University of Cincinnati and Primary Health Solutions

Post Graduate Year 2 Ambulatory Care Residency Program

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ASHP PGY2 Universal Purpose Statement

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The University of Cincinnati PGY2 Ambulatory Care Residency Program

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

1. Provide culturally appropriate direct patient care services as part of a primary care team.
2. Develop long-term, essential relationships with providers, peers patients, caregivers and the community.
3. Further refine, in a mentored environment, teaching, research and practice management skills.

University of Cincinnati PGY1 Community and PYG2 Ambulatory Care Pharmacy Practice Residency Program Policies
2021-2022

Requirements for Completion of Residency:

The University of Cincinnati Residency Programs require one year (12 months) 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 of the goals of the residency program as established in their development 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 and B for PGY1 program and Appendix C and D for PGY2 program):

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 development 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. 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 August 31st for the PGY2 Ambulatory Care program and September 30th for the PGY1 Community-Based programs in the year the training occurs. This licensure requirement is consistent with ASHP PGY2 Ambulatory Care (1.6: Consequences of residents' failure to obtain appropriate licensure either prior to or within 90days of the state date of residency are addressed in written policy of the residency program) and PGY1 Community –Based Accreditation Standard for Post Graduate 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.

PGY2 only- documentation of completion of accredited PGY1 program:

As part of the hiring process, a matched PGY2 candidates must complete the following:

1. Truthfully answer the following question in SuccessFactors (an internal UC HR program) "I have completed or will complete by 7/1 an ASHP accredited PGY1 residency program".

2. Submit a copy of their PGY1 certificate of completion and verification letter from RPD as proof of completion. These documents will be uploaded into the HR system (SuccessFactors) by 7/1 of the residency year.

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 PGY1 Community-Based and PGY2 Ambulatory Care Residency Programs. 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 development 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 development 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 development 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/Design of the Program:

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. The majority of experiences are longitudinal with the exception of Orientation, which lasts 4 to 8 weeks. The PGY1 resident must successfully complete each of the following experiences*:

1. Orientation- 40 to 50 hours per week for the 4-to-6-week experience
2. Patient Centered Dispensing $\pm$ Management- 8 to 16 hours per week
3. Direct Patient Care- 30 to 35 hours per week
4. Academic and Teaching- 4 hours per week
5. Business Plan- 2 to 4 hours per week
6. Research Project- 2 to 4 hours per week
7. Quality Improvement Project*– 2 to 4 hours per week*

*Schedule may vary based on practice site needs and preceptor discretion.

The PGY2 resident must successfully complete each of the following experiences:

1. Orientation- 40 to 50 hours per week for the 4-to-6-week experience
2. Direct Patient care- 30 to 35 hours per week
3. Practice Management- 4 hours per week
4. Advancing Practice and Improving Patient Care- 4 hours per week
5. Academic and Teaching Learning Experience – 4 hours per week
6. Community-Based Practice – 8 hours per month for 6 months.

Elective options experiences:

Based on the resident's interests and areas for improvement, elective experiences may be created based on the resident's development plan and interest.   These experiences ideally will take place in April/May/June of the residency year. All elective 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 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. PGY1 programs: 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 these evaluations-see assessment strategy found on OneDrive
      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.
3. PGY2: residents will self-evaluate during formal quarterly summative Pharmacademic evaluations with primary preceptor for each learning experience.

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 (ie 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' development 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: https://mailuc.sharepoint.com/sites/HR/SitePages/Postdoctoral-Appointments.aspx.

If the resident is unable to fulfil the training duties for a time period of 6 weeks or more, the program reserves the right to terminate the residents subject to University policies in effect at the time of employment and in collaboration with the residency practice partner.

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).

Unexpected extension of travel plans: If due to circumstances beyond a residents control, travel plans are extended (ie: flight cancellations/delays), it is the residents responsibility to immediately notify both the RPD and site coordinator. Upon return, the resident must then submit for additional vacation time via ESS.

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 12th and 13th: Reading Day/Fall Break
> November 26 and 27: Thanksgiving Break, UC Closed
> December: 23rd to 31st: Winter Break, UC Closed
> March 15th to 21st: 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.

Professional Leave:

UC supports attendance at professional meetings as required by the UC PGY1 Community-Based Pharmacy and PYG2 Ambulatory Care Residencies. 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.

Conference (live or virtual) Guidelines:

Attendance at a conference (either live or virtual) is a requirement of the residency program. Guidelines for attendance at a conference are as follows:

1. List of conference(s) required to attend, present or participate in can be found in the advancing community-based practice- research project learning experience document and associated research timeline.
2. Recruiting is a key part of conference attendance- you will be required to attend all recruiting events as determined by RPD.
3. At least 1 week prior to the conference, residents will meet with site coordinators to review the schedule of educational learning sessions and other professional development activities
4. A minimum of 5 educational sessions (in addition to poster presentations or recruiting events) will be jointly identified for the resident to attend. This will be based on the time the resident is participating in conference related activities.
5. For virtual conferences: residents will create a written summary of _each_ educational session attended and email a completed document to the site coordinator and RPD no later than 1-week post conference.

Written summary shall include the following in ½ page or less
  i. Summarization of overall learning from the session
  ii. Clinical pearls learned

6. For live conferences: residents will meet with RPD at the end of the day for each date the resident is in attendance. Each resident will present a 5 to 10 minutes overview of what they learned from the sessions attended with the group.
7. After the conference has ended, resident will meet with interested preceptors at practice site to review what they learned and share the slides/information/summary document from a select 2 to 3 sessions.
8. Site coordinators will track and determine compliance with the above guidelines.

Please note: If resident does not have a required session scheduled during normal work hours of a virtual conference, it is the expectation that the resident participates in usual practice-site residency related activities.

Interviews: The resident will be provided 1 day off from residency responsibilities for the purposes of interviewing. The time away must be approved following the established request for vacation process described above. The category within the UCFlex system to document this time away from practice site/College will be "Training with Pay".

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, <u>paid or unpaid</u>, 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 $2000 total for the year for PYG1 and $3000 total for PGY2 programs). Additional travel/training may be reimbursed on an individual basis after approval from RPD/Preceptors.

The required meetings/recruitment events may be:

- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- American Society of Health Systems Pharmacists Annual Meeting*
- American College of Clinical Pharmacy Annual Meeting*
- 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)

*PGY2 Program only

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. Perdiem 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 2021: November 4 to 7 San Diego, CA(MM/LL residents only)
- APhA Annual Meeting 2021: March 18to 21 San Antonia, TX (FRHC, SVdP and PHS residents only)
- Ohio Pharmacist Association: TBD*; Columbus, OH
- Ohio Pharmacy Residency Conference: 5/13/22 (tentative), Ada, Ohio
- OSHP residency showcase 10/22/2021 (tentative) Columbus, Ohio
- OPA advocacy events (November, February- PGY1 residents only -TBD)

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 professional travel documentation should be submitted no later than two weeks 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://mailuc.sharepoint.com/sites/HR-Benefits/Benefits Folder/Forms/AllItems.aspx?id=%2Fsites%2FHR-Benefits%2FBenefits Folder%2Fben-sum-post-doc-aa-intern-st-fac-sp-fellow-8-20%2Epdf&parent=%2Fsites%2FHR-Benefits%2FBenefits Folder.

Resident Calendar:

Each resident is expected to maintain a monthly calendar to be shared with the primary Residency Preceptor. The calendar will be in the form of a "living document." It is the responsibility of the RESIDENT to maintain this calendar and notify all parties of any changes.

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 at the Holmes Hospital location (Office Locations and Hours | University Health Services | UC College of Medicine.)
4. Hepatitis B vaccine series- physician documented.
5. PGY2 program only: documentation of immunization status for HepA, HepB, MMR and Varicella.
6. MedManagers: Covid19 test (as applicable)
7. Covid19 Vaccine- proof of vaccination is required.

Duty Hours Requirement:

The residency is a full-time obligation; hence the resident shall manage activities external to the residency so as 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 will communicate their intention to seek or continue outside employment and request permission from both the site coordinator(s) AND residency program director before an outside work commitment is made. This communication must include a justification for the outside work, type and commitment. This must be communicated as soon as possible prior to or at the start of the residency year.

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 site coordinator and residency program director.

4. All duty hours must be documented on the weekly activity log. All hours worked moonlighting must be placed in the "other" column and include hours and location/employer.

5. The resident will be required to follow ASHP standards for maximum duty hours and duty free times found at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

6. If a resident chooses not to moonlight- they must attest to the fact that they have not participated in outside employment using the weekly logs by initialing the following statement (located under the hours log table- page 1)

_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of   those listed above as a pharmacist.

Resident Portfolio:

Each resident is expected to maintain an electronic record of important elements of his/her residency program. This portfolio is determined by site coordinators and RPD each year. It is the expectation that the resident will maintain the portfolio and present a summary along with the requirements to complete the residency checklist at each quarterly RAC meeting.
See Appendix B for (For PGY1 program) and Appendix D (for PGY2 program).

Appendix A: Requirements for Completion of PGY1 Community-Based 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:

   Competency Area R1: Patient Care
   - 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
   - Participate in patient transitions of care services
   - Collaborative Practice Agreement (CPA): evidence of new or enhanced CPA, standard order or statewide protocol being created or implemented by resident (can be combined with R3).

   Competency Area R2: Leadership and Management
   - Leadership:
     - Be actively engaged in and eventually lead pharmacy planning and work groups as well as other meetings set forth by program
     - Complete leadership development activities as determined by program
   - Professional Involvement: join and actively participate in local, state or national pharmacy organization of your choice
   - Community Service Requirements – see provided information for details
   - Professional Activities Within Residency
     - Weekly logs- completed in accordance with guidelines provided and in a timely manner
     - Meetings- attend scheduled RPD/preceptor meetings
     - Complete Pharmacademic Evaluations +/- 7 days of due date and by the end of JUNE prior to the end of the residency year.
     - Attend recruitment activities as dictated by program
     - Participate in Ohio Pharmacists Association (OPA) Advocacy event (dependent upon based experiences)

   Competency Area R3: Advancement of Community-based Practice and Improving Patient Care
   - Quality Improvement project – completion and implementation
   - Business plan – completion and presentation at Shark Tank event
   - Research - Institutional review board approved or exempt project- completion and presentation at local, regional, state and national meetings

   Competency Area R4: Teaching, Education and Dissemination of Knowledge
   - Teaching activities to the following learners:
     - Patients/Caregivers
     - Members of the Community
     - Health Care Professionals
     - Pharmacists/Technicians
     - Pharmacy/Health Professions students
   - Precept APPE and potentially IPPE students- with guidance from site coordinators
   - Teaching certificate program events and maintenance of teaching portfolio

Other Requirements
- Completion of practice site training requirements and uploading of critical residency related documentation

Documentation related to the above activities will be maintained in an electronic portfolio (see Appendix B) - with all draft and final documents completed during the residency year uploaded. This portfolio will be available for review by the site preceptor/RPD on an as needed basis.

