1: Identify the need and develop a business plan for a new or enhanced service.	Creating	Identify the project, conduct lit review, design draft of business plan	Feedback from business plan team	TQ1-3 EQ2
R3.2.2: Implement the planned new or enhanced service.	Applying	Initiate business plan	Feedback from business plan team	TQ1-3 EQ3
R3.2.3: Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	Evaluating	Collect data based on business plan roadmap	Data review by business plan team	TQ1-3 EQ4

Additional Information: A list of other resources that can be helpful when preparing a business plan can be found in the APhA Guidebook for Pharmacists on page 5. Refer to business plan training held during residency orientation as well as examples provided on OneDrive.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

As stated by Institute for Health Care Improvement: “The science of improvement is an applied science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about what changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools. It is multidisciplinary — drawing on clinical science, systems theory, psychology, statistics, and other fields.”^{ix} This methodology can be traced back to W. Edwards Deming (1900 to 1993). In his book *The New Economics for Industry, Government and Education*, Deming taught that by adopting principles of management, organizations can increase quality and reduce costs. The key is to practice continual improvement within the system.^x The move to improve the health care system came with the publication by Institute of Medicine: *To err is human; building a safer health system* published in 1999.^{xi} The health care industry began adopting these methods in order to improve the care provided and reduce overall cost burden experienced by payers, patients and the federal government.

Community pharmacies are complex systems involving multiple layers where areas for improvement abound. This learning experience is designed to allow the resident to learn about and apply health care quality improvement concepts to a quality issue identified at the practice site. This can be either within the Leadership and Management or Patient Care competency areas. Residents will work with the RPD, site coordinator and preceptor to identify, study, implement and evaluate one quality improvement project during the course of the residency year. This project must be identified by December, implemented by March and evaluated no later than May.

Type: Longitudinal, required

Duration: up to 6 to 9 months

The resident will spend an average of 2 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Nick Borchers- FRHC

Joshua Postolski-MM (primary preceptor), Jodi Hoffman- LL

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to OneDrive.
2. Review resources available on OneDrive including:
 - a. QI Proposal Worksheets
 - b. QI Essentials Toolkit Complete from IHI
 - c. Squire 2.0
 - d. Example QI summary document
3. Review quality improvement concepts during monthly residency meetings in Fall.

Expectations of the Resident:

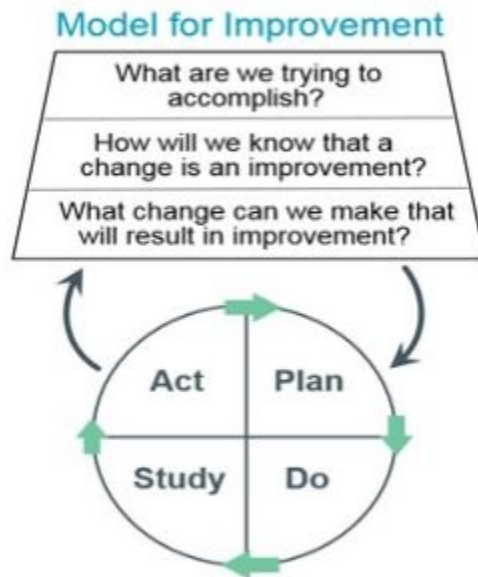
Residents will progress from knowledge to application of health care quality improvement concepts. This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at an appropriate pharmacy team meeting(s)

Final Products must include the following:

1. QI Proposal Worksheets- completed 1, 2, 3 and 5
2. Key Driver Diagram
3. PDSA cycles – a minimum of 3 complete cycles
4. Process flow diagram- a minimum of 2 drafts
5. QI Executive Summary- minimum of 2 drafts

The model for improvement (below) will be utilized as well as the quality improvement tools including but not limited to: process flow diagrams, run charts, PDSA cycles, failure modes and effects analysis to name a few.



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete Worksheet 1, 2, 3 and 5		XX	XX		
Apply QI tools to implement change in system (a minimum of key driver diagrams, PDSA cycles X3 and process flow X2)			XX	XX	
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete executive summary document and submit to preceptor team for approval					XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Discuss with preceptors areas of need for improvement. Complete literature review, complete QI worksheets 1, 2, 3 and 5. Begin drafts of QI executive summary	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to OneDrive	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools, implement project based	Documentation related to QI tools uploaded to OneDrive. Discussion with preceptors. Completion of the following: 3 complete PDSA cycles, with drafts and final of both key driver and process flow diagrams(x2)	TEQ2-3
R3.1.3: Evaluate the impact of a quality improvement project.	Evaluating	Using QI tools, evaluate impact of change using appropriate outcome measurements. Draft worksheet 5.	Documentation of outcome measures with creation of written executive summary presented to appropriate committees	TEQ4

Additional Resources include:

1. Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: https://www.ismp.org/sites/default/files/attachments/2018-02/ISMP_AROC_whole_document.pdf.
2. On-line Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31Found at: <https://surveys.ismp.org/s3/Community-Self-Assessment>.

