UNIVERSITY OF Cincinnati

Post Graduate Year 1 Community-Based Residency Program

Become a PharmCat!!

James. L. Winkle College of Pharmacy

3225 Eden Avenue

Cincinnati, OH 45267-0004

Welcome… to the University of Cincinnati College of Pharmacy PGY1 Community-based Pharmacy Residency for underserved populations! We are working with our partners, St Vincent de Paul Charitable Pharmacy, Cincinnati Five Rivers Health Centers, Medication Managers/LifeLine 24 and Equitas Health to create unique and challenging experiences in underserved/community-based care. We are very excited that you have chosen to spend your next year with us, learning and caring for those in our community. You were chosen for our residency program based on your educational background, experience, and passion for caring for those in need.

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

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

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

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

St Vincent de Paul
Lydia Bailey PharmD. BCACP

Jon Burns PharmD
Cincinnati Health Department

Joelle Ahlrichs PharmD, AAHIVP
Equitas Health

Medication Managers, LLC
Casondra Seibert PharmD, BCGP
Andy Mann PharmD
Joanne Lankford PharmD

Five Rivers Health Centers
Anne Metzger PharmD, BCPS

University of Cincinnati PGY1 Community- Based Pharmacy Practice Residency Program Policies and Procedures
2023-2024

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 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):

1. Successful completion of all required and elective (if applicable) learning experiences.
    a. A designation of "Achieved" for Residency (ACHR) on a minimum of 85% of the required goals and objectives identified in the development plan.
    b. A designation of "Satisfactory Progress" (SP) on all remaining goals and objectives identified in the development plan (but no more than 15% of required objectives).
    c. A resident will not complete the program if any objective is rated as Needs Improvement (NI).
2. Satisfactory completion of all Requirements to Complete the Residency. See Appendix A and B
3. Completion of end of year meeting with RPD to verify and document successful completion of the program requirements.

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 termination from the program. Termination may occur if the resident is unable to become licensed in the State of Ohio within 90 days of the start of the program.

If the resident is unable to be licensed within the 90 days, the program reserves the right to suspend a resident until they are licensed but for no longer than 45 days. During the suspension, the resident will be removed from all residency activities, but will remain a UC employee. Pay will be suspended but benefits will continue (healthcare etc). The residency year will be extended to make up ALL time taken during suspension. Upon re-instatement, the resident may be required to complete additional orientation/training activities.

If the resident fails to become licensed after 45 days of suspension, they will be terminated from the program.

These policies are in compliance with the PGY1 Accreditation Standard for Post Graduate Training Standard 2: Program Requirements and Policies (found at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf .

In addition, If NAPLEX or MPJE exams cannot be scheduled prior to the start of the residency year, the resident should schedule the exam(s) at the earliest time possible. Vacation time is not permitted to be used for exam taking purposes and any time away from the practice site must be made up during Orientation.

Development Plans and Required:

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 Program. However, in order to meet each resident's individual needs, aspects of residency including: 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-Reflection – residents will be asked to self-reflect (global view of your learning and professional growth) by completing the UC PGY1 Community Based Pharmacy Residency Entering Self-Reflection 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. Entering Self-Evaluation: Residents will be asked to complete the ASHP PYG1 Community-Based Resident Entering Self-Assessment Form. The completion of these documents will provide preceptors background practice interests, personal strengths, opportunities for improvement, well-being and resilience strategies, and self-evaluation of current skills relative to competency areas, goals and objectives (CAGO's) of the residency program. Responses will be sent to preceptors who will then use this information to customized orientation experiences.
3. 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 adjust the plan as needed.
4. Initial development plan will be created with RPD during orientation month (late July within 30 days of start of residency). This plan will include: strengths and areas for improvement, practice interests/career goals, well-being and resilience, strengths and areas for improvement related to Competency areas (R1 to R4). To help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc.
5. Each quarter, the resident will meet with the RAC to evaluate progress and review/update development plans including changes to strengths/areas for improvement, practice interests/career goals, wellbeing and resilience, strengths and areas for improvement based on each competency area (R1 to R4). The RPD in collaboration with preceptors, will provide an assessment of strengths and areas for improvement related to competency area as well as develop a planned initial and quarterly changes to the program. In addition, the resident's requirements to complete residency and portfolio (OneDrive) will be reviewed, updated and signed (electronically). These meetings will take place in October, January, and April or every 90 days after initial development plan completed.

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-8 week experience
2. Patient Centered Dispensing:
    a. St Vincent de Paul: 16 hours per week
    b. Five Rivers Health Centers: 8 hours per week
    c. Cincinnati Health Department: 8 hours per week
3. Leadership and Management:
    a. St Vincent De Paul: 4 hours per week
    b. Five Rivers Health Centers: 4 hours per week
    c. Cincinnati Health Department: 4 hours per week
4. Patient Centered Dispensing + Leadership and Management
    a. Medication Mangers/LifeLine: 12 hours per week
5. Direct Patient Care- 24 hours per week*
6. Academic - 4 hours per week
7. Business Plan- 2 hours per week*
8. Research Project- 2 hours per week*
9. Quality Improvement Project– 2 hours per week*

*Approximate average per week, each week will vary based on project

Assessment of Performance:

For each required 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 areas for improvement 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 longitudinal learning experiences (example: Direct Patient Care). 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-Reflection: 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 weekly, bi-weekly and monthly self-reflection opportunities. Within the Resident Activity Report, residents will identify a strength/struggle to reflect upon. As needed self-reflections will also be added depending on circumstances and at the discretion of individual preceptors. How to accurately self-reflect will be reviewed in orientation.

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 subsequent 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 in question 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 parties 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 RPD 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 RPD, 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 to demonstrate documented improvement or formal termination procedures will proceed.

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.

4. 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.

5. In cases of serious misconduct, regardless of 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 practice 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 practice 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.

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 preceptors first via email.
5. You must copy the RPD on any vacation e-mail requests.
6. Your request must be submitted via UCFLEX Employee Self-Service (ESS). See below.

The RPD 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 per University policy, they 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).

> To enter unpaid vacation into the UCFlex Employee Self Service (ESS system)- you must include 2 entries:
> 1. Time off with pay: include all hours accrued to date
> 2. Time off without pay: should be used for all remaining time off that is not covered with your current accrued vacation time. The category is "authorized leave- unpaid".

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

Resident Vacation per practice partner:

Each practice site is different and discussion of taking vacation that falls on your scheduled work shifts needs to take place with your site coordinator PRIOR to requesting time off. All communication must be then confirmed via email and RPD must be CC'd.

The following policies are in place:

1. MedManagers/LifeLine:
    a. You are only permitted to take vacation days to cover 1 of your required staffing weekends at LifeLine (Fri/Sat). You must notify Jody Hoffman both verbally and email at least 1 month prior to your request to obtain weekend coverage.
    b. You are only permitted to take 3 total days of vacation from LifeLine (inclusive of #1 above)
    c. You must work at LifeLine for your assigned holiday-either Christmas Day or New Year's day, You are not permitted to take vacation for either of these holidays.
2. SVdP: You must staff 2 Saturdays per month (averaged over 2 months). Site coordinator will reach out prior to the schedule to determine dates. You are not permitted to use vacation time to cover your staffing responsibilities for Saturdays.
3. FRHC: Additional FRHC staffing during the latter half of December will be required from the resident. A schedule will be determined by 12/1 of each year; the resident may not use vacation on required staffing days from 12/15 through 1/7. Dates during this time that the resident is not staffing are acceptable for vacation time.
4. CHD: The resident may not use vacation from 12/20 to 1/4 of the residency year due to staffing levels during the holidays.

Resident Holidays:

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

Please note: UC is closed the following holidays for 2023-2024: July 4th, September 4th, November 10th, November 23th and 24th, December 25th and December 26th, January 1st, January 15th and May 27th, June 19th.

Residents are expected to be either at the College or at your practice site during the following time periods (academic calendar changes):

        October 9th and Tuesday November 7th: Reading Day/Fall Break
        December: 22nd to 29th: Winter Break, UC Closed
        March 11th to 17th: 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 8 hours/month for each month worked (12 days/year).
Any unused sick days will be paid out at year end. For sick time greater than 5 days taken consecutively, a doctor's note will be required for days absent and to return to work.

All sick leave policies for the University must be followed. If a resident is sick for >10 days but less than 30 days, the RPD, UC Human Resources, and site coordinator(s) will meet to create and approve a Performance Improvement Plan to ensure that resident responsibilities will be made up. This document will be maintained in the residents HR folder.