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 B: The resident must keep a portfolio on OneDrive which contains the following documents

This folder will be reviewed at each development planning meeting. It is the expectation of the program that the resident will upload key documentation at appropriate times during the residency year.

Folder Name	Description	Associated Activity
Competency Area R1: Patient Care		
1: Patient Care Documentation	Documented completion of readiness for independent practice check-list (practice site specific) At least **five** samples of de-identified patient healthcare records for all required services (medication management, immunizations, disease state management, health promotion/wellness and transitions of care) completed during the residency program. (5 over the course of the year).Label each file with the name of the service provided. Records should demonstrate the ability of the resident to assess patients, collection information, identify medication-related problems, prioritize problems, establish therapeutic goals, and design evidence-based treatment plans (PPCP).	Direct Patient Care and Patient Centered Dispensing
2: Communication to HCP	Documentation of communication of information to health care professionals when <u>transferring a patient from one health care setting to another.</u>	Transitions of Care
3: Collaborative Practice Agreement	Collaborative practice agreement, standing order or implementation process for a state-based protocol To meet Objective 2.1.4: 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. Upload any documents related to a CPA- such as your business plan etc.. See 2.1.4 for clarification.	Patient Care OR QI, Research or Business Plan

Folder Name	Description	Associated Activity
	Competency Area R2 : Leadership and Management	
4: Pharmacy Planning and Leading Work Groups	1. Evidence of contributions to the Pharmacy planning process. (Strategic Planning documents, goal setting documents, etc.) 2. Evidence of the contribution from leading or working as a member of a committee or informal work group. (Pharmacy meeting notes, MM notes, etc.) 3. Leadership Development activities	Leadership
5: Professional involvement	List of residents' activities at a national, state and/or local professional association during the residency including proof of participation (ie minutes, agenda's etc)	Professional Involvement
6: Community Service	Documentation of community service during the residency. Please upload the reflections from your service activities found in your weekly logs as one file- you can use screen shots etc.. to create.	Community Service
7: Resident Evaluations and Professional Activities	Self-reflection (beginning of residency) Weekly Logs Requirements to complete the residency- updated quarterly Development plans- updated quarterly Participation in OPA Advocacy Day - reflection Self-reflection (end of the residency) Exit review with Residency Program Director	Professional Activities within Residency
	Competency Area R3: Advancement of Community-Based Practice and Improving Patient Care	
8: Quality Improvement Project Plan	QI Summary Document: QI project will be focused on the medication-use process and/or patient care services. Upload Executive Summary here	QI
9: QI Project Implementation	QI Summary Document TimeLine and Key Driver Diagram and PDSA Cycles (minimum of 3 completed cycles with documentation)	QI
10: QI Project Evaluation	QI Summary Document: Formal Evaluation and Sustainability Plan presented to key stakeholders (if executive summary- reupload here as well)	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Pland and Shark Tank Presentation	Business Plan

Folder Name	Description	Associated Activity
12: Implementation of Business Plan	Evidence of the implementation of a new or enhanced service. Upload final documentation based on project focus- IE was the clinical service your QI project – then upload the executive summary and final presentation report.	Business Plan
13: Evaluation of Business Plan	Evaluation of the new or enhanced service. Same as above	Business Plan
14: Research project design	Written design for practice-related project: IRB proposal	Research
15: Research project implementation	Project implementation strategy: IRB Proposal	Research
16: Research project evaluation	Evaluation of the practice-related project: data collection and manuscript	Research
17: Research project report	Completed final written project report; manuscript andALL presentations (posters, slides etc)	Research

Competency Area R4: Teaching, Education and Dissemination of Knowledge

Folder Name	Description	Associated Activity
18: Presentations	Presentations for each of the following learners (slides and/or handouts need to be uploaded and <u>include a table of contents</u> – see provided template □ patients/caregivers (minimum of 1) □ members of the community ((minimum of 1) □ health care professionals (physicians/nurses etc) (minimum of 1) □ pharmacists and technicians (minimum of 1) □ pharmacy/health professions students (see teaching requirements of program for details) Please include summary document of evaluations from participants and preceptors	Teaching Activities
19: Written materials	Written materials(do not include presentations submitted in 17) of educational information to multiple levels of learners <u>including a table of contents-</u> see provided template □ patients/caregivers □ members of the community □ health care professionals (physicians/nurses etc) □ pharmacists and technicians □ pharmacy/health professions students	Teaching Activities
20: Written feedback to learners	Two least examples of **both** formative (ie feedback on a project) and summative feedback (copy of CORE evaluation) provided to an APPE or IPPE learner. Formative- written feedback from a project completed by the APPE/IPPE learner	Precept APPE/IPPE Students

Folder Name	Description	Associated Activity
21. Teaching Certificate Program	Electronic TCP portfolio Entire portfolio needs to be uploaded/maintained here	Teaching Certificate Program

Other Requirements

Folder Name	Description	Associated Activity
22. Practice Site Requirements	Blood Borne Pathogen Certificate HIPAA training documentation Health Maintenance Records: PPD/Flu Shot etc. Policy and Procedure signature page Any other site specific training documents- see learning experience documents Philosophy of Practice	Practice Site Training
23: Resident Credentials	Pharmacy intern/technician license Pharmacist license APhA Immunization certificate BLS certification APhA and other training completion certificates ☐ Diabetes Certificate Program ☐ CV risk reduction certificate program ☐ Others IHI basic certificate in Health Care Quality Improvement CITI training certificate	Professional Documentation

Appendix C: Requirements for Completion of PGY2 Ambulatory Care Residency

4. 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).
5. All requirements must be verified and acceptable to each site coordinator in conjunction with the Residency Program Director.
6. The resident must **complete** the following **activities** as part of the program:

Competency Area R1: Patient Care
- Direct Patient Care
    - Engaged in direct patient care related activities an average of 65% of the residency
    - Maintain Disease State Appendix and Tracking Logs by updating the document weekly and quarterly in preparation for the RAC meeting.
    - Completion of QI chart reviews: Q1: 5 per month, Q2-4: 5 per quarter
    - Upload required chart documentation- 8 samples of de-identified patient charts demonstrating management of 8 different disease states.
    - Complete training as dictated by engagement in CPA.
- Community Based Pharmacy Learning Experience
    - Engaged in Community-Based Practice Learning Experience Q1-2
    - Maintenance of longitudinal patient tracking log

Competency Area R2: Advancing Practice and Improving Patient Care
- Advancing Practice and Improving Care
    - Complete CITI training as dictated by UC IRB
    - Complete literature search with summary paragraphs
    - Obtain Approval for IRB proposal
    - Presentation at local, regional, state and national meetings

Competency Area R3: Leadership and Management
- Practice Management
    - CPA- complete
        - Baseline data collection
        - Literature search including summary paragraphs
        - Revise CPA
    - Quality Improvement
        - Complete IHI Basic Certificate
        - Write QI executive summary
        - Create QI Key Driver Diagram
        - Complete 3 PDSA cycles and collect associated data
        - Develop sustainability plan (if not included in executive summary)
- Managing Operations of Clinical Service :
    - Run reports and analyze data related to tracking of patient appointments
    - Participate in leadership training activities.
- Self-Evaluation
    - Maintain weekly logs
    - Complete assigned reflections
- Orientation
    - Practice Site Related Activities
        - Sign appropriate documentation (P&P, HIPPA)
        - Complete training requirements: 340b, cultural competence and MI

- UC related
  - Complete training: HIPPA, BBP, SuccessFactors, StrengthFinders
  - Upload documentation/credentials: P&P review, e-verification page, APhA and BLS certificates
- Professional Responsibilites
  - Complete Pharmacademic evaluations completed +/- 7 days
  - Attend all recruiting events

Competency Area R4: Teaching Education and Dissemination of Knowledge
- Academic & Teaching – complete the following
  - Academic Learners
    - 1 large class leccture
    - Skills Lab – both fall and spring
    - OTC Therapeutics- spring
    - Poster evaluations- PREP and Capstone
    - On-line Elective co-coordinator
  - Health Profession Learners
    - Provider education (6 per year)
    - PHS Pharmacists topic discussion lead (6 per year)
    - TCPA Pharmacists CE presentation (1 per year)
  - APPE Student Preceptor
    - Mentor up to 6 students per year
  - Outreach
    - Create content and participate in outreach activities
    - Create patient education materials for PHS Website.

Documentation related to the above activities will be maintained in an electronic portfolio (see Appendix D) - with all draft and final documents completed during the residency year uploaded. This portfolio will be available for review by the site preceptor/RPD on an as needed basis.

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 D: The document below represents both the residency portfolio requirements as well as the requirements to complete the residency checklist.

The residents is responsible for maintaining and presenting the portfolio at each RAC meeting along with review of the requirements to complete the residency.

All documentation listed below must be uploaded to OneDrive	
Competency Area R1: Patient Care	
Residency OneDrive Folder	**Requirement**
Patient Care Documentation	**Direct Patient Care (DPC) Learning Experience (>65% of time)**
	Calculated average DPC time from Weekly Logs (insert % below): Q1: ___% Q2: ___% Q3: ___% Q4: ___%
	Disease State Appendix – updated weekly and reviewed by RAC quarterly
	Disease State Tracking log – updated weekly log (see duty hours log) and quarterly summary document reviewed by RAC
	Quality Improvement Chart Reviews: ☐ Q1: 5 per month ☐ Q2-4: 5 per quarter
	Chart Documentation – 8 samples of de-identified patient charts demonstrating management of 8 different disease states (2 or more completed appointments)
	CPA Training – documentation related to completion (i.e., APhA Diabetes Certificate)
Patient Care Documentation, cont.	**Community Based Pharmacy Learning Experience**
	Engaged in community-based practice learning experience on average ½ day per week from Aug to Jan. Calculate average hours/month. Aug: _____, Sept: _____, Oct: _____, Nov: _____, Dec: _____, Jan: _____

	Longitudinal patient tracking document – starting Q2 (updated monthly)

Competency Area R2: Advancing Practice and Improving Patient Care	
Residency OneDrive Folder	**Requirement**
	Advancing practice and Improving Care Learning Experience
	CITI required training – screen shots or upload of certificates
	Completed **research literature search**- including articles and summary paragraphs
Research Project and Reports	**IRB proposal** – including all drafts with associated comments from preceptor team and final submission
	Research data collection tools – using HIPPA compliant folder in OneDrive
	Presentations: National (ASHP/APhA), State (OPA) and Regional (OPRC) – all poster and podium files- drafts and final documents