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations

Advancing Community Based Practice- Research Project

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.^{xiii} The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- a. **Identifying** a topic based on the needs of the practice site and the interest of the resident
- b. **Establishing** a timeline based on the residency year (see page X)
- c. **Evaluating** existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- d. **Developing** a research question in collaboration with the research team
- e. **Writing** a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. **Designing** a solid research project which protects the rights of the participants
- g. **Evaluating** the project using appropriate statistical analyses
- h. **Presenting** the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.

Please go to: <http://www.equator-network.org/> for additional details.

Type: Longitudinal, Required

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

SVdP: Lydia Bailey PharmD, Mike Espel RPh + UC Faculty

FRHC: Anne Metzger + Others based on topic of research

MedManagers: Joshua Postoski MM, Matt Willoughby LL, Craig Steins MM

+ UC faculty based on areas of expertise.

Orientation Activities: Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Completing Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed
2. Attending research seminar (s) during residency orientation sponsored by the University of Cincinnati
3. Meeting with representatives from Colleges internal IRB review committee on as needed basis.
4. Connecting with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project.

Expectations of the Resident:

Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:

1. Completing one to two research projects over the course of the residency year.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating on a regular basis with the entire project team to obtain both formative and summative feedback.
7. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive
8. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)
9. Presenting research at the following (as dictated by practice site):
 - a. American Society of Consultant Pharmacists (MM): poster presentation
 - b. American Pharmacists Association (FRHC, CHD): poster presentation
 - c. Ohio Pharmacists Association (ALL): podium or poster presentation
 - d. Ohio Pharmacy Residency Conference (ALL): podium presentation

Expectations of Project Team:

Members of the project team are responsible for the following:

1. Providing direct guidance/instruction during all stages of the research project
2. Giving verbal and written feedback in a timely manner in order for the resident to improve.
3. Attendance at research team meetings as called by resident
4. Meeting deadlines as set by RPD or resident
5. Support resident during poster or podium presentation (s)

Time Line: Time line will be dictated by the practice site. See time line provided on One-Drive.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
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- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	<ol style="list-style-type: none"> 1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 4. Determine time table for development, implementation and evaluation 5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 6. Effectively organize and lead meetings with project team to ensure established deadlines are met 	Formative and Summative Feedback from Project team	TEQ1
R3.3.2: Implement a practice-related project significant to community-based practice.	Applying	<ol style="list-style-type: none"> 1. Work closely with project team to implement project 2. Effectively organize and lead meetings with project team to ensure established deadlines are met 		TE: Q2

		3. Prepare and submit APhA or other grant application (if applicable) 4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis		
R3.3.3: Accurately assess the impact of the practice-related project including sustainability, if applicable.	Evaluating	Analyze data collected appropriately based on project team input		TE: Q2/3
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	Presentations at ASHP, APhA/ASCP, OPA, and OPRC Manuscript submission to appropriate journal as defined by project team.	Review by peers	TE: Q4

Additional Information:

Resident to utilize resources found in OneDrive.

ⁱ Science of Improvement. Institute for Health Care Improvement (IHI.org). Found at <http://www.ihl.org/resources/Pages/default.aspx>. Accessed 4/19/2017

ⁱⁱ W Edwards Deming found on Wikipedia at https://en.wikipedia.org/wiki/W._Edwards_Deming. Accessed 4/19/2017

ⁱⁱⁱ Institute of Medicine. To err is human: building a safer health system. Washington, DC: National Academy Press, 1999.

^{iv} Schommer JC. Establishing pharmacist practice-based research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/ContentDisplay.

^v Science of Improvement. Institute for Health Care Improvement (IHI.org). Found at <http://www.ihl.org/resources/Pages/default.aspx>. Accessed 4/19/2017

^{vi} W Edwards Deming found on Wikipedia at https://en.wikipedia.org/wiki/W._Edwards_Deming. Accessed 4/19/2017

^{vii} Institute of Medicine. To err is human: building a safer health system. Washington, DC: National Academy Press, 1999.

^{viii} Schommer JC. Establishing pharmacist practice-based research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/ContentDisplay.

^{ix} Science of Improvement. Institute for Health Care Improvement (IHI.org). Found at <http://www.ihl.org/resources/Pages/default.aspx>. Accessed 4/19/2017

^x W Edwards Deming found on Wikipedia at https://en.wikipedia.org/wiki/W._Edwards_Deming. Accessed 4/19/2017

^{xi} Institute of Medicine. To err is human: building a safer health system. Washington, DC: National Academy Press, 1999.

^{xii} Schommer JC. Establishing pharmacist practice-based research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/ContentDisplay.