Extended Leave:

If a resident takes leave for >30 days, the resident may be terminated, or the residency year will be extended to ensure completion of all requirements subject to University policies in effect at the time of the employment and in collaboration with the residency practice sites. The additional time added to the end of the residency year will be determined by the RPD and practice site. During the leave period, benefits will continue to be provided by the University, but the Resident will be in a no-pay status once all sick and vacation time accrued has been used. This extended leave will be capped at 12 weeks total.

Professional Leave:

UC supports attendance at professional meetings as required by the UC PGY1 Community-Based Pharmacy. 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 RPD. The final decision for all professional leave is made by the RPD 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. You must attend the conference on day 1 (ie be there by the start of the first session).
3. The expectation for the length of stay for each conference will vary and must be approved by the site coordinators and RPD

a. IE: for OPA conference- Friday and Saturday are mandatory. Sunday is optional
4. Recruiting is a key part of conference attendance- you will be required to attend all recruiting events as determined by RPD.
5. 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.
6. A minimum of 3 educational sessions per day (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.
7. 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.

8. 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.
9. 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.
10. 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 Employee Self Service system (ESS)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 Employee Self Service (ESS) as leave without pay. However, your total days off, underline paid or unpaid, may not exceed 10 (total allowed vacation days in the residency year). This policy does not apply to leave requested due to illness (see Sick Leave above)

Inclement Weather:

Due to the longitudinal nature of this rotation, each practice site will handle weather emergencies differently. The resident will be responsible for contacting the preceptor at the site they are scheduled to determine appropriate course of action. In most circumstances, residents will be expected to complete activities related to the residency regardless of the weather situation.

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 five meetings/recruitment events each year (up to a max of $1500 total for the year for PYG1).

The required meetings/recruitment events may be:
- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- American Society of Consultant Pharmacist Regional Meeting (MM only)
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase
- Ohio Pharmacists Association Advocacy Events (fall or spring events)
- Ohio Pharmacy Residency Conference Showcase (OPRC)

Reimbursable expenses generally include the following:
1. Registration fee- early bird only.
2. Coach airfare or auto travel as appropriate.
3. Hotel room (double occupancy only).
4. 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. Submit for time off for authorized travel (aka: TOFW) via Bearcats Landing, Tools, UCFLEX Employee Self Service (ESS). See below for details under Documentation of Vacation/Sick/Travel Leave.
   Once approved
2. Submit travel authorization form (TA) via Concur, the Universities on-line travel reimbursement system. Completion of training occurred during orientation.

All requests for travel (aka TOFW and TA- BOTH DOCUMENTS) must be submitted a **minimum of one month prior to your trip**.
3. Once approved in Concur- submit for expenses
   a. prior to travel- includes registration/airline tickets
   b. after travel completed- hotel, meals, transportation etc.
4. For expenses paid after travel has been completed, receipts 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.
5. Reimbursement is generally provided within 2 weeks of submission of expense with receipts.
6. Concur can be accessed via Bearcats Landing, Tools Tab, Concur.

See UC Travel Policy found at: https://www.uc.edu/about/admin-finance/business/travel/policy-and-travel-tools.html. Please review carefully.

Key Tentative Dates:

- ASCP Annual Meeting 2022: 10/26 to 10/29, 2023 Kissimmee, FL (MM/LL residents only)
- APhA Annual Meeting 2023: 3/22 to 3/25, Orlando FL (FRHC, SVdP and CHD residents only)
- Ohio Pharmacist Association: TBD Columbus, OH
- Ohio Pharmacy Residency Conference: TBD Ada, Ohio
- OSHP residency showcase TBD Columbus, Ohio
- OPA advocacy events (November, February-TBD)

Documentation of Vacation/Sick/Travel Leave:

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 requested off. IE: 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: [Knowledge Search - Knowledge Portal (service-now.com)](#). Here you can search a variety of topics related to UC Flex (ie [IT@UC Knowledge Base - ESS - Request Time Off From Work (service-now.com)](#).

Use UC VPN, to access UCFLEX/ESS (ESS: Employee Self Service) 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/:w:/r/sites/HR-Benefits/_layouts/15/Doc.aspx?sourcedoc=%7BEBC4776F-21C1-4498-AB90-58036C89AD96%7D&file=2023%20Post%20Docs%2C%20Annual%20Adjunct%2C%20Interns%2C%20Special%20Fellows%20Benefits%20Summary%20.docx&action=default&mobileredirect=true

Salary:

Stipend for 23-24 Residency year is $47,476/year paid monthly.

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 Overview (uc.edu) to find hours and to schedule an appointment at the UC Health Employee Health and Wellness Clinic, 3200 Burnett Ave. Call 513-585-6600 to schedule.
   a. Please let them know you are a new employee and this is the ONLY test required by the College.
   b. Please request the IGRA blood test also known as Quantiferon-TB (not the PPD skin test)
4. Hepatitis B vaccine series- physician documented.
5. MedManagers: Covid19 test (as applicable)
6. Per Practice Site: Covid19 Vaccine- proof of vaccination
7. Per Practice Site: Covid19 Vaccine Booster- as dictated by CDC guidance.

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 is defined as all hours spent on scheduled clinical and academic activities, regardless of the setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. These hours include the following: time spent engaged in patient care activities (regardless of location), staffing, conferences, time spent at the College and community service/health and wellness activities/events.

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 (either internal or external) under the following conditions (termed Moonlighting) which is defined as any voluntary, compensated hours beyond the residency requirement that are not part of the scheduled duty periods of the residency program).

1. The resident will communicate their intention to seek or continue outside employment and request permission from both the site coordinator(s) AND RPD 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. While this program does not set a limit on the number of moonlighting hours worked. Those hours <u>cannot</u> cause the resident to exceed the ASHP duty hour requirement.

4. 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.

5. 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.

6. The <u>resident will be required</u> 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.ashx.

7. If a resident chooses not to moonlight- they must attest to the fact that they have not participated in outside employment using the Resident Activity Report 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.

8. Duty hours as reported on the Resident Activity Report will be reviewed by the RPD weekly (Q1) and every other week (Q2-4). Any violations of the duty hour policy will be discussed with resident and practice sites. Appropriate action will be taken as warranted based on the circumstances of the violation.

The residency program reserves the right to require the resident to STOP engaging in moonlighting activities if moonlighting is:

1. Impacting the performance of the resident during residency scheduled duty hours.
2. Causing the resident to violate any aspect of the ASHP duty hours policy (see link above).

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 PGY1 program

Appendix A: Requirements for Completion of PGY1 Community-Based Residency
Residents must..
1. successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACHR). 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. satisfactory complete of all requirements listed below (Appendix A and B)
   a. Track progress towards completion by completing the requirements to complete the residency document prior to each quarter and end of the year residency RPD meeting.
   b. Present during development plan meetings the progress towards meeting the requirements by sharing the above document and reviewing status.
3. meet with RPD at the end of the residency year to verify and document successful completion of program requirements (signatures on Final Requirements to Complete the Residency document required)

4. The resident must **complete** the following <u>**activities**</u> 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
  - Be actively engaged in pharmacy work groups/committees
  - 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
  - Resident Activity Reports- 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 – design, documentation, completion, implementation and evaluation
- Business plan – creation, implementation, evaluation and presentation at Shark Tank event
- Research - Institutional review board approved or exempt project- completion and presentation at local, regional, state and national meetings. Submit publishable manuscript following the timeline and guidelines provided

Competency Area R4: Teaching, Education and Dissemination of Knowledge
- Teaching activities to the following learners:
  - Patients/Caregivers (minimum 1)
  - Members of the Community (minimum 1)
  - Health Care Professionals (minimum 1)
  - Pharmacists/Technicians (minimum 1)
  - Pharmacy/Health Professions students (See teaching responsibilities)
- 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.
- Quarterly- complete the Requirements to Complete the Residency document and present at the beginning of each RAC meeting.
- End of residency year, review requirements to complete the residency document with RPD, verify Appendix B and sign form

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 as proof of engagement and completion of required residency related activities.