Competency Area R3: Leadership and Management	
Residency OneDrive Folder	**Requirement**
	Practice Management Learning Experience – **Collaborative Practice Agreement**
	CPA protocol baseline data collected (i.e., spreadsheets)
Practice Management	Completed **CPA protocol literature** review- articles and summary paragraphs
	New or revised CPA – all drafts and signed final CPA
	Practice Management Learning Experience – **Development or Enhancement of an Existing Service (QI)**
	IHI Basic Certificate
	QI Executive Summary – all drafts and final
	QI Key Driver Diagram (3 versions required)
	Completed **PDSA Cycles** (3 completed and documented cycles)
Practice Management, cont.	**QI Data collection** tools
	Sustainability plan – either as part of executive summary or separate presentation
	Practice Management Learning Experience- **Managing Operations of the Clinical Service**
	Reports related to **tracking patient appointments**

Practice Management-Pharmacy Planning and Leading	Data Analysis report to management – summary documents and any presentation related materials
	Participate in Leadership Training activities completing all pre/post activities

Practice Management - Resident Evaluations	Practice Management Learning Experience- Self-Evaluation
	Weekly activity tracking log (timely submission)
	Completion of assigned reflections – biweekly and as assigned

Orientation	Orientation Learning Experience – Practice Site Related Activities
	☐ Signed PHS- HIPPA and P&P review ☐ 340b on demand module quizzes ☐ Cultural Competence training certificates ☐ Motivational Interviewing Activities

Orientation	Orientation Learning Experience – Employment Related Activities & Required Documentation
	☐ E-verification page from Ohio Board of Pharmacy ☐ Signed P&P review ☐ Certificates for HIPPA and BBP training ☐ Screen shot for UC Success Factor training ☐ Strength Finders Credentials: ☐ APhA Immunization Certificate ☐ BLS Certificate ☐ APhA Diabetes Certificate ☐ Others

NOT within OneDrive	Professional Responsibilities
	Completion of PharmAcademic evaluations within +/- 7days and completion of final evaluation by 6/30 of residency year
	Attendance at all required residency recruiting events

Competency Area R4: Teaching Education and Dissemination of Knowledge

Residency OneDrive Folder	Requirement
Academic and Teaching- Academic Presentations	Academic & Teaching Learning Experience – Academic Learners
	Pharmacy/Health Professions Students: ☐ Lectures (1 per semester) ☐ Skills Lab Fall ☐ Skills Lab Spring ☐ OTC Therapeutics Spring ☐ Poster Evaluations (Capstone/PREP) ☐ On-line Elective Course (co-coordinate)

	All drafts, final presentation, handouts, feedback for all above activities **Maintain Table of Contents within OneDrive (see template provided)**
Academic and Teaching-Health Professions Learners Presentations	Academic & Teaching Learning Experience – Health Professions Learners
	Health Care Professionals: ☐ Provider education (6 per year) All one-page overviews from topic discussions
	PHS Pharmacists: ☐ Topic discussions minimum of 6 – split between resident and APPE student (mentored) Related materials (handouts, etc.)
	TCPA CE Presentation (Pharmacists): ☐ ACPE approved pharmacist/technician CE program (TCPA)- all documentation related to this activity All associated documentation including feedback from COP CE Office
Academic and Teaching-Written Feedback to Learners (APPE students)	Academic & Teaching Learning Experience – **APPE Student Preceptor**
	☐ Precept up to 6 students ☐ All preceptor evaluations from APPE Student 1 example of each per month: ☐ Formative (document with comments) Summative (completed CORE final evaluation)
Population Health	Academic & Teaching Learning Experience – **Outreach**
	Create content for and participate in **outreach activities** at PHS (i.e., health screenings) – include all drafts and final materials
	Create **patient education materials** for PHS website (2 total for year) – include all drafts and final materials

University of Cincinnati Pharmacy Practice Residency Assessment Strategy

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:

PGY1 program:

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

PGY2 program:

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, monthly and situational
Learning Experience Evaluation	Resident	Learning Experience	1, 2 , 3 or 4 times during the residency year depending on the learning experience.
Preceptor Evaluation	Resident	Preceptor	1, 2, 3 or 4 times during residency year depending on the learning 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:
       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 using established criteria 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

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.

PGY1 Community- Based 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.

PGY2 Ambulatory Care Summative Evaluation Process:

The process to complete summative evaluations is as follows:

1. Quarterly, primary preceptor for each learning experience will set up a time to meet with the resident to discuss their progress towards achieving goals and objectives.
    a. If more than 1 preceptor is assigned to a learning experience- Team-Based Summative evaluation function in Pharmacadmic will be used and all preceptors will provide input to the primary preceptor 1 week prior to due date of the summative evaluation.
    b. Primary preceptor will review the comments of the other preceptors
2. During the meeting with the resident, primary preceptor will
    a. Discuss objective with the resident using the required competency areas, goals and objectives defined criteria.
    b. Determine SP, NI and ACH status
    c. Document status (SP, NI or ACH) in Pharmacademic and provide supporting comments using the following:
        1. Include information that is specific and actionable.
        2. Include comments about the resident's strengths and areas for improvement related to the objective being assessed.
        3. Recognize the resident's skill development and progression towards achievement.
3. Primary preceptor may also determine Achieved for the Residency or ACHR status based on guidelines listed below (see determining achieved for residency- page 4)
4. Only objectives that have not yet been achieved for the residency (ACHR) need to be reviewed each quarter.

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.
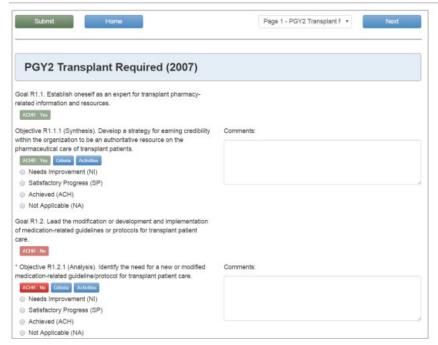5. Resident's level of skill on the goal does NOT meet the preceptor's standards

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).

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.

To determine achieved for the residency – the following process will be followed:
PGY1 Community-Based Program:

> R1's: For each quarter- both the resident and preceptor must agree the resident has met the criteria for achieved for the residency.
> R2's and R4's: At the time of the evaluation- the resident and preceptor can determine if resident has met the criteria based on experiences completed.
> R3's: As resident completes and preceptors approve deliverables- the goal and objective can be marked as achieved for residency.

PGY2 Community-Based Program:

> R1's: For 2 consecutive quarters- both the resident and primary preceptor agree the resident has met the criteria for achieved for the residency.
> R2's: As resident completes and primary preceptors approve deliverables- the goal and objective can be marked as achieved for residency.
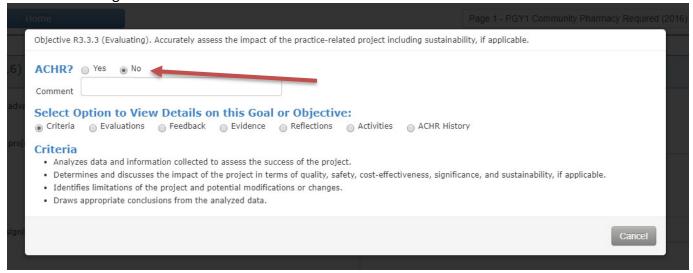> R3's and R4's: At the time of the evaluation- the resident and primary preceptor can determine if resident has met the criteria for achieved for residency based on experiences completed.

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)

Comments:

* 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)

Comments:

* 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:

2. Change the ACHR? From No to Yes

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 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 self-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. PGY1 Community-Based Program 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.

   c. PGY2 Ambulatory Care Program Summative Evaluation Process
   The process to complete summative self- evaluations is as follows:
    1. Quarterly, preceptors will contact you to set up a time to meet discuss progress towards achieving goals and objectives for each learning experience they are responsible.
    2. Pharmacademic will be used to provide guidance as to the goals/objectives/criteria to be reviewed.
    3. At the meeting, review objective and criteria with the preceptor, self-assess based on the information provided, and discuss your thoughts on progress using SP, NI and ACH definitions provided.
    4. Listen and respond to the feedback provided by the preceptor
    5. Only objectives that have not yet been achieved for the residency (ACHR) need to be reviewed each quarter.

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: PGY1 program: 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. The number of evaluations will depend on the program: PGY1 end of a defined learning experience (orientation) or twice a year for longitudinal experiences, PGY2 will depend on the learning experience and is pre-set in PharmAcademic.   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 within timing depending on the program: PYG1 atend 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), PGY2 will depend on the learning experience and is pre-set within PharmAcademic 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 <u>what</u> or <u>how</u> 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.

<u>Evaluation of RPD:</u> 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 and Primary Health Solutions
Ambulatory Care PGY2 Residency
Advancing Practice and Improving Patient Care:
Clinical Service Evaluation- Research

<u>Learning Experience</u>: This ambulatory Care PGY2 residency program offer a unique opportunity for each resident to conduct a prospective or retrospective research project focusing on clinical and/or humanistic outcomes of a new or existing pharmacy service. The resident will design, implement and analyze an Institutional Review Board (IRB) approved research project using ethical practices related to human subject research. This learning experience will be conducted in collaboration with Practice Management (QI concepts).

<u>Primary Health Solutions (PHS)</u>: Primary Health Solutions (PHS) is a non-profit, safety-net healthcare provider serving Southwest Ohio with centers in Hamilton, Fairfield, Middletown, Oxford, Dayton, and Trenton. Our approach to care is patient-centered. This means that with technology and our expanded resources we can, together with you, effectively coordinate your healthcare needs. Our goal is to offer a comprehensive range of healthcare services, on a sliding-fee scale, to all members of the community, regardless of income or insurance coverage. Due to their economic situations, many patients served by PHS would otherwise go without much needed healthcare.

<u>Role of the Pharmacist</u>: Pharmacists at PHS provide chronic disease state and medication therapy management services working under a collaborative practice agreement for the following disease states: diabetes, hypertension, hyperlipidemia, asthma/COPD, heart failure, anxiety/depression, smoking cessation and cardiovascular risk reduction.   The clinical pharmacy team will be involved with identification of a service to be evaluated or a new service to be explored for implementation based on practice site and population served. They will serve as mentors to the resident during all phases of the project and be actively engaged in the research process.

<u>Role of the Resident</u>: The resident will, in collaboration with the preceptors and clinical pharmacy team members, be responsible for design, implementation and evaluation of an IRB approved research project- as team lead.

<u>Learning Experience Type</u>: Longitudinal, Required

<u>Duration</u>: 12 months- including orientation activities

<u>Hours/Schedule</u>: The schedule will vary based on research project- but typically involves 4 hours per week during the residency year.

<u>Mentors</u>:
       Residency Preceptor Director: Bethanne Brown PharmD, BCACP
       Preceptor: Craig Steins PharmD
            Bryan Bowman RPh
             + College of Pharmacy faculty as needed based on project

<u>Preceptor communication:</u>   Preceptors are available either for face to face interactions or via phone/email for questions related to research. Resident will be provided all preceptors cell and in office extension at the beginning of the residency.

<u>Expectations of the Resident:</u>
Residents will design, implement, evaluate a new or existing clinical service within Primary Health Solutions by applying the learning from PGY1 experiences and leading the stakeholder team by:
1. Following the steps listed to conduct a quality research at the practice site.
2. Meeting all deadlines as established by project team and learning experience.
3. Scheduling and leading all project team meetings.
4. Maintaining ethical standards when conducting human subject research with vulnerable populations.
5. Communicating on a regular basis with the entire project team to obtain both formative and summative feedback.
6. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive
7. Submitting for grant funding with an appropriate funding agency based on scope of the research topic chosen (REQUIRED)
8. Presenting research at the following:
   a. American Pharmacists Association (APhA)/American Association of Clinical Pharmacists (AACP) : poster presentation
   b. Ohio Pharmacists Association: podium or poster presentation
   c. Ohio Pharmacy Residency Conference: podium presentation

<u>Expectations of Project Team:</u>
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)

<u>Progression of the resident:</u>

This process consists of the following steps:
a. <u>By August 1:</u>
   a. <u>Identify </u>a topic based on the needs of the practice site and the interest of the resident .
   b. <u>Establish </u>a timeline based on the residency year
   c. <u>Evaluate </u>existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
b. <u>By Sept 1:</u>
   a. <u>Develop </u>a research question in collaboration with the research team
   b. <u>Write </u>a specific aim defined as a well-crafted statement providing an overview of the entire project.

     c.   <u>Design</u> a solid research project which protects the rights of the participants
     d.   <u>Meet</u> with Dr. Jeff Guo (jeff.guo@uc.edu) to discuss statistical analysis
     e.   <u>Submit</u> protocol for approved to research team (first) then IRB proposal to UC-COP scientific review team for edits/approval
     f.   <u>Submit</u> protocol to UC- IRB (see below)

c. **By Jan 1:**
     a.   <u>Implement</u> research project
     b.   <u>Collect</u> data on an ongoing basis
     c.   <u>Analyze</u> data as needed for presentations

d. **By May 1:**
     a.   <u>Evaluate</u> the project using appropriate outcomes measures such as: operational, clinical, economic and humanistic outcomes of patient care to determine the need for changes.

e. **By June 1:**
     a.   <u>Present</u> the findings (as poster, OPRC podium presentation and manuscript) by the end of the residency year (see R2.2.6)

            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.

<u>Submission of research protocol to UC-IRB:</u>
Please follow these guidelines when submitting a protocol to the IRB (after submission to UC-Pre IRB committee). This will ensure timely approval of your research project:

1. IRB protocols MUST be named using the following format: UCPHARMRES- XXXX.
2. Once the protocol is submitted via the RAP portal- email the following individuals:
     a.   irb@ucmail.uc.edu (our general office email)
     b.   littletb@ucmail.uc.edu (Tara Littleberry – Committee Lead)
     c.   prestoca@ucmail.uc.edu (Christa Preston – Non-committee Lead)

to alert them to the time sensitive nature of your submission.
You must include the following information in the email:
     a.   Title,
     b.   Protocol number and a reminder that you are a UC Resident and you have 1 year to complete your research.

3. Review the IRB process flow diagram (on the RAP portal) on a regular basis to determine and keep track of the status of your protocol
4. Submit any requested changes within 2 days to the IRB. Once the updated protocol is submitted via the RAP portal, email the above again alerting everyone to the change.
5. If you do not receive a response from IRB within 5 business days, please email a professional reminder to all.

Please alert Dr. Brown (Bethanne.brown@uc.edu) to any issues or concerns. We are working diligently to reduce any system barriers in this process.

<u>Orientation Activities:</u> Resident will complete as part of orientation the following:
   a. Attend research seminars provided by College as well as SPSS training
   b. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.
   c. Participate in research protocol review with other residents and Institutional Review Board reviewer.

<u>Deliverables:</u> Resident is responsible for uploading to OneDrive the following:
   1. CITI training documentation
   2. Literature search- all articles found for review
   3. IRB protocol (final and drafts and UCCOP pre-review approval form)
   4. Data collection tools
   5. Grant applications (final and drafts)- if applicable
   6. All presentations- poster/podium (abstracts, final and drafts)

<u>Assessment Strategy:</u>

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, monthly and situational
Learning Experience Evaluation	Resident	Learning Experience	Quarterly
Preceptor Evaluation	Resident	Preceptor	Quarterly
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: Advancing Practice and Improving Patient Care		
Goal R2.2: Demonstrate ability to conduct a research project		
Objective:	Cognitive or Affective Domain	Activities
R2.2.1: Identify a scholarly questions related to clinical practice, education or health care that would be useful to study and can be completed with the PGY2 residency year.	Analyzing	1. Discuss project ideas with research team 2. Conduct systematic literature search to refine project idea and provide background – complete 1 paragraph summary of appropriate articles. 3. Review the identified practice related projects that meet criteria established for project by the residency program
R2.2.2 (Creating) Develop a plan or research protocol for the project	Creating	1. Complete UC-IRB CITI training modules 2. Attend research orientation activities at COP related to research 3. Prepare project implementation outline and develop research question(s), objectives, methods, and evaluation strategy 4. Determine time table for development, implementation and evaluation 5. Identify and prepare necessary approvals for key stakeholders (IRB, C-Suite) and research 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
R2.2.3: Collect and evaluate data for the project	Evaluating	1. Collect data based on IRB protocol in a systematic fashion 2. Evaluate data collected 3. Modify data collected as needed based on preliminary results or technology issues
R2.2.4: Implement a practice-related project	Applying	1. Work closely with project team/key stakeholders to implement research project 2. Prepare and submit grant application to fund research (if applicable) 3. Effectively communicate to appropriate parties.

| R2.2.5: Assess changes or need to make changes based on project | Evaluating | 1. Evaluates data collected.
2. Draws appropriate conclusions
3. Determines, with guidance of project team, changes to be made to service (new or existing) – see practice management learning experience. | |
| R2.2.6 Effectively develop and present, orally and in writing, a final project report suitable for publication. | Creating | 1. Present project at: AACP/APhA/ACCP, OPA, and OPRC

2. Prepare for submission a manuscript to appropriate journal as defined by project team. | |

Additional Information:

Resident to utilize resources found in OneDrive.

University of Cincinnati and Primary Health Solutions
Ambulatory Care PGY2 Residency
Academic and Teaching

Learning Experience: 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 build upon the foundational knowledge, training and practice the resident received in their PGY1 programs to further enhance overall teaching skills. These skills will continue to be developed to allow the resident to effectively teach all those whom they come in contact with including patients, community members, health care professionals and health professional students.

Primary Health Solutions (PHS): Primary Health Solutions (PHS) is a non-profit, safety-net healthcare provider serving Southwest Ohio with centers in Hamilton, Fairfield, Middletown, Oxford, Dayton, and Trenton. Our approach to care is patient centered. This means that with technology and our expanded resources we can, together with you, effectively coordinate your healthcare needs. Our goal is to offer a comprehensive range of healthcare services, on a sliding-fee scale, to all members of the community, regardless of income or insurance coverage. Due to their economic situations, many patients served by PHS would otherwise go without much needed healthcare.

University of Cincinnati College of Pharmacy: The Cincinnati College of Pharmacy was the first college of pharmacy established west of the Alleghenies. It was granted a charter by the Ohio Legislature in 1850 and operated as a private college until July 1954 when it became an integral part of the University of Cincinnati. In 1967 the College of Pharmacy became a unit of the University of Cincinnati Academic Health Center, along with the College of Medicine, College of Nursing, University Hospital, Christian R. Holmes Hospital, and the Health Sciences Library.
In 2000 a fourth College, the College of Allied Health Sciences joined the University of Cincinnati Medical Center. The College occupies newly remodeled space in the Health Professions Building and Wherry Hall. On June 6, 2007 the University of Cincinnati (UC) College of Pharmacy changed its name to the James L. Winkle College of Pharmacy. The college is only the second in UC's history to be named.

Role of the Pharmacist: The pharmacist in this setting is involved in creating and delivering educational programming to a variety of learners from health care providers, health professions students, patients and caregivers (both individually and in groups), as well as to the community in general.

<u>Role of the Resident:</u> The role of the resident will mirror the role of both the pharmacist at PHS and a faculty member at the College of Pharmacy.

College: Teaching responsibilities may include: Case Studies (recitation) and Advanced Therapeutics, Pharmacy Practice Skills Development and others as determined by College and interest of the resident.

Practice Site: Patient education, Advanced Pharmacy Practice Experience (APPE) student preceptor, health professionals, and outreach activities.

<u>Type:</u> Longitudinal Learning Experience, required

<u>Duration</u>: 11 months- start in August and end in June of the residency year
The resident will spend an average of 4 hours per week engaged in activities related to this learning experience.

<u>Mentors:</u>
Residency Preceptor Director: Bethanne Brown PharmD, BCACP
College:
Preceptors: Anne Metzger, PharmD, BCPS, BCACP (TCP coordinator)
and other faculty based on teaching assignments
Practice Site:
Craig Stiens, PharmD (site coordinator)
Bryan Bowman, RPh

<u>Preceptor communication:</u>   Preceptors are available either for face-to-face interactions or via phone/email for questions related to teaching. Resident will be provided all preceptors cell and in office extensions at the beginning of the experiences.

<u>Expectations of the Resident:</u> The resident is expected to:
1. Commit to the teaching dates required as outlined by the preceptor(s) and RPD; No changes in this schedule are permitted unless the following are met:
   a. Approval by the course coordinator or site coordinator
   b. Approval by the Academic Learning Experience Coordinator- as appropriate
   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 others.
3. Discuss time frame for drafts and final documents taking into account work schedules with appropriate mentor.
4. Reflect on each teaching experience(s) using weekly logs- as appropriate.
5. Attend seminar topic presentations as outlined in the teaching certificate program, as appropriate based on PGY1 experiences.

6. If applicable; complete the teaching portfolio as required by the teaching certificate program.
7. Create culturally and health literacy appropriate learning experiences.
8. For each presentation (in general):
    a. Create learning objectives- using appropriate level of Bloom's taxonomy for each.
    b. Plan an appropriate assessment strategy based on level of learning.
    c. Build presentation based on the literacy and health literacy level of the audience.
    d. Include a "take home" document that emphasizes key learning points.
    e. Incorporate active learning (as appropriate).
    f. Create marketing strategy for target audience.
    g. Include audience evaluation of programming using evaluation tool.