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 (signed version) practice site specific At least **five** samples of de-identified patient healthcare records for all required services completed during the residency year: 1. medication management, 2. immunizations 3. disease state management 4. health promotion/wellness and 5. transitions of care. Label these files using the names above 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). MM/LL- please also include the recommendations submitted as part of your monthly topic discussions (label by disease state)	Direct Patient Care and Patient Centered Dispensing

Folder Name	Description	Associated Activity
	Use screen shots from RxPertise for all patient samples	
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 is defined as the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Provide examples (2 minimum) of your ability to identify care transitions and incorporate medication reconciliation and medication management. <u>MM/LL</u>- please use the new admit form from LifeLine as well as screen shots of notes from RxPertise.	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

Competency Area R2 : Leadership and Management

Folder Name	Description	Associated Activity
4: Pharmacy Planning and Leading Work Groups	1. Evidence of contributions to the Pharmacy planning process. (email communications, strategic planning documents, goal setting documents, etc.) Any evidence that demonstrates your involvement in planning processes. 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 (all reflections and PPT from leadership series)	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, emails etc)	Professional Involvement
6: Community Service	Documentation of community service during the residency.	Community Service

Folder Name	Description	Associated Activity
	Please upload the reflections from your service activities found in your weekly logs as one file- you can use screen shots etc.. to create.	
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)	Professional Activities within Residency

Competency Area R3: Advancement of Community-Based Practice and Improving Patient Care

Folder Name	Description	Associated Activity
8: Quality Improvement Project Plan	**WORD** documents: Key Driver Diagram (2 drafts)	QI
9: QI Project Implementation	**WORD** documents: Cause and Effect (1 draft), Flow Cart (2 drafts), Failure Mode Effect Analysis (1 draft), PDSA cycles- minimum of 3 completed and documented cycles	QI
10: QI Project Evaluation	QI Executive Summary Document: Final Report presented to key stakeholders (2 drafts). + Email documentation of preceptor's final approval	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Business Plan
12: Implementation of Business Plan	Evidence of the implementation of a new or enhanced service. Upload any documentation related to implementation such as excel documents, financial analysis etc..	Business Plan
13: Evaluation of Business Plan	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. Shark Tank Presentation (drafts + final) + Email documentation of preceptor's final approval	Business Plan
14: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final)	Research

Folder Name	Description	Associated Activity
15 Research project evaluation	Evaluation of the practice-related project: Data collection tools	Research
16 Research project report	Completed final written project report; Publishable manuscript and ALL presentations (posters, slides etc- drafts and final) + Email documentation of preceptor's final approval	Research

Competency Area R4: Teaching, Education and Dissemination of Knowledge

Folder Name	Description	Associated Activity
17: Presentations	Presentations for each of the following learners (slides and/or handouts need to be uploaded and include a table of contents – 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 as available	Teaching Activities
18: Written materials	Written materials (do not include presentations submitted in 17) of educational information to multiple levels of learners including a table of contents- see provided template ☐ patients/caregivers ☐ members of the community ☐ health care professionals (physicians/nurses etc) ☐ pharmacists and technicians ☐ pharmacy/health professions students	Teaching Activities
19: Written feedback to learners	Two least examples of **both** formative and summative feedback provided to an APPE or IPPE learner. Formative- written feedback from a project completed by the APPE/IPPE learner Summative- copy of 2- APPE students Mid-Point and/or Final Evaluations in CORE	Precept APPE/IPPE Students
20. Teaching Certificate Program	Electronic TCP portfolio Entire portfolio needs to be uploaded/maintained here	Teaching Certificate Program

Other Requirements

Folder Name	Description	Associated Activity
21. Practice Site Requirements	Blood Borne Pathogen Certificate HIPAA training documentation Health Maintenance Records: PPD/Flu Shot etc. Policy and Procedure signature page UC Onboarding requirements- Successfactors learnings Any other site specific training documents- see learning experience documents Philosophy of Practice	Practice Site Training

22: Resident Credentials	Pharmacy intern/technician license
	Pharmacist license
	APhA Immunization certificate
	BLS certification
	APhA and other training completion certificates
	    ☐ Diabetes Certificate Program
	    ☐ Others
	IHI basic certificate in Health Care Quality Improvement
	CITI training certificate
		Professional Documentation

University of Cincinnati Community –Based Pharmacy Practice Residency

Appendix B: The resident must keep a portfolio on OneDrive which contains the following documents as proof of engagement and completion of required residency related activities.

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	1. Documented completion of readiness for independent practice check-list (signed version) practice site specific 2. At least **five** samples of de-identified patient healthcare records for all required services completed during the residency year: 1. medication management, 2. immunizations 3. disease state management 4. health promotion/wellness and 5. transitions of care. Label these files using the names above 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). MM/LL- please also include the recommendations submitted as part of your monthly topic discussions (label by disease state) Use screen shots from RxPertise for all patient samples	Direct Patient Care and Patient Centered Dispensing
2: Communication to HCP	Documentation of communication of information to health care professionals when transferring a patient from one health care setting to another. Transitions of care is defined as the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Provide examples (2 minimum) of your ability to identify care transitions and incorporate medication reconciliation and medication management.	Transitions of Care

Folder Name	Description	Associated Activity
	<u>MM/LL</u>- please use the new admit form from LifeLine as well as screen shots of notes from RxPertise. These must document recommended changes to drug therapy sent to the provider.	
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

Competency Area R2 : Leadership and Management

Folder Name	Description	Associated Activity
4: Pharmacy Planning and Leading Work Groups	1. Evidence of contributions to the Pharmacy planning process. (email communications, strategic planning documents, goal setting documents, etc.) Any evidence that demonstrates your involvement in planning processes. 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 (all reflections and PPT from leadership series)	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, emails 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	1. Self-Assessment (beginning of residency) 2. Weekly Logs 3. Requirements to complete the residency- updated quarterly 4. Development plans- updated quarterly 5. Participation in OPA Advocacy Day - reflection 6. Self-Assessment (end of the residency)	Professional Activities within Residency

Folder Name	Description	Associated Activity

Competency Area R3: Advancement of Community-Based Practice and Improving Patient Care

Folder Name	Description	Associated Activity
8: Quality Improvement Project Plan	Completed Word or QI Template documents: 1. Key Driver Diagram: 1 draft, 1 final version	QI
9: QI Project Implementation	Completed Word or QI Template documents: 1. Cause and Effect: 1 version 2. Process Flow Cart- 1 draft, 1 final version 3. Failure Mode Effect Analysis: 1 version 4. PDSA cycles- minimum of **THREE (3)** completed and fully documented cycles	QI
10: QI Project Evaluation	Completed documents: 1. QI Executive Summary Document: Final Report presented to key stakeholders: 1 draff, 1 final 2. Email documentation of preceptor's final approval	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Business Plan
12: Implementation of Business Plan	Evidence of the implementation of a new or enhanced service. 1. Upload any documentation related to implementation such as excel documents, financial analysis etc.. AND 2. March Business Plan Progress PPT presentation	Business Plan
13: Evaluation of Business Plan	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. 1. Shark Tank Presentation (drafts + final) AND 2. Email documentation of preceptor's final approval	Business Plan
14: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final)	Research
15 Research project evaluation	Evaluation of the practice-related project: Data collection tools	Research
16 Research project report	Completed final written project report;	Research

Folder Name	Description	Associated Activity
	1. Publishable manuscript and ALL presentations (posters, slides etc- drafts and final) AND 2. Email documentation of preceptor's final approval of manuscript AND 3. Signed (by preceptor) Research Project Check List	

Competency Area R4: Teaching, Education and Dissemination of Knowledge

Folder Name	Description	Associated Activity
17: 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 as available	Teaching Activities
18: 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
19: Written feedback to learners	Two least examples of **both** formative and summative feedback provided to an APPE or IPPE learner. 1. Formative- written feedback from a project completed by the APPE/IPPE learner 2. Summative- copy of 2- APPE students Mid-Point and/or Final Evaluations from CORE	Precept APPE/IPPE Students
20. Teaching Certificate Program	Electronic TCP portfolio 1. Entire portfolio needs to be uploaded/maintained here AND 2. Certificate of Completion	Teaching Certificate Program

Other Requirements

Folder Name	Description	Associated Activity
21. Practice Site Requirements	1. Blood Borne Pathogen Certificate 2. HIPAA training documentation 3. Health Maintenance Records: PPD/Flu Shot etc.	Practice Site Training

Folder Name	Description	Associated Activity
	4. Policy and Procedure signature page 5. UC Onboarding requirements- Successfactors learnings 6. Any other site specific training documents- see learning experience documents (in particular- Orientation Learning Experience) 7. Philosophy of Practice	

22: Resident Credentials	1. Pharmacy intern/technician license
	2. Pharmacist license
	3. APhA Immunization certificate
	4. BLS certification
	5. APhA and other training completion certificates
	   ☐ Diabetes Certificate Program
	   ☐ Others
	6. IHI basic certificate in Health Care Quality Improvement
	7. CITI training certificate
		Professional Documentation

Resident Activity Report

Resident Name: _____

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

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

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

Community Service Report

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

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

	Successes	Struggles
What?		
So What?		
Now What?		