Progression of resident: Based on the level of prior teaching experience, the resident will progress in responsibilities and experiences to help meet the needs of the population served and resident learning. Mentorship will be provided by either College of Pharmacy faculty, preceptors or PHS staff based on target audience. Resident is expected to receive feedback on all presentations during creation (mentor) and delivery (audience).

Orientation Activities:
If resident has not completed teaching certificate program as part of their PGY1 program: the resident will attend the teaching certificate program seminar, a 2-day seminar in July/August with continued meetings during the academic year at the College. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during this experience.

If resident has already completed teaching certificate program as part of PGY1 training: the resident will meet with the RPD and academic preceptor to review experiences and determine areas for improvement. A plan will be created to enhance the skills learned as part of the PGY1 program to continually improve teaching skills.

Meet with site coordinator after orientation to discuss patient/provider teaching opportunities.

Activities of Resident (minimum teaching requirements):

College: Pharmacy Students
1. Skills Lab (Dr. Hegener):
    a. Fall: teach 1 full module
    b. Spring:
        i. teach one module
        ii. create and teach one full skills lab module
2. OTC Course (Dr. Kim):
    a. Spring: create and teach one or two OTC lectures and corresponding recitations.
3. Health Care and Underserved (Dr's Brown and Metzger):

   a. Create one on-line lecture and active learning activity for both undergrad and graduate students

   b. Co-Coordinate course and help with grading assignments, answering questions etc.

 4. Attend teaching certificate program seminars focused on areas of improvement

 5. Participate in evaluation of poster presentations (IPPE and/or Capstone)

<u>Practice Site:</u> Patients, APPE students and Health Professionals

Practice Site Educational Opportunities:

 1. APPE student preceptor

   a. Precept a minimum of 6 students during residency year beginning in January

   b. Take full responsibility for each student from organizing calendar, orientation activities, training, topic discussions and evaluations (both mid-point and final).

   c. Co-preceptor one APPE year-long capstone student project

 2. Health Professional Training

   a. Provider Education (1 topic discussion a month- minimum of 6 per year)

     a. Each education should include in a one-page overview containing:

      i. Disease state overview

      ii. Most recent published guidelines review

      iii. Treatment options and costs (340b options)

   b. Pharmacist topic discussions (1 topic discussion per month- minimum of 6 – 3 led and 3 led by APPE students under resident mentorship)

   c. Pharmacist CE (Dr. Kim) : complete 1 ACPE accredited pharmacist/pharmacy technician continuing education training program to be delivered to TriCounty Pharmacists Assn (TCPA) and/or PHS/Community First Pharmacy staff.

     a. 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

    ii. See additional CE requirements that will be provided to you in preparation of the presentation.

 3. Outreach (Population Health) :

   a. Connect with Director of Integrative Care to participate in PHS outreach activities (ie health fairs, screenings events, community based educational opportunities)

   b. Work with PHS Director of Public relations to create brief patient related written educational materials to post to PHS website- topics to be determined by interest of the resident. Complete 2 over the residency year.

<u>Deliverables:</u> Resident is responsible for uploading to OneDrive the following and including a table of contents:

1. Academic Learners:

    For each teaching assignment, the following needs to be uploaded:
    a. Presentation drafts (including mentors comments) containing all components (ie learning objectives, activity learning activities and assessment, etc.)
    b. Final Presentations (as above)
    c. All handouts (PPT slides, one-pager etc) related to presentation
    d. Presentation feedback from learners with noted areas for self-improvement

2. Practice Site:
    a. APPE Student Preceptor
        i. All preceptor evaluations from assigned APPE students with noted areas for improvement.
        ii. Written feedback (both formative and summative)
            1. Formative: student projects (word document with your comments for improvement) one example per student
            2. Summative: Complete CORE evaluations for each APPE student
    b. Health Professions
        i. Provider Education- 1 page overview
        ii. Pharmacist topic discussions0 relate materials (articles, handouts)
        iii. Pharmacist CE- all associated documentation – including feedback from COP CE office.
3. Outreach
    a. Content created for outreach events
    b. Patient education materials (drafts and final- including URL)

<u>Assessment Strategy:</u>

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, monthly, and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice during residency year
Preceptor Evaluation	Resident	Preceptor	Twice- during residency year
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: This 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, monthly (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 the 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:

Competency Area R1: Patient Care		
Goal R1.2: Design and/or deliver programs that contribute to public health efforts or population health.		
Objective:	Cognitive or Affective Domain	Activities

R1.2.1: Design and/or deliver programs for patients that focus on health improvement, wellness and disease prevention (ie: immunizations, health screenings etc.)	Analyzing	See list of practice site teaching activities above.
		    Discuss public health initiatives with appropriate PHS staff to determine topic.
		    Design materials with target audience in mind (health literacy level and culturally appropriate).
		    Review content with appropriate PHS staff for improvements
		    Determine location, dates and times of events.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge		
Goal R4.1: Demonstrate excellence in providing effective medication and practice-related education.		
Objective:	Cognitive or Affective Domain	Activities
R4.1.1: Design effective educational activities related to ambulatory care.	Creating	Based on target audience: Conduct background literature search and appropriately cite all content Create a minimum of 3 learning objectives for each presentation at appropriate Bloom's level for each audience Outline content based on learning objectives and submit for feedback from appropriate mentor (PHS, COP or preceptor) Create appropriate assessments for each objective.

R4.1.2: Use effective presentation and teaching skills to deliver ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences.	Applying	Based on target audience: Create appropriate visual aids/handouts based on content Practice presentation with appropriate mentor (PHS, COP or preceptor) to incorporate transitions, non-verbal and summarizations of key points. Incorporate various active learning strategies to engage audience Provide audience the appropriate evaluation tool at the end of each presentation Appropriately evaluate, teach and asses APPE student journal clubs.
R4.1.3: Use effective written communication skills disseminate knowledge related to ambulatory care	Applying	Based on target audience: Conduct background literature search and appropriately cite all content Create handouts that concisely and effectively display key points of presentation using guidelines provided Submit all documents for review and feedback to the appropriate mentor (PHS, COP, preceptor)
R4.1.4: Assess effectiveness of education related to ambulatory care	Applying	Based on target audience: Based on learning objectives and target audience, create appropriate assessments for each objective (rubric, exam questions) Review and summarize results of the assessment to document learning. Review and summarize all teaching/audience evaluations- self-reflection on performance for areas of improvement. Assess topic discussions APPE students give, and provide feedback on knowledge gaps, areas for improvement, and parts they excelled Assess and provide feedback to students during COP teaching

* Assessment: Preceptor/Mentor observation and audience evaluations.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care		
Objective:	Cognitive or Affective Domain	Activities
R4.2.1: When engaged in teaching related to ambulatory care, select a preceptor role that meets learner's educational needs	Analyzing	Assess learners' needs using discussion with student, CORE pre-rotation reflection and completion of pre-rotation activities. Establish calendar of activities for each APPE student by end of the month prior to rotation Directly communicate with student expectations, syllabus and pre-rotation activities. Use the 4 preceptor roles over the course of the month- starting with direct instruction/modeling (week 1), move to coaching (week 2 and 3), then depending on student progress- move to facilitation when students engaged in direct patient care related activities. Review month project list with student during week 1 and set timeline for completion
R4.2.2: Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching or facilitating skills related to ambulatory care.	Applying	Modify learners calendar of activities based on identified needs and performance. Communicate with other preceptors any issues related to learners performance. Review all learners materials and provide feedback for improvement (either verbal or written). Communicate schedule changes to learner in an appropriate time frame. Provide learner with APPE preceptor evaluation, review comments and note areas for improvement.

*Assessment: Direct observation by preceptor. Verbal and written feedback provided by learner. APPE student evaluations of preceptor

Additional Information: none

University of Cincinnati and Primary Health Solutions
Ambulatory Care PGY2 Residency
Direct Patient Care- Primary Care

<u>Learning Experience:</u> The direct patient care learning experience is designed to provide the resident with broad experiences managing patients with chronic illness in a team-based environment.

<u>Primary Health Solutions (PHS):</u> Primary Health Solutions (PHS) is a non-profit, safety-net healthcare provider serving Southwest Ohio with centers in Hamilton, Fairfield, Middletown, Oxford, Dayton, and Trenton. Our approach to care is patient centered. This means that with technology and our expanded resources we can, together with the patient, effectively coordinate their needs. Our goal is to offer a comprehensive range of healthcare services, on a sliding-fee scale, to all members of the community, regardless of income or insurance coverage. Due to their economic situations, many patients served by PHS would otherwise go without much needed healthcare.

<u>Role of the Pharmacist at PHS</u>: Pharmacists at PHS provide chronic disease state and medication therapy management services working under a collaborative practice agreement for the following disease states: diabetes, hypertension, hyperlipidemia, asthma/COPD, heart failure, anxiety/depression, smoking cessation and cardiovascular risk reduction.   Patients are referred for services by their primary care provider and seen for 30 min to 1 hour. Each visit is then billed to their insurance provider. Patients are primarily seen at two of the largest Primary Health Solutions Clinics (Middletown and Hamilton).   These services are offered 4 days per week with 1 day as administrative time for activities such as prior authorization support, individual provider consults, and medication supply management.

<u>Role of the Resident:</u> The residents role is to mirror the work of the pharmacist 3.5 days per week.   Home base is Bever Center located at 210 S Second Street Hamilton, Ohio. The resident may travel to other clinics (outside of orientation) to cover sick/vacation time).

<u>Learning Experience Type:</u> Longitudinal, Required

<u>Duration</u>: 11 months – starts immediately after orientation
> Resident will spend an average of 30 hours/week engaged in activities related to this learning experience.

Hours/Schedule: Monday, Tuesday, Thursday, Friday- patients are scheduled for clinical pharmacist appointments- (panel size of up to 8 patients per day).

<u>Mentors:</u>
    Residency Preceptor Director: Bethanne Brown, PharmD, BCACP
    Preceptors: Craig Stiens, PharmD (site coordinator)
            Bryan Bowman, RPh

<u>Preceptor communication:</u>   Preceptors are available either for face to face interactions or via phone/email for questions related to patient care during clinic hours. Resident will be provided all preceptors cell and in office extension at the beginning of the residency.

<u>Expectations of the Resident:</u> The resident will orient to the site and begin training to gain an appreciation of the workflow within the clinics. As the preceptors and resident gain confidence, the resident will slowly practice independently creating collaborative care plans with the providers and patients. The resident is expected to function as part of the entire primary care team maintaining open lines of communication with all members. It is expected that the resident will be open to feedback to improve their skill set.