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

Background:	
Question:	
Answer:	
References:	

Advancing Community Based Practice Weekly Update

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

Table 1 Well-Being Index (WHO5): Complete the following (carry forward)
July only- complete each week
August every other week

Date	WHO5 Score	Overall Mood	Score Change	Title of the TAO Course/Session chosen

Table 2: Complete the following (carry forward)
    July - 1 course per week
    August- 1 course every other week

Date Completed	Title of the TAO Course/Session	Describe ideas you will use to improve your wellbeing

Weekly RPD/Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed

Resident Activity Report

Resident Name: _____

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

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

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

Community Service Report

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

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

	Successes	Struggles
What?		
So What?		
Now What?		

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

Background:	
Question:	
Answer:	
References:	

Advancing Community Based Practice Weekly Update

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

Table 1 Well-Being Index (WHO5): Complete the following (carry forward)
  July only- complete each week
  August every other week

Date	WHO5 Score	Overall Mood	Score Change	Title of the TAO Course/Session chosen

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    July - 1 course per week
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Date Completed	Title of the TAO Course/Session	Describe ideas you will use to improve your wellbeing

Weekly RPD/Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed

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University of Cincinnati Community –Based Pharmacy Practice Residency Program
ACADEMIC LEARNING EXPERIENCE I

General Description: The academic and teaching component of the residency is an experience that takes place over Fall and Spring semesters. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach health professionals and health professions students while translating the concepts to teaching patients and members of the community.

Residents will be assigned teaching responsibilities in a variety of courses during the fall Semester from Mid-August to Mid- November

Role of the Pharmacist: The pharmacist in this setting is involved is creating and delivering educational programming to health care providers and health professional students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized using the teaching certificate program sessions and direct observation/discussion on best teaching practices. Then as the resident gains experience and confidence, the preceptor moves into the coaching role with faculty/preceptors facilitating teaching experiences.

Type: Longitudinal Learning Experience, required

Duration: 3 months
The resident will spend an average of 4 hours per week engaged in activities related to this learning experience during the months of Aug-Nov

Mentors:
> Residency Preceptor Director: Bethanne Brown PharmD, BCACP
>
> Preceptors: Anne Metzger, PharmD, BCPS, BCACP (site coordinator, TCP director) and Patricia Wigle (Skills Lab Director) and UC faculty depending on teaching assignments.
> for example: Medication Managers- primary preceptor is Stephanie Fenwick

Orientation Activities:

The resident will attend the teaching certificate program seminars throughout the residency year. The didactic seminars will prepare the resident to teach within the college of pharmacy and are held in August. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
    a. Approval by the course coordinator;
    b. Approval by the Academic Learning Experience Coordinator
    c. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Attend seminar topic presentations as outlined in the academic track of the teaching certificate program.

Minimum Specific Teaching Requirements:

Assigned in both Academic Learning Experience I and II

1. Skills Lab Module Teaching- each week as applicable based on practice site
2. Non-Skills Lab recitations: As applicable to teaching

Assigned in either Academic Learning Experience I or II

3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participation in an elective course- based on resident's interest.
5. Participate in Poster evaluations

Progression of the Resident:

The resident will learn over the course of the semester how to create, modify based on feedback and deliver material presented to different levels of learners – from technicians to health professions students to health care professionals. The skills developed will be based on the type of teaching experience completed by the individual residents. Academic learning experience I is designed to help the resident acclimate to the educational environment.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:
Achieved (ACH) after all rounds of teaching materials have been created and deployed;
Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.
Needs Improvement (NI): if the resident fails to make progress or take the feedback and incorporate it into teaching materials, OR if the teaching materials never reach a point where they can be used.

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	See expectations of resident listed above, In addition: Effectively manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1/2

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

Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	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	Faculty teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to	TE Q1/2

		Create appropriate assessments for each objective.	create a useful final product.	
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Based on target audience: Create appropriate visual aids/handouts based on content Practice presentation with appropriate mentor 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	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	TE Q1/2
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	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	Materials presented to the students/pharmacists is effective, up to date, and appropriate for the given course/CE and audience.	TE Q1/2

Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method. Type of feedback will vary based on delivery of the material.	Preceptor observation during training for teaching activities	TE Q1/2

Additional Information: none

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
ACADEMIC LEARNING EXPERIENCE II

General Description: The academic and teaching component of the residency is an experience that takes place over Fall and Spring semesters. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach health professionals and health professions students while translating the concepts to teaching patients and members of the community.

Residents will be assigned teaching responsibilities in a variety of courses during the Spring Semester from Mid-Jan to Mid-April

Role of the Pharmacist: The pharmacist in this setting is involved is creating and delivering educational programming to health care providers and health professional students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. For academic learning experience II, coaching and facilitation will be the primary role used to support continued growth of the resident. In some cases, preceptors may choose to employ direct instruction depending on the comfort level of the resident with the material and audience.

Type: Longitudinal Learning Experience, required

Duration: 3 months
The resident will spend an average of 4 hours per week engaged in activities related to this learning experience during the months of Mid-Jan to Mid-April

Mentors:
      Residency Preceptor Director: Bethanne Brown PharmD, BCACP

      Preceptors: Anne Metzger, PharmD, BCPS, BCACP (site coordinator, TCP director) and UC faculty depending on teaching assignments.
            for example: Medication Managers- primary preceptor is Stephanie Fenwick

Orientation Activities:

See Academic Learning Experience I for details. In addition, read the UC COP Continuing Pharmacy Education Guidelines for Authors/Speakers found in your OneDrive (Learning Experience, Academic Learning Experience folder)

Expectations of the Resident:

Same as Academic Learning Experience I

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
   a. Approval by the course coordinator;
   b. Approval by the Academic Learning Experience Coordinator
   c. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Attend seminar topic presentations as outlined in the academic track of the teaching certificate program.

New to Academic Learning Experience II
5. Complete the teaching portfolio as required by the teaching certificate program.
6. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and/or practice site coordinator for either pharmacists and/or technicians.

Minimum Specific Teaching Requirements:

Assigned in both Academic Learning Experience I and II
1. Skills Lab Module Teaching- each week as applicable based on practice site
2. Non-Skills Lab recitations: as applicable to teaching

Assigned in either Academic Learning Experience I or II
3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participation in an elective course- based on resident's interest

New to Academic Learning Experience II
5. Participate in evaluation of poster presentations (PREP or Capstone)
6. Create one CE program (live or virtual) for pharmacists and/or technicians – you will be assigned a faculty mentor based on the content of the CE.
   a. Complete the following:
      i. Review the UC COP Continuing Pharmacy Education Guidelines for Authors/Speakers (see OneDrive)

  ii. Reach out to your assigned faculty mentor 60 days prior to assigned date to meet to discuss topic, create timeline/plan for activity and review/complete the Resident CE activity request form

  iii. Complete literature review on your assigned topic by reviewing:
    1. Primary Literature
    2. Guidelines
    3. Updates on practice since last guidelines released

  iv. Create a CE program at the level of a pharmacist that is at least 40 minutes in length and contains active learning activities.

  v. Meet all deadlines as set by the UC-COP CE office.