<u>Progression of the Resident:</u>
    Orientation(shadowing):

        Week 1: Complete new employee orientation for PHS and UC.

        Week 2: Resident will spend 1 week shadowing various providers and key administrative personnel.

        Week 3 and every Friday starting week 5: Resident will spend 1 week with clinical pharmacist at Middletown. Policies and procedures related to patient care will be reviewed.

        Week 5/6: Resident will begin seeing patients in conjunction with pharmacist preceptors while learning workflow and documentation processes.

        By end of Orientation: complete all required pharmacists training (as assigned by director of pharmacy services) to be engaged in the PHS collaborative practice agreement. (except for APhA diabetes program offered in Sept/Oct).

    Q1: Direct Instruction/Modeling
        Month 1: Resident will collect and assess patient information as part of joint appointments with preceptors. They will be responsible for documentation related to patient visits in EMR.

        Month 2: Resident will independently collect and assess patient information. In collaboration with preceptor, resident will create disease state management plans. Preceptor will work with patient on implementation and follow-up.

Month 3: resident will independently complete the PPCP cycle with at least 4 patients per clinic day.   Resident is responsible for all implementation and follow-up on patients seen. Begin tracking disease states managed using both Disease State Appendix and Disease State Tracking Log.

Each month during Q1: Resident will review 5 charts of other clinical pharmacists activities to learn QI process and disease state management styles using the chart review tool

Q2: Coaching:
Resident will independently complete the PPCP cycle with 6 patients for each clinic day. Reviewing plans with preceptors as needed. Resident's notes will be reviewed by supervising pharmacist with feedback provided.

Q3/Q4: Facilitate:
Resident will be independent in all clinic activities with a full panel (8 patients daily). They will also be responsible for mentoring APPE students engaged in direct patient care activities providing training, feedback and mentoring (see academic and teaching learning experience).   All notes will be reviewed by supervising pharmacist with comments for improvements provided.

Disease state management checklist will be reviewed monthly (at minimum) with assigned preceptor to determine progress with disease state complexity and variety.

Deliverables: Resident is responsible for uploading to OneDrive the following:
1. Weekly update disease state appendix- submit quarterly for review by RAC.
2. Weekly update disease state tracking log (see duty hours log)- submit quarterly summary for review by RAC
3. Upload 8 samples of de-identified patient health records that demonstrate disease state management (see Appendix D for details).
4. Complete chart reviews (5 per month) during quarter 1, then 5 per quarter for quarter 2, 3 and 4 following PHS QI guidelines.
5. Documentation indicating completion of training required to be engaged in managing patients as part of the PHS Collaborative Practice Agreement.

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, monthly and situational
Learning Experience Evaluation	Resident	Learning Experience	Quarterly
Preceptor Evaluation	Resident	Preceptor	Quarterly
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: This 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 or monthly (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 the residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care		
Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a JCPP- Pharmacist Patient Care Process		
Objective: As part of the clinical pharmacy visits….	Cognitive or Affective Domain	Activities:
R1.1.1: Interact effectively with health care teams to collaboratively manage ambulatory care patient's medication therapy.	Applying	Develop a working relationship with all providers at the various clinics. Answer drug information questions from providers either face to face, telephonically or via EMR Reach out to providers to discuss patient specific needs and obtain referrals as appropriate. Work collaboratively along side providers either during collaborative joint or clinical pharmacist managed patient encounters Contact outside providers/specialist as needed to be an advocate for the patient.
R1.1.2: Interacts effectively with ambulatory care patients, family members and caregivers.	Applying	Conduct clinical pharmacist managed patient encounters based on referral from providers. Demonstrate cultural competence in all patient encounters by using interpreter services and creating care plans taking into account a patient preferences. Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health.
R1.1.3: Collect information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Using EMR collect pertinent information related to disease states being managed in a timely and efficient manner including provider plan, laboratory monitoring parameters, testing results and care plans from other providers. Create an interview style/format that fits the patient's communication needs to collect all pertinent information (ie adherence, cultural preference etc).

R1.1.4: Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	During patient encounters, using the information collected (R1.1.3) from patient and EMR,
		   Assess patient status by taking a holistic approach
		   Identify medication related problems.
		   Prioritize problems based on both provider and patient preference
		   Refer patient to both internal and external providers based on
		      patient needs (ie vision referral).
		   Use evidenced based guidelines to drive decisions

R1.1.5: Design or redesign a safe and effective individualized patient-centered therapeutic regimen and monitoring plan (care plan) for ambulatory care patients.	Creating	During patient encounters, using the information collected (R1.1.3 and R1.1.4) from patient and EMR and your own clinical judgement:
		
		   Create a comprehensive disease state management plan which
		    includes patient determined goals.
		   Each plan should include the following:
		      Medication Changes- with implementation plan
		      Education provided to patient- including handouts used
		      Monitoring- both patient and provider
		      Goals set- created collaboratively
		      Follow-up
		   Determine appropriate wellness activities patient should engage
		     (ie immunizations etc.)

R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	Applying	At the end of each patient encounter
		   Communicate collaboratively created plan to patient and provide
		    documentation (goal sheet, patient packet etc)
		   Work with patient to reduce any barriers to success (such as
		    medication access)
		   Schedule follow-up appointments based on clinical factors.
		    Telephonic, face to face or virtual
		   Follow-up on any prior authorizations required for medication access (initiated by
		    clinical pharmacist only)

R1.1.7: Document direct patient care activities appropriately in the medical record.	Applying	At the end of each patient encounter…
		   Document in EMR based on policy and procedures-
		    Including the use of telephone notes and clinical pharmacy
		    template

		Utilize existing EMR templates Work with clinical pharmacy team to update templates as needed

R1.1.8: Demonstrate responsibility to ambulatory care patients for patient outcomes.	Applying	The resident will
		    Prioritizes patient care activities
		    Focuses time while in clinic on patient appointments
		    Complete follow-ups based on patient needs
		    Use all forms of communication to reach patients- ie phone, mail,
		       text to ensure positive outcomes
		    Notify provider of concerns related to patient care in a timely
		       manner

*Assessment of the above will take place via direct preceptor observation and chart reviews based on policies and procedures of the organization.

Competency Area: R3 Leadership and Management		
Goal R3.1: Demonstrate Leadership Skills		
Objective:	Cognitive or Affective Domain	Activities Assessment Method
R3.1.1: Demonstrate personal, interpersonal and team work skills critical for effective leadership	Analyzing	Demonstrate appropriate time management skills during patient appointments Effectively diffuse conflict with both patients, providers and team members Use negotiation skills when working with patients and providers Use effective communication skills with providers, patients etc. Advocate for patient care at the individual level
R3.1.2: Apply process of ongoing self-evaluation and personal performance improvement	Applying	Participate in critical reflection activities during formative and summative meetings. Internalize feedback provided and work to demonstrate improvement.

*Assessment of the above will take place via review of resident reflections, discussion with preceptors and care team.

Goal R3.2: Demonstrate management skills in the provision of care for ambulatory care patients		
Objective:	Cognitive or Affective Domain	Activities
R3.2.1: Manage one's own ambulatory care practice effectively	Applying	Manage clinical pharmacy referrals to ensure appropriateness of referral based on CPA and state laws Use evidence- based decision making Prepare appropriately for each days activities – either patient care or mgmt.. Work collaboratively within the organization with all providers and administrators . Participate in all professional development and disease state management topic discussions Self-check bias during patient/provider encounters Assume responsibility for all outcomes- clinical or humanistic
Goal R3.3: Manage the operation of an ambulatory care pharmacy service		

R3.3.1: Effectively manage ongoing operational functions of the service	Analysis	Manage clinical pharmacy referrals to ensure appropriateness of referral based on CPA and state laws
		
		Use feedback from chart reviews to improve operational functions
		
		Participate in clinical pharmacy team meetings by:
		    Organize all meetings
		    Generate consensus when opinions differ
		    Coordinate training
		    Communicate with C-Suite regarding changes to workflow, CPA initiation
		
		Advocate with C-Suite for operational support for clinical pharmacy visits

Additional Information: None

University of Cincinnati and Primary Health Solutions
Ambulatory Care PGY2 Residency
Orientation

<u>Learning Experience:</u> Orientation is a required 1 to 2 month learning experience which will provide the resident with a broad overview, skill assessment and 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 assessment and gap analysis, teaching certificate program initial/continued training and practice site orientation.

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<u>University of Cincinnati College of Pharmacy:</u> The Cincinnati College of Pharmacy was the first college of pharmacy established west of the Alleghenies. It was granted a charter by the Ohio Legislature in 1850 and operated as a private college until July 1954 when it became an integral part of the University of Cincinnati. In 1967 the College of Pharmacy became a unit of the University of Cincinnati Academic Health Center, along with the College of Medicine, College of Nursing, University Hospital, Christian R. Holmes Hospital, and the Health Sciences Library.
In 2000 a fourth College, the College of Allied Health Sciences joined the University of Cincinnati Medical Center. The College occupies newly remodeled space in the Health Professions Building and Wherry Hall. On June 6, 2007 the University of Cincinnati (UC) College of Pharmacy changed its name to the James L. Winkle College of Pharmacy. The college is only the second in UC's history to be named.

Role of the Resident: The residents role during orientation is to learn about the following components of residency program:
1. Overall structure and expectations
2. Bever Center: direct patient care home base practice location
3. Primary Health Solutions organization
4. Community Based practice located at Community First Pharmacy
5. College of Pharmacy/Academia

Learning Experience: Type: Concentrated, required

Duration: 1 to 2 months

Hours and Schedule:
Weeks 1-5/8 (COP)- The resident will be scheduled for orientation activities at the College of Pharmacy. Orientation schedule will be developed in collaboration with resident and practice site based on residents past experiences.

Weeks 1 to 5/8 (Practice Site)-The resident will be scheduled to orient at the practice site(s) for the next 1 to 5/8 weeks. See below

    See Orientation Calendar posted to OneDrive for specific dates/times.

Mentors:
        Residency Program Director: Bethanne Brown PharmD, BCACP
        Preceptor and Site Coordinator: Craig Stiens PharmD
        Preceptor: Bryan Bowman RPh and Ashley Hoehn PharmD

Preceptor communication: Preceptors are available either for face-to-face interactions or via phone/email for questions related to orientation activities. Resident will be provided all preceptors cell and in office extension at the beginning of the residency.