Expectations of Preceptors:

1. Review Resident Continuing Pharmacy Education Preceptor Quick Guide.
2. Meet with resident to determine timelines for activity.
3. Review literature search/guideline choice submitted by resident to ensure appropriateness of baseline materials chosen.
4. Work with resident on all drafts of materials (see quick guide for details) providing feedback within 7 days
   a. learning objectives- page 3-4
   b. instructional materials- based on lit search/guidelines
   c. active learning- page 5
   d. assessment of learning based on targeted audience- page 6
   e. audience (either pharmacist only or pharmacists and technicians)- page 7-9
5. Provide resident feedback on CE practice sessions.
6. If possible, attend the CE session to provide final feedback.
   a. 3rd Monday of the month assigned from 8 to 9pm

Progression of the Resident:

The resident will learn over the course of the semester how to create, modify based on feedback and deliver material presented to different levels of learners – from technicians to health professions students to health care professionals. The skills developed will be based on the type of teaching experience completed by the individual residents. Academic learning experience II is designed to build on the experiences from Academic Learning Experience 1 and move the resident to move independently creating, designing and delivering content to health professions students and health professionals.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation	Resident	Resident	Will vary from daily, weekly to quarterly

(Formative and Summative)			
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	See expectations of resident listed above, In addition: Effectively manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ2/3

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	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 Create appropriate assessments for each objective.	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to	TE Q2/3

				create a useful final product.	
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Based on target audience: Create appropriate visual aids/handouts based on content Practice presentation with appropriate mentor 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	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	TE Q2/3
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	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	Materials presented to the students and or pharmacists is effective, up to date, and appropriate for the given course/CE and audience.	TEQ2/3

Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Based on audience: Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method. Type of feedback will vary based on delivery of the material.	Preceptor observation during training for teaching activities	TEQ2/3

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency
ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

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

1. Executive Summary: This concise overview, located at the beginning of the plan, which provides the key elements of the business plan and why you feel this plan will be successful
2. Product/Service: Detailed description of the new service the community-based pharmacy is offering.
3. Market Analysis: Evaluating area market and competition.
4. Company Description: A look at the overall operations of the pharmacy
5. Organization and Management: Provides an overview on the management structure of the pharmacy
6. Marketing and Sales Management: How is the public/providers going to know about your new community-pharmacy based service
7. Financial Analysis: How the service will add to the profitability of the pharmacy. What is the ROI (need to include supplies, labor, supply chain, cost savings, revenue generation, capital requirements etc).
8. Implementation plan: how will you implement this plan including timeline, key individuals and resources needed
9. Evaluation plan: How are you going to evaluate success, what data are you going to collect in terms of quality, safety, cost effectiveness, significance
10. Sustainability- how are you going to sustain the new service over time?
11. Funding Request: Startup funds required.
12. References: using AMA style formatting.
13. Appendices: Any information that can value to the proposed plan

Role of the Pharmacist:

The role of the pharmacist at this practice location that is directly related to this learning experience is as follows: utilization of improvements assessments to monitor and improve workflow, discovery of new business opportunities, development of new services to advance the profession, and conducting research to enhance practice literature.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor

moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

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

<u>Duration:</u> 9 months (October to June)
    Weekly time commitment: 2 hours per week. Schedule to be determined by preceptor and resident.

<u>Mentors:</u>
    Residency Preceptor Director: Bethanne Brown PharmD, BCACP
    Preceptors: Dave Miller RPh(primary), Brynn Hodges PharmD

    Other programs preceptors: Anne Metzger (site coordinator); Megan Rasch, PharmD, BCACP, AAHIVP (FRHC)   Lydia Bailey- SVdP, Andy Mann or Joanne Lankford - MedManagers/LifeLine.

    In addition: Todd Mueller- Walgreens DM- resource for residents

<u>Orientation Activities:</u>
Residents will complete the following activities as part of either general orientation or this learning experience orientation:
1. ACCP White Paper Developing a Business- Practice Model for Pharmacy Services in Ambulatory Settings and Writing a business plan for a new service (by APhA)
2. Complete business plan survey- to assess entering comfort level and experience
3. Participated in a 2.5-hour refresher lecture on Business Plan creation in October
4. Review ideas for business plan creation with site coordinator and/or preceptor by the end of Q1
5. March Business Plan Progress PPT: Create and present PPT presentation describing progress and receive feedback from peers and panel of experts (March of residency year). Upload to OneDrive: Folder 12 Implementation.

<u>Expectations of the Resident:</u>
Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to implementation of plan (full or pilot). The business plan may be a component of either the research or quality improvement projects, or may be a completely separate project- this will vary by site.

<u>**Progression of the Resident:**</u>

Based on the timeline below- the resident will gain skills over the course of the year related to identification of a topic to presentation of their business plan to a panel of judges (Sharks).

	Oct (end of Q1)	Nov (Q2)	Dec-Mar (Q2/3)	Mar (Q3)	April-May (Q3/4)	June (Q4)
Gain baseline knowledge	XX					
Work with preceptor to Identify project, review literature	XX	XX				
Draft business plan and send to preceptors for edit/review.		XX	XX			
Create PPT presentation to peers/expert panel to obtain feedback on plan to date				XX		
Institute new service on a limited basis to test business plan					XX	
Evaluate the success of the pilot new service using multiple measures such as: quality, safety, cost-effectiveness, significance and sustainability					XX	
Present results in resident competition and create plan for sustainability. (Shark Tank- date TBD)						XX
Final Business Plan completed and uploaded to OneDrive						XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience

Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists** Only applies if part of business plan service (2/22- moved to Leadership and Management Learning Experience).	Creating	See R3.2 if CPA is part of business plan	Feedback as part of business plan review	TQ1-2 EQ2

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.2: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.2.1: Identify the need and develop a business plan for a new or enhanced service.	Creating	Identify the scope of the project Conduct literature search and review, Design draft of business plan Write execute summary document	Feedback from business plan team	TQ1-3 EQ2

R3.2.2: Implement the planned new or enhanced service.	Applying	Initiate business plan and modify as data is collected Meet established time-lines for service implementation (full or pilot)	Feedback from business plan team	TQ1-3 EQ3
R3.2.3: Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	Evaluating	Collect data based on business plan roadmap. Analyze data to determine impact from quality, safety, cost effectiveness, and significance standpoint Create sustainability plan Present (all of the above and more) in SharkTank format	Data review by business plan team	TQ1-3 EQ3-4

Additional Information: Refer to business plan training held during residency orientation as well as examples provided on OneDrive.

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Advancing Community Based Practice- Research Project

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

The research process consists of the following steps:
a. Identifying a topic based on the needs of the practice site and the interest of the resident
b. Establishing a timeline based on the residency year (see page X)
c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
d. Developing a research question in collaboration with the research team
e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
f. Designing a solid research project which protects the rights of the participants
g. Evaluating the project using appropriate statistical analyses
h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.
> Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.
> Please go to: http://www.equator-network.org/ for additional details.

Type: Longitudinal, Required

Role of Pharmacists: To develop, implement, and manage pharmacy based clinical services. To understand the benefit of new initiatives and programs as it relates to patient care and grant funding. To ensure sustainability of ongoing services.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: 11 months, resident will spend an average of 2 hours per week engaged in activities related to this learning experience.

<u>Mentors:</u>

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors:
    SVdP: Lydia Bailey, + UC Faculty based on areas of expertise
    FRHC: Anne Metzger
    MedManagers: Casondra Kleven MM
           + UC faculty based on area of expertise.
    Cincinnati Health Department: Jon Burns + UC faculty based on area of expertise

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

1. Complete Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed.
2. Attend research seminar (s) during residency orientation sponsored by the University of Cincinnati.
3. Complete the Research Worksheet (due 8/11)
4. Read the following chapters from AccessPharmacy: Student Handbook for Pharmacy Practice Research: A Companion Book to Conduct Practice-Based Research in Pharmacy.
    a. Chapter 4: Formulating Practice-Based Research Questions and Hypotheses
    b. Chapter 5: Research Design and Methodology for Practice-Based Research
    c. Chapter 7: Research Data Management and Statistical Analysis
    d. Section 2: Read the chapters that correspond to your type of research
5. Meet with representatives from Colleges internal IRB review committee on as needed basis.
6. Connect with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project. Prior to this meeting, your statistical analysis plan within the IRB should be approved by research team. This meeting is to potentially revise and validate the plan.

<u>Expectations of the Resident:</u>

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

1. Completing one IRB approved research project over the course of the residency year.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating with the entire project team
    a. MedManagers/Lifeline Residents Only
        i. Monthly communication
            1. On the first of every month- the following information should be communicated to your research team via email starting **8/1**:
                a. Work completed to date
                b. Documentation to validate work completed (ie drafts)
                c. Plan for the month (SMART goal)

b. All Residents Programs
   i. As needed communication
      1. Requests for feedback from team needs to include turn around date
      2. All final drafts of presentations/posters need to be sent for approval 72 hours prior to submission deadline.
7. Completing manuscript based on the following schedule
   a. By 10/31: Select journal, review instructions to the author and complete Background and Methods sections (approved by team)
   b. By 4/30: Complete Results, Tables and Figures
   c. By 5/15: Complete Discussion, Conclusion and Abstract sections and submit final manuscript to research team.
   d. By 6/23: Submit final manuscript
   e. By 6/23: Close out IRB protocol in RAP portal by submitting a Continuing Review (see form in OneDrive, Research resources, IRB templates (HRP-503C template, close out)

Please note, the use of any type of technology (ie ChatGPT) to create the manuscript or any presentations will result in an automatic dismissal from the residency program for serious misconduct

8. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive

9. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)

10. Use the Research Checklist as a guide for your projects
    a. Preceptors must initial completion of activities and a final signed document must be uploaded to OneDrive (16. Research Project Report) at the end of the residency year

11. Presenting research at the following (as dictated by practice site):
    a. American Society of Consultant Pharmacists (MM): poster presentation
    b. American Pharmacists Association (FRHC, CHD): poster presentation
    c. Ohio Pharmacists Association (ALL): podium or poster presentation
    d. Ohio Pharmacy Residency Conference (ALL): podium presentation

12. Close out or transfer ownership of IRB protocol within UC RAP portal
    a. Failure to close out your study will result in the withholding of your residency certificate.

Expectations of Project Team:

Members of the project team are responsible for the following:

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

Submission of research protocol to IRB:

A. Once project team has been identified- anyone who is not UC faculty or student must be reviewed separately by the IRB. Here is the process:
   a. Email Kareemah Mills (Kareemah.Mills@uc.edu) and provide the following details
      i. Name of the individual and credentials
      ii. Institution/Place of work
      iii. Activities this individual will be engaged in as part of the research project
         1. Be as specific as possible
         2. Key activities include: consenting patients, intervening in any way with human subjects and accessing patient sensitive data
   b. You will be working with Kareemah Mills, Assistant Director of IRB to identify any forms/documents/agreements that need to be completed in order for this individual to participate in your research project
   c. All documents/email threads etc.. need to be uploaded with your protocol to the RAP portal.
B. Submit to UC COP IRB internal review board for scientific pre-review
   a. Email finalized IRB proposal to both Dr. Dan Healy and Dr. Anna Hincapie
      i. This faculty team will decide who will be responsible for reviewing your protocol.
   b. Attach the COP Scientific Pre-Review Template document found on OneDrive
   c. Include a reasonable due date (ie 1 full week) in the email indicating when you would like the proposal review completed
   d. Once you receive feedback, complete all changes requested and resubmit final version for approval.
   e. Once approved, you MUST upload a signed copy of the COP Scientific Pre-Review Document to the RAP portal.
Please note: Scientific pre-review is NOT required if you study would be exempt from IRB (IE chart review, anonymous surveys etc). Please consult with your research team for any questions/concerns.
C. Submit to University Institutional Review Board:
   Please follow these guidelines when submitting a protocol to the IRB (after Step A and B listed above). This will ensure timely approval of your research project:
1. IRB protocols MUST be named using the following format: UCPHARMRES- XXXX for BOTH the long (field #1) AND short titles (field #2)
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)

This is 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 (48h) 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.

Poster Printing: For all poster printing requests related to your research, please submit the information (and file as a PDF) using Microsoft Forms: tinyurl.com/ymaj746j.

Progression of the Resident:

Residents will learn the process of conducting clinical research over the course of the residency year. Timeline and Checklist for activities will be dictated by the practice site. See document provided on One-Drive (Research Checklist).

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
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Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R2: Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
Objective R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	1. communicates frequently and effectively with all team members 2. Completes drafts in a timely manner 3. Submits final drafts 48 hour prior to submission deadlines		ALL quarters
Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	1.Conduct systematic literature search to refine project idea and provide background 2.Review the identified practice related projects that meet criteria established for project by the residency program 3.Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 4.Determine time table for development, implementation and evaluation	Formative and Summative Feedback from Project team	TEQ1

		5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 6. Effectively organize and lead meetings with project team to ensure established deadlines are met		
R3.3.2: Implement a practice-related project significant to community-based practice.	Applying	1.Work closely with project team to implement project 2.Effectively organize and lead meetings with project team to ensure established deadlines are met 3. Prepare and submit APhA or other grant application (if applicable) 4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis		TE: Q2
R3.3.3: Accurately assess the impact of the practice-related project including sustainability, if applicable.	Evaluating	Analyze data collected appropriately based on project team input		TE: Q2/3
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC Write a manuscript based on instructions to the authors from an appropriate journal (target audience) using the time-line provided and meet the following deadlines: 10/31: journal selection, background and methods 4/30: results, tables and figures	Review by peers, faculty and others	TE: Q4

		5/15: discussion, conclusion and abstract 6/23: Final manuscript submitted. Complete 3 rounds of edits (2-preceptor team, 1- peer) on the manuscript Submit final version to preceptor team for approval.		

Additional Information:

Resident to utilize resources found in OneDrive.

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[i] Schommer JC. Establishing pharmacist practicebased research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/Co ntentDisplay.

University of Cincinnati Community –Based Pharmacy Practice Residency
ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

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

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

Type: Longitudinal, required

Role of Pharmacists: To develop, implement, and manage pharmacy based clinical services. To understand best-practices related to community pharmacy as well as engage in QI change processes at least annually.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: up to 6 to 9 months
Weekly time commitment: 2 hours per week. Schedule to be determined by preceptor and resident.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Site Coordinator/Preceptor: Jonathan Burns, PharmD
Primary Preceptor: David Miller, RPh
Preceptor: Taylor Ellis, PharmD

Other program preceptors: MM/LL: Joanne Lankford or Andy Mann, FRHC- TJ Dorow and
Megan Rasch, SVdP: Lydia Bailey and Rusty Curington

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning
experience orientation:
1. Complete the Institute for Health Care Quality Improvement basic certificate program
   (orientation) and post CE Certificates to OneDrive, Folder 22.
2. Review resources available on OneDrive including:
   a. QI Essentials Toolkit Complete from IHI
   b. Squire 2.0
   c. QI summary document examples (2 from previous residency projects)
3. Review quality improvement concepts during residency training in December
4. Complete 1 hour of ACPE approved continuing education on medication errors/patient safety-
   upload certificate to OneDrive folder 9.
5. EPIC/QS1 training to promote standardization of internal medication reconciliation between
   the two systems during patient centered dispensing activities.

Expectations of the Resident:

Residents will progress from knowledge to application of health care quality improvement concepts.
This will include the following steps:
1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implement a quality improvement project
3. Measuring impact of the change to determine level of improvement.
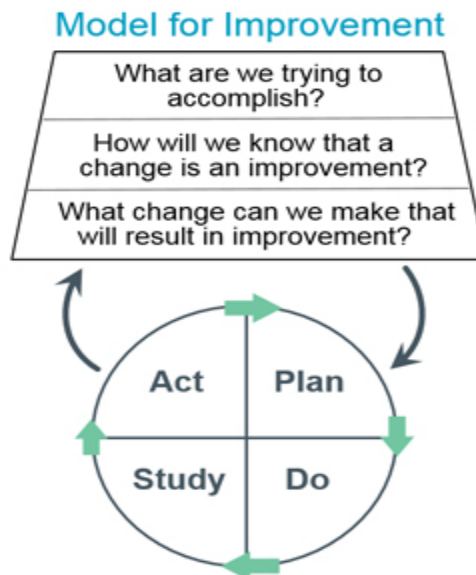4. Presentation of results at an appropriate pharmacy team meeting(s)

The resident will present updates on the progression of the quality improvement project quarterly in
a variety of setting or to different forums. This audience may include pharmacists, clinic staff, or
students. The resident may be requested to present a patient case if an error occurs within the
pharmacy or clinic. The case will include root cause analysis and assessment of how the specific error
could be prevented in the future. Additionally, the resident will be available to answer drug
information questions or lead a topic discussion at the request of the pharmacy or clinic staff if there
is a specific topic or medication of which they wish to gain more knowledge.

Final Products must include the following (to be uploaded to OneDrive):
1. QI Essentials Toolkit- complete all appropriate templates or use Word.
   a. Upload to OneDrive- Folder 9
      i. Cause and Effect Diagram (page 6)- 1 version
      ii. Process Flow Chart- create own template- 1 draft, 1 final version.
      iii. Failure Mode Effect Analysis (page 18)- 1 version
   b. Upload to OneDrive- Folder 8
      i. Key Driver Diagram (page 10) – 1 draft, 1 final version
2. PDSA cycles- Use WORD template provided.
   a. Upload to OneDrive- Folder 9
      i. Minimum of **THREE (3)** <u>completed and fully documented PDSA cycles.</u>
3. QI Executive Summary
   a. Upload to OneDrive- Folder 10
      i. Minimum of 1 draft, 1 final version of the executive summary

In addition, your primary site preceptor must document final approval of the QI project via email to RPD by end of the residency program (6/30).

The model for improvement (below) will be utilized as well as the quality improvement tools (see above).