Expectation 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 an ambulatory care pharmacist while gaining confidence in patient services and numerous disease states. The resident should know the disease states covered under our Collaborative Practice Agreement and priority should be given to learn the treatment goals of each. The resident should gain a general understanding with regard to workflow as well as the documentation requirements in Nextgen. Mastery of the documentation requirements is expected within the first quarter. Since we run reports both for practice management and 340b compliance a basic understanding and utilization of excel is expected. The resident should have a basic understanding of the 340b program as well as reimbursement model for the FQHC. Every effort should be made to obtain credentialling for

Ohio Medicaid prior to the start of the residency. Completion of the Payer Credentialling Provider Checklist in April of the start of your residency year is expected.

It is our expectation that the resident will be engaged with the entire health care team when the clinic is open and operating.

This orientation is designed to continue the professionalization by giving the resident training needed to continue to enhance their skills and ability in the primary care setting.

The primary preceptor will model, coach and facilitate the learning experience as appropriate. Based on preceptor assessment and resident readiness, the resident will progress to independence based on the resident's knowledge, skills, and abilities. Open lines of communication are expected throughout orientation.

Progression of the resident:
The resident should gain basic knowledge of the practice site as well as learning experiences during orientation over the 5 to 8 week time period (see activities below). If deficits are found a plan for resolution will be created.

New Employee/Resident Employment Training

 UC Employment Related:
1. Attend UC Virtual Orientation from 9 to 10:30 on 7/13 and XXXX

2. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Log in (upper right corner), click on Use UC login (sign in with your UC username and password) and complete trainings. Once completed, upload certificates to OneDrive (Practice Site Requirements). **Must be completed by 7/16/21.**

3. Meet with RPD to review the following (7/9):
   i. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, Practice Site Requirements
   ii. Residency Structure: policies and procedures, weekly logs, community service requirements and meetings
   iii. Assessment Structure: Self-assessment and self-evaluation

4. Complete UCSuccess Factors required training. You should have received an email indicating the needed training (Orientation Essentials, Get Connected, Further Resources)

5. Complete Concur training
   I. Concur is the Universities on-line platform for all travel and reimbursement activities.

    II. Virtual training will be offered by the University and will be assigned to you via SuccessFactors after your start date.

    i. Please note the College Concur expert is Ashley Waller. Please reach out to her with questions/concerns. Her email is bonnerah@ucmail.uc.edu.

PHS related:

    Attend 3-day orientation for practice site- see orientation calendar for dates/times and location.

Deliverables:

Employment Related

Licensure in Ohio- e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Signed document of Understanding of the Policy and Procedures for PHS

Signed HIPPA forms -UC and PHS

Screen shot of completed Blood Borne Pathogen certificate

Screen shot of completed UCSuccess Factors required and assigned new employee training.

Completion of Payer Credentialling Provider Checklist (April prior to start of residency)

Credentials including:

    a. APhA immunization certificate

    b. Basic Life Support (BLS) Certificate

    c. Any other professional certificates

Practice Site Related:

Completed 340b on demand module quizzes

Cultural competence certificates

Motivational Interviewing activities from COP orientation

TKIConflict Management training- screen shot of completion/certificate

CITI certificates

IHI Open School Basic Certificate certificates

APhA Diabetes Certificate

Strength Finders Results

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Once- at the end of the experience
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	Once at the end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at the 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: This 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 or monthly (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 the residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care		
Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a JCPP- Pharmacist Patient Care Process		
Objective:	Cognitive or Affective Domain	Activities: See orientation calendar for dates/times of the activities below
R1.1.1: Interact effectively with health care teams to collaboratively manage ambulatory care patient's medication therapy.	Applying	Introductions to clinic staff and complete shadowing experiences with providers to learn operation and daily workflow Review CPA for PHS provided Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: Pharmacist Consult Agreements with Providers.pdf (ohio.gov). Consult agreement with physicians: Section 4729.39 - Ohio Revised Code | Ohio Laws.
R1.1.2: Interacts effectively with ambulatory care patients, family members and caregivers.	Applying	Learn how to interact with patients in a professional manner Attend TKI Conflict Management Training assigned to you via Success Factors. Please log into Success Factors and register: www.uc.edu/hr/tools/successfactors.html. Complete Motivational interviewing review by a. Read the information found on this web site: http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills needed.

		b. 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. c. Participate in the MI- COP orientation activities. Shadow clinic staff to understand documentation requirements of each team member.

R1.1.3: Collect information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Complete on-line series from Think Cultural Health: A Physician's Practical Guide to Culturally Competent Care.
		     i. Register for free at: ThinkCulturalhealth.hhs.gov/education/physicians.
		    ii. Complete Course 1, 2 and 3.
		
		Review the use of On-demand interpreter services (PHS) devices and how to work with telephonic interpretation services.
		
		Shadow providers and begin collecting key information from patient/caregiver and EMR based on chronic illnesses.
		
		Determine collaborative practice agreement guidelines. Review with primary preceptor as needed.
		
		Complete APhA Diabetes Certificate program when offered

R1.1.4: Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Collaboratively determine problem list with patient/caregiver using key information collected. Review with provider/preceptor. Complete APhA Diabetes Certificate program when offered. Complete CPA training for pharmacists

R1.1.5: Design or redesign a safe and effective individualized patient-centered therapeutic regimen and monitoring plan (care plan) for ambulatory care patients.	Creating	Read NACHC 340B manual for health centers. Complete 340B on demand modules: Register and access the modules here: https://www.340bpvp.com/education/340b-u-ondemand/modules/ Register as a covered entity, Primary Health Solutions. 340b ID for registration: CHC08753-00 i. Complete the full curriculum listed here (complete those that are "clickable": https://www.340bpvp.com/education/340b-u-ondemand/modules/ ii. Upload completed quizzes results Develop clinical judgement by taking into account the patient factors to create a comprehensive plan for all patients seen with primary care team or as part of collaborative disease state management. Complete APhA Diabetes Certificate program when offered.
R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	Applying	Complete NextGen Training as part of new employee orientation within PHS. Gain experience using clinical pharmacist templates in NextGen Effectively communicate plan to patient. Learn follow-up process to ensure appropriate implementation of plan
R1.1.7: Document direct patient care activities appropriately in the medical record.	Applying	Complete NextGen training as part of new employee orientation- as directed by Director of Pharmacy Services. Shadow clinic staff to understand documentation requirements of each team member. Learn the daily operation workflow of each clinic.

Competency Area: R2 Advancing Practice and Improving Patient Care		
Goal R2.2: Demonstrate ability to conduct a research project		
Objective:	Cognitive or Affective Domain	Activities
R2.2.1: Identify a scholarly question relate to clinic practice, education or health care that would be useful to study and can be completed within the PYG2 residency year.	Analyzing	Complete CITI training Complete IHI Basic Certificate Training Attend COP directed training as directed with learning experiences (Advancing Practice and Practice Management)

Competency Area: R3 Leadership and Management		
Goal R3.1: Demonstrate Leadership Skills		
Objective:	Cognitive or Affective Domain	Activities

R3.1.1: Demonstrate personal, interpersonal and team work skills critical for effective leadership	Analyzing	Attend TKI conflict management training (described in R1.1.2)
		
		Participate in leadership training based on past experiences.
		
		Attend health center meetings including:
		    a. All Staff meetings (Bever Center): 3rd Thursday of month 10:30am
		    b. Clinical Excellence Meetings (Admin): Fridays from 9 to 11am
		    c. Primary Care Huddles-3rd Wednesday 7:30 to 8:30am
		
		Spend time with key administrative personnel including: Christy, Sergio, Marianne and Angio O- see orientation calendar.

R3.1.2: Apply process of ongoing self-evaluation and personal performance improvement	Applying	Participate in weekly critical reflection activities. Internalize feedback provided and demonstrate improvement.
Goal R3.2: Demonstrate management skills in the provision of care for ambulatory care patients		
Objective:	Cognitive or Affective Domain	Activities
R3.2.1: Manage one's own ambulatory care practice effectively	Applying	Read ACCP White Paper, Developing a Business-Practice Model for Pharmacy Services in Ambulatory Settings Review PHS Policy and Procedures
Goal R3.3: Manage the operation of an ambulatory care pharmacy service		
R3.3.1: Effectively manage ongoing operational functions of the service	Analysis	Begin to learn how to manage time in clinic effectively and efficiently using team and technology to support role. Complete training as described in Direct Patient Care learning experience (orientation)

Additional Information: None

University of Cincinnati and Primary Health Solutions
Ambulatory Care PGY2 Residency
Practice Management

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

Primary Health Solutions (PHS): Primary Health Solutions (PHS) is a non-profit, safety-net healthcare provider serving Southwest Ohio with centers in Hamilton, Fairfield, Middletown, Oxford, Dayton, and Trenton. Our approach to care is patient-centered. This means that with technology and our expanded resources we can, together with you, effectively coordinate your healthcare needs. Our goal is to offer a comprehensive range of healthcare services, on a sliding-fee scale, to all members of the community, regardless of income or insurance coverage. Due to their economic situations, many patients served by PHS would otherwise go without much needed healthcare.

Role of the Pharmacist: The pharmacist for this learning experience manages the daily workflow, collaborates with other health care providers, develops strategies to enhance the strategic goals of the practice setting, practice self-evaluation and manage both team and individual responsibilities. Include resident in meetings with key decision makers with regard to but not limited to policy changes/updates, organizational measurements (PCMH, UDS, CPC), community organizers, and payers (PFP meetings).

Role of the Resident: The resident should work toward becoming independent of the pharmacist. The resident should work toward but not limited to the following: mastery of documenting visits in Nextgen, develop professional relationships with providers, office staff and patients, Disease state competence (priority to those covered in our collaborative practice agreement), understand the importance of meeting encounter goals, 340b (revenue generation, compliance, diversion).   Understand function and role of 3rd party administrator for 340b compliance. Be engaged in QI projects/meetings related to clinical pharmacy services.

Learning Experience Type: Longitudinal, Required

Duration: 11 months
> Resident will spend an average of 6 to 8 hours/week engaged in activities related to this learning experience.

Hours and Schedule: Pharmacist will likely have clinical office days, therefore the administrative opportunities may be limited to a couple of half days per week. Since meetings with community organizers may be concurrent with office hours, the resident may shadow executive

level or director level staff in these meetings. The goal would be for 6-8 hours per week or approximately 30 hours per month.

Mentors:
Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptor: Craig Stiens, PharmD (site coordinator)

Preceptor communication: Preceptors are available either for face-to-face interactions or via phone/email for questions related to patient care during clinic hours. Resident will be provided all preceptors cell and in office extension at the beginning of the residency.

Expectations of the Resident: The expectation of this residency is for the pharmacy resident to:
1. Work with Director of Pharmacy services on projects related to practice management/population health.
2. Work as a member of an interprofessional team
3. Attend health and wellness events sponsored by practice site.
4. Stay current on disease states as well as population health initiatives within the region and nationally.
5. Enhance or start a new, sustainable and replicable clinical service within Primary Health Solutions.
6. Collaborate with peer organizations to promote PHS and gather ideas (ie OACHC, OPA)

Progression of the Resident: Monthly the pharmacist and the resident should discuss progression toward goals, identify barriers to achievement of those goals.