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Progression of the Resident:

Based on the timeline below- the resident will gain skills over the course of the year related to identification of a topic to presentation of their business plan to a panel of judges (Sharks).

	June/July (Orientation)	Aug-Oct (Q1)	Dec (Q2)	Dec-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX					
Work with preceptor to Identify project, study current system, Complete QI toolkit appropriate templates (Cause and Effect Diagram, Process Flow Chart (draft 1) and Failure Mode Effect Analysis)		XX	XX	XX		
Attend QI training to hone skills			XX			
Apply QI tools to implement change in system (a minimum of 2X key driver diagrams (1 draft, 1 final), PDSA cycles X3 (Word document) and process flow- second version)				XX	XX	
Evaluate the success of the change					XX	
Present results and create plan for spread						XX
Complete executive summary document and submit to preceptor team for approval						XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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,

			weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Discuss with preceptors areas of need for improvement. Complete literature review and outline for proposed project. Complete QI tool kit worksheets listed above	Discuss results with preceptor team. Self-Assessment of skills. Upload documentation to OneDrive including: Key Driver Diagram (1 draft, 1 final version) Cause and effect (1 version), Process Flow chart (1 draft,1 final), Failure mode effect analysis (1 version)	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools listed above implement project Modify project based on PDSA results and discussions with preceptors Complete PDSA documentation fully	Documentation related to QI tools uploaded to OneDrive. Discussion with preceptors. Completion of the **THREE (3) completed** PDSA cycles with appropriate documentation	TEQ2-3
R3.1.3: Evaluate the impact of a quality improvement project.	Evaluating	Using QI tools, evaluate impact of change using appropriate outcome measurements. Write executive summary	Documentation of outcome measures with creation of written executive summary presented to appropriate committees (1 draft, 1 final version)	TEQ4

		Determine plan for spread.		

Additional Resources include:

1. Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: https://www.ismp.org/sites/default/files/attachments/2018-02/ISMP_AROC_whole_document.pdf.
2. On-line Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31Found at: https://surveys.ismp.org/s3/Community-Self-Assessment.
3. Institute for Health Care Quality Improvement QI Essentials Toolkit. Found at: Quality Improvement Essentials Toolkit | IHI - Institute for Healthcare Improvement.

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

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

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

Learning Experiences by Practice Partner

Cincinnati Health Department

Equitas Health

Five Rivers Health Centers

Medication Managers/LifeLine24

St Vincent De Paul

Become a PharmCat!!

University of Cincinnati PGY1 Community –Based
Pharmacy Practice Residency
Direct Patient Care -Cincinnati Health Department

General Description:

The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients of diverse demographics. The clinical experience is intended to provide advanced training and practice in direct patient care.

Direct patient care services at The Cincinnati Health Department (CHD) include:
collaborative pharmacotherapy management (under a collaborative practice agreement with the primary care physician), primary care (working with physicians, medical students, and mid-level providers) and MTM (medication therapy management).

The resident will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the site. The residents will gain experience managing a variety of disease states.

Role of the Pharmacist:

The clinical pharmacists at CHD provide direct patient care through a collaborative practice agreement. The CPA allows for disease state management of diabetes, hypertension, hyperlipidemia, asthma, COPD, and smoking cessation. The pharmacists are part of a multi-disciplinary team and assist by answering questions, researching drug information, coordinating medications, and aiding patients in placement of continuous glucose monitoring (CGM) devices.

Based on the resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially, instructing and modeling are the primary roles utilized. Then, as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3, or in some cases Q4, facilitation is the primary tole used to support the continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident, and preceptor comfort level.

Type: Longitudinal, required

Duration: 11 months
The resident will spend an average of 16 to 24 hours per week (M-F) engaged in activities related to this learning experience. The schedule will vary depending on the week – see calendar for details

Mentors:
Residency Program Director: Bethanne Brown, PharmD, BCACP
Site Coordinator and Primary Preceptor: Jonathan Burns, PharmD
Preceptors:
Lori Sublett, PharmD
Brynn Hodges, PharmD
Alaina Camblin, PharmD
Taylor Ellis, PharmD

Orientation Activities:
1. Review clinic CPA and other direct patient care policies and procedures.
2. Meet CHD providers and staff and learn about clinic workflow.
3. Complete EPIC training needed to schedule and document patient appointments with pharmacists.
4. Attend patient visits with preceptor. Preceptor will demonstrate direct patient care skills for the resident. Educational needs and patient care plan will occur at each visit the resident observes.
5. Document patient care activities in EPIC with preceptor supervision.
6. Attend monthly pharmacy and clinic meetings to stay up to date with policies and procedures that may affect direct patient care.

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

Progression of the Resident:
Q1: By the end of quarter 1, the resident should be able to provide, assess and document patient encounters for two basic patient appointments per half-day. The resident will progress to this goal by first shadowing clinical pharmacists. Next, the resident will gain experience with documentation and obtaining vitals. The resident will then conduct visits with direct observation and frequent feedback. The resident and preceptors will work together to aid the progression of becoming independent with the goal to be independent by the end of the quarter. Likewise, the resident will complete topic discussions monthly, first choosing topics included in collaborative practice agreements (diabetes, hypertension, hyperlipidemia, asthma, COPD, and smoking cessation).

Q2: Resident will begin to broaden their pharmacy activities into more general primary care in the clinic and increase the number and complexity of patients seen within patient appointments. By the end of quarter 2, the resident will be able to see at least four patients in a half day of mixed complexity. The resident should become independent in plan development, monitoring and follow-up. The monthly topic discussions will continue with the previously mentioned disease states.

Q3: By the end of quarter 3, the resident should be able to see all patients independently with facilitation from preceptors and be able to facilitate/answer drug information questions from providers and other staff. The resident will have more time in clinic during this quarter to help learn time/project management. The resident will also be able to precept students during this quarter which would include using all aspects of modeling, coaching, and facilitation. Monthly topic discussions will continue and should be based on other disease states that are applicable to the patient population at CHD.

Q4: The resident will see all levels of patients, with facilitation from preceptors. The resident should be comfortable with all aspects of the pharmacists' patient care process..

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.
Types of evaluations include:
- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Cognitive - Applying	Work as part of an interprofessional team	Preceptor will observe and provide feedback	Q1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Engage with patients and/or family members in a professional and respectful manner.	Preceptor will observe and provide feedback	Q1
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Review, extract and document subjective and objective patient information in order to facilitate a patient visit.	Preceptor will observe and provide feedback	Q1
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Arrange a problem list in order of importance and severity.	Resident will present problem list to preceptor and preceptor will evaluate and provide feedback	Q2

R1.1.5: Design a safe and effective individualized patient-centered plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Constructs and documents individualized patient-care plan with recommendations. Shares plan with primary care provider and requests input as necessary.	Preceptor will review patient-care plan and provide feedback	Q2
R1.1.6: Implement the care plan in collaboration with other healthcare professionals, the patient, and caregivers.	Applying	Executes written orders in collaboration with the healthcare team.	Preceptor will review and provide feedback	Q2
R1.1.7: Evaluate and monitor effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Assess effectiveness of patient-care plan through follow up with patient either in person or via telephone. Shares results with healthcare team. Implements changes accordingly in patient-care plan in collaboration with healthcare team.	Preceptor will review and provide feedback	Q2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Interacts with patients in a friendly manner. Educates patients and caregivers and attempts to ensure understanding of information provided. Utilizes available translation services when necessary.	Preceptor will observe patient visits and other patient interactions. Preceptor will read and evaluate patient notes.	Q3
R1.1.9: Collaborate and communicate effectively with other healthcare team members.	Valuing and Applying	Discusses plan with PCP and shares all documentation electronically after each completed visit.	Preceptor will read and evaluate patient notes.	Q3

R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Writes chart notes and orders for all patients seen within 24 hours of appointment.	Preceptor will read, evaluate patient notes, and provide feedback.	Q3

Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing:
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Work with CHD to determine institute TOC services as part of the business plan	Preceptor will monitor and provide feedback	Q4
R1.3.2: Manage and facilitate care transitions between patient care settings	Applying	Identify CHD patients who need TOC services, provide those services either face to face or telephonically, document appropriately in the chart and work with other CHD locations to spread service as part of the business plan.	Preceptor will observe and provide feedback	Q4

Competency Area R2: Leadership and Management				
Goal 2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain		Assessment Method	TE: quarter to be evaluated
R2.1.3: Identify relevant external factors that influence or impact community-based practice	Understanding	Explains social determinants of health and how they impact care.	Preceptor will evaluate and provide feedback	Q1

and identify appropriate strategies to adjust, comply, or improve.		Provides solutions to improve access or minimize barriers to care.		
R2.1.4: Evaluate existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	Creating	Evaluates existing collaborative practice agreement and proposes improvements	Preceptor will evaluate and provide feedback	Q1

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

Goal R4.1: Provide effective education and/or training.

Objective:	Cognitive or Affective Domain		Objective:	TE: quarter to be evaluated
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide a monthly presentation to a variety of forums (pharmacists or clinic staff) over disease states covered under CPA and other topics chosen by resident/preceptor.	Preceptor will attend and observe presentations and provide verbal and written feedback.	Q2/4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide a monthly presentation to a variety of forums (pharmacists or clinic staff) over disease states covered under CPA and other topics chosen by resident/preceptor.	Preceptor will attend and observe presentations and provide written and verbal feedback.	Q2/4
R4.1.3: Develop effective written communication skills to provide educational information to	Applying	Provide a monthly presentation to a variety of forums	Preceptor will attend and observe presentations and	Q2/4

multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.		(pharmacists or clinic staff) over disease states covered under CPA and other topics chosen by resident/preceptor.	provide written and verbal feedback.	
Goal R4.2 Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g. students, pharmacy technicians, or other healthcare professionals.				
Objective:	Cognitive or Affective Domain		Objective:	TE: quarter to be evaluated
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	Create and assign learning activities for pharmacy students based on the students' interests and the needs of the practice site. Uses the 4 preceptor roles: instructing, modeling, coaching, and facilitating.	Preceptor will review and provide feedback.	Q3-4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during the experiential learning.	Analyzing	Provides regular feedback through verbal and written communication. Contributes to midpoint and final evaluations for students by discussing performance with preceptor.	Preceptor will observe and provide written and verbal feedback.	Q3-4

University of Cincinnati PGY1 Community –Based
Pharmacy Practice Residency
Leadership And Management-Cincinnati Health Department

General Description: Efficiently operate and manage Cincinnati Health Department (CHD) pharmacy clinics and clinical program with leadership and professionalism

Role of the Pharmacist: Management of daily business operations, provide high level comprehensive patient care with dispensing/counseling of medication, collaborate with other pharmacy personnel and CHD providers as well as executing strategic short- and long-term goals, practicing self-evaluations, and managing both individual and team responsibilities.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident, and preceptor comfort level

Type: Longitudinal, required the resident will spend on average 2 to 4 hours a week in this learning environment

Duration: 11 months

Mentors:
> Residency Preceptor Director: Bethanne Brown PharmD, BCACP
> Site Coordinator: Jonathan Burns PharmD
> Preceptor: Cincinnati Health Department Pharmacy Director: David Miller and Quentin
> > Norman PharmD

Orientation Activities:
1. Learn about the History of the CHD with preceptor review and readings
2. Meet CHD Leadership team and review organizational hierarchy that includes the Health Commissioner, CEO, COO, CFO, Medical Director, Nursing director, and administrative assistants
3. Educate the resident about the three CHD boards, its members, and its function
4. Attend CCPC, Finance and Board of Health Meetings
5. Preceptor to show resident current CHD 340B inventory practices and for auditing by reviewing HRSA rules and regulations to prevent diversion in the 340B program

Expectations of the Resident:

The resident will gain leadership and management experiences over the course of the year by participating in various activities.   Experience includes managing the day-to-day operations of the pharmacy and leading CHD clinical staff. In addition, the resident will obtain a broader perspective on how to run/operate our clinic pharmacies from a 340B operations standpoint by being engaged in activities such as auditing and 340B education discussions. The resident will begin the year shadowing and then move to mentored participation. By the end of the year the resident will be leading assigned meetings and 340B training discussions.

Progression of the Resident: (In quarters)

Orientation(shadowing): Complete activities listed above

Q1/2: Direct Instruction/Modeling
Resident will participate in staff and board meetings as appropriate. Resident will observe preceptor management of staff and 340B clinic audits.

Q3: Coaching:
Resident will work with preceptors to create agendas for staff meetings and board meetings. Resident will work with preceptor and perform 340B audit(s) and recommend learning opportunities and share the feedback with preceptor observation.

Q4: Facilitate:
Resident will lead therapeutic committee meeting, quality improvement meeting, and provide 340B training education. Resident will present at CCPC Board meeting. Resident will lead monthly pharmacy meeting.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience

Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency **Area** R2: Leadership and Management				
Goal				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	applying	Carrying out the functions of leading a pharmacy team as the Person in Charge (PIC) Perform reviews on technician and be reviewed by preceptor	Feedback from business plan team	Q2- Q4
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	applying	Attend Board meetings with end goal to present a business plan at the end of 11-month training at the CCPC, Finance and Board of health meetings	Feedback from business plan team	Q1-Q4
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists	Creating	Resident will: a. Participate in 340B auditing regularly and communicate responsibilities to appropriate staff. b. Participate in 340B committee with quarterly meetings. c. Review current updated SOP's and make suggestions for edits. Work with new admin assistant as well as our Quality team to complete a 340B manual and get the manual on our intranet Relias site.	Data review by business plan team	Q2 &Q4

Competency Area: R2: Leadership and Management				
Goal:R2.2: Demonstrate personal and professional leadership skills.				
Obje ctive:	Co gni tiv e or Aff ect ive Do ma in	Activities	Ass ess men t Met hod	TE: qua rter to be eva lua ted
R2.2. 1: Man age ones elf effec tively and effici ently .	Val uin g an d ap plyi ng	Learn to behttps://nam11.safelinks.protection.outlook.com/?url=https://www.thebalancecareers.com/are-you-a-micromanager-2275905&data=04|01|david.miller2@cincinnati-oh.gov|46c47752f34b4f69d22f08d9e80239c1|6f55bfd1366941fda0e3c98d56adb39f|1|0|637795918539965471|Unknown|TWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0=|3000&sdata=PWcDuCMroYOCHNd2PD19UcmNk1zYZ1B6tSGpi11g9po=&reserved=0 strategic developing an ability to see the big picture and take a longer range, broader business perspective. Learn to step back from the day-to-day tactical details of business and focus on the "why" not just the "what" and "how."	Prec ept or revi ew and feed bac k	Q1-Q4
R2.2. 2: Appl y a	Val uin g an	Use strategic planning leadership development goal and create a succession plan.	Prec ept or revi	Q1-Q4

process of on-going self-evaluation and personal performance improvement.	d ap plyi ng)		ew and feed bac k	
R2.2. 4: Dem onstr ate com mitm ent to the profe ssion thro ugh activ e parti	Val uin g an d ap plyi ng	Join and actively participate in a local, state or national organization of your choice.	Prec ept or revi ew and feed bac k	Q2- Q4

cipation in the activities of a national, state, and/or local professional association.				
R2.2.5: Demonstrate commitment to the community through service.	Valuing and applying	Complete service activity by planning wellness activities at a clinic location as required and outlined in community service guidelines. Reflect on learning by completing weekly activity log	Preceptor review and feedback	Q3 or Q4

Additional Information:

University of Cincinnati PGY1 Community –Based
Pharmacy Practice Residency
Orientation -Cincinnati Health Department

General Description:
Orientation is a required 4 week learning experience beginning at the date of hire. This learning experience will allow the resident to become familiar with the organization and the staff. Orientation includes the following: overview of the residency program, pharmacy/practice site operations, introduction to pharmacy systems (QS1/EPIC), overview of 340B policies and procedures, and completion of the certificate training program/skills review and other required trainings.

Role of the Pharmacist:
Pharmacists in this position are primarily responsible for patient-centered dispensing, supervising technicians, patient and provider education, collaborating with providers, medication therapy management, disease state management, inventory management, and quality improvement.

Type: Concentrated

Duration: up to 2 months

Schedule:
Weeks 1-4 + Seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site.

Mentors:
Residency Program Director: Bethanne Brown, PharmD, BCACP
        Site Coordinator: Jonathan Burns, PharmD
        Preceptors: David Miller, RPh
        Lori Sublett, PharmD. JD
        Brynn Hodges, PharmD
        Taylor Ellis, PharmD

Orientation Activities:

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

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to the 22. Resident Credentials Folder.

1. Read the following articles (emailed in May):
    a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
    b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. IHI Open School Basic Certificate (s)
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following:
    a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
    b. Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation
    c. Professional development: communication skills review (MI and conflict management) and well-being/support.
    d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review (Sept/Oct).
    a. Complete on-line work at home in preparation