First quarter: mastery of Nextgen and relationship building should be the priority.
Second quarter: Solid understanding of the 340 program as well as the encounter rates for the pharmacists. By the end of the second quarter, disease state management should be well established.
Third/Fourth quarters: Use clinical pharmacy QI data to institute changes to improve practice

Orientation Activities: Resident will complete as part of orientation the following:
1 Attend new employee orientation at Primary Health Solutions
2 Review health care quality improvement concepts or complete IHI basic certificate in health care quality improvement. Determination of the above will be based on previous experiences within PGY1 program.
3 Review policies and procedures as well as established collaborative practice agreements for practice site.
4 Review Ohio State laws related to Collaborative Practice Agreements

5 Review 340b audit process with director of pharmacy services
6 Attend business plan (October) and QI training (December)
7 Other training as identified.

Deliverables:

1. Protocol revision or new service
   a. Pharmacist clinical data - as it relates to CPA to revise
   b. Literature search + summary paragraphs
   c. CPA new or revised (final and drafts)
2. Development or enhancement of service using Health Care Quality Improvement Concepts
   a. IHI Basic Certificate in health care quality improvement
   b. Key Driver (3 versions)
   c. Executive summary (final and drafts)
   d. PDSA cycles- 3 completed and documented cycles
   e. Documents related to data collection and analysis.
   f. Sustainability plan
3. Operations of the Clinical Service
   a. Patient appointment data spreadsheets
   b. Analysis of data to report to management- summary documents and any related presentation materials
   c. Participation and completion of leadership training activities
4. Self-Evaluation: Reflections
   a. Bi-weekly hours log completion
   b. As assigned by preceptor based on project/experience.

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, monthly, and situational
Learning Experience Evaluation	Resident	Learning Experience	Quarterly
Preceptor Evaluation	Resident	Preceptor	Quarterly
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 Advancing Practice and Improving Patient Care		
Goal R2.1: Manage the development or revision, and implementation , of proposal related to the ambulatory care setting		
Objective:	Cognitive or Affective Domain	Activities
R2.1.1: Prepare or revise a protocol (work flow, scope of practice, CPA) related to ambulatory care	Creating	Work with PHS Quality Team to determine CPA protocol to initiate/revise/update or a new service to implement. Complete literature review and summary paragraphs for each pertinent article. Use appropriate communication tools and engage stakeholders at all levels
R2.1.2: Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service.	Applying	Using Health Care Quality Improvement concepts- complete Key Driver, Process Flow and PSDA cycles to implement or improve existing service. Write up a QI summary document and present to key stakeholders. Minimum requirements include: Key Driver (X2 revisions), 3 PDSA cycles, Process Flow diagram (X1), Executive Summary (approved by preceptors)
Competency Area: R3 Leadership and Management		
Goal R3.1: Demonstrate leadership skills.		
Objective:	Cognitive or Affective Domain	Activities
R3.1.1: Demonstrate personal, interpersonal, and team-work skills critical for effective leadership	Applying	Participate in leadership development activities as part of residency program and complete assigned pre/post learning work Demonstrate time, conflict and negotiation skills when working within provider teams.

		Prepare, interpret, and present Pharmacy Department operational/financial reports to the management team
		Participate in evaluating and updating Pharmacy Department tactical/operational goals
		Participate in preparing and conducting annual appraisal and disciplinary actions for pharmacy staff
		Review, update, or create Pharmacy Department policies/procedures
		Attend the annual strategic plan review retreat
		Represent the Pharmacy Department on the Continuous Quality Improvement committee
		Act as the medication investigator for medication related problems identified in Safety Zone.
		Participate in screening, interviewing and hiring of a pharmacy intern
		Use effective communication skills
R3.1.2: Apply a process of on-going self-evaluation and personal performance improvement	Applying	Complete all bi weekly duty hours tracking and reflections as dictated by program and activities
		Utilize weekly and as needed preceptor meetings to discuss performance and seek feedback on activities and projects.
		Identify and work towards areas of improvement within management
Goal R3.3: Manage the operation of an ambulatory care pharmacy service		
R3.3.1: Effectively manage ongoing operational functions of the service	Analysis	Contributes to the management of clinical pharmacy operations as part of the team that may include internal marketing, referrals, system problems (ie scheduling), process improvement and training.
		Attend weekly clinical pharmacy team meetings and lead meetings as appropriate.

		Keep track and manage patient appointment data including: no shows, LEP population and duration of visits. Work with PHS support teams to improve show rates.
R3.3.2: Assure that the service operates in accord with legal and regulatory requirements	Creating	Working with PHS HR – ensure service(s), either existing or new, meet clinic, state and national standards. Practice in accordance with PHS and UC policies and procedures Understand and practice in accordance with CPA guidelines.

Additional Information: none at this time

University of Cincinnati and Primary Health Solutions
Ambulatory Care PGY2 Residency
Community-Based Practice

Learning Experience: This learning experience is designed to move the resident from PGY1 traditional pharmacy experience to independent practitioner who can provide patient-centered care while dispensing medication and driving innovation in a community pharmacy setting. This will be achieved when the resident 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.

Community First Pharmacy (CFP) is the second not-for-profit pharmacy founded in the nation, offering personalized service of a corner drug store and affordable pricing without the high prices for those paying out of pocket. No matter if a patient is insured, underinsured, or uninsured Community First Pharmacy is a pharmacy for all. They are dedicated to fulfilling the needs of families and individuals in our community by providing access to affordable pharmacy services.   The pharmacy fills 1000 prescriptions per week, with 65% coming from Primary Health Solutions providers. They also provide immunizations, med sync, medication therapy management services.

Primary Health Solutions (PHS):   CFP is a contracted 340b pharmacy with PHS providing discounted medications for our underserved patient populations to improve access to affordable medications to enhance patient outcomes.

Role of the Pharmacist: The pharmacist in this care setting provides care in a traditional community pharmacy. They monitor and follow-up on patient's with complex disease states, utilize MTM platforms, administer immunizations, conduct adherence reviews, dispense medications and provide patient education. Evaluating medications for alternative agents to enhance affordability.

Role of the Resident: To become an integral part of the CFP team and to act as a liaison between the two corporations to enhance patient care.

Learning Experience Type: Longitudinal, Required

The resident will spend, on average 16 hours per month for first 6 months, then next 6 months work with CFP on pre-identified patient to reduce barriers and improve care.

Duration: 6 months, concentrated and 6 months longitudinal

Hours/Schedule:
       Orientation: 7/26 to 7/30(M-F), 9 to 5pm at CFP Middletown with Lyndsay Powell.
       Then Wednesdays: 1 to 5pm from 8/4 to 1/26/2022 at CFP Bever Center

Mentors:
       Residency Program Director: Bethanne Brown PharmD, BCACP
       Preceptors: Ashley Hoehn PharmD

Preceptor communication: Preceptors prefer email communication unless emergency arises then text/call. Cell phone numbers will be made available at the start of the experience.

Expectations of the Resident:
The resident will move from dependent 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 Pioneer to verify, dispense, and counsel on medications. Appropriately communicate to other pharmacies, physicians, patients as needed. Transfer prescriptions and lead pharmacy team.

       Facilitation of Communication: work to reduce barriers to patient medication access*.*

Progression of the resident:

       Orientation (1 week): Pioneer and pharmacy workflow orientation.

       Month 1: Learn Pioneer software, learning workflow within pharmacy.

       Month 2: Trouble shoot insurance/payment models/340b formulary.

       Month 3: Learn to identify adherence concerns/enhancements.

       Month 4 to 6: Determine dynamics of communication between organizations and educate of PHS and CFP staff

       Months 6 to 12: Facilitate communication between PHS/CFP to reduce barriers.

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 Community First Solutions
3. Pioneer University videos- access will be provided at site
4. Introduction to dispensing services including shadowing pharmacy technician and staff pharmacist.

Deliverables:

1. Longitudinal patient tracking document

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, monthly and situational
Learning Experience Evaluation	Resident	Learning Experience	3 times- beginning and end of concentrated experience and end of longitudinal time
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
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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:
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 training with staff pharmacists Utilizing Pioneer review patient profile to detect and address therapeutic concerns.
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Verify prescriptions using a systematic process Contact provider if therapeutic issues arise. Dispense medications to patient or caregiver
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	Administer vaccinations Perform physical assessment and point of care testing for identified patients Refer patient to MedSync Document appropriately using Pioneer and Flip the Pharmacy eCarePlans
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	Counsel patient appropriately at the point of dispensing Follow-up as needed with patient/provider

Competency area: E8 Delivery of Medications (E8.1.1)		
E8.1.1: Manage aspects of the medication-use process related to formulary management for patients.	Apply	Utilize 340b program to ensure patient access Continuously educate providers on 340 B program, pharmacy programs (ie medsync) and patient access isses. Education of patients on realistic expectations for medication fulfillment Determining alternative that are more cost effective for patient (ie OTC medications)
E8.1.2: Facilitate aspects of the medication-use process for patients.		Utilize Pioneer technology to aid in decision making related to medication access. Communicate effectively with PHS/CFP to facilitate medication related changes. Manage patient expectations to improve patient satisfaction. Identify shared patients who could benefit from additional support, collaborate with CFP and determine support needed, use resources with PHS to improve outcomes Complete longitudinal patient tracking log monthly

Additional Information: None

PGY2 Resident Activity Report

Resident Name: _____

Week #: _____   Total Hours Worked (max 80): _____   % Hours Spent on Patient Care Activities: _____%

Day	Date	Site	Patient Care	Leadership & Mgmt.	Teaching, Education, & Dissemination of Knowledge	Advancing Practice & Improving Care	Other
Su							
M							
T							
W							
Th							
F							
Sa							
Totals							

_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

Weekly Disease State Appendix Log

Track the number of patients managed (after Q1) each week based on the patient's disease state, using the categories found in the disease state tracking log. Use this document to total the disease states managed quarterly prior to RAC meeting – see Excel Document ASHP Disease State Tracking Log.

Disease State (category – disease state)	Number of Patients Managed

Advancing Practice & Improving Care Weekly Update

	Progress to Date	Plan for Upcoming Week
Research Project		
Service Enhancement or Implementation		
Population Health		
Other Projects		

Self-Care Activities this Week

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

Well-Being Index (every other week)
Include last 2 months below

Date	Index Score	Work-Life Integration	Likelihood of Burnout	Severe Fatigue

Continuous Professional Development

Complete reflection every other week

Success & Struggle
Reflection: What, So What, Now What

Weekly Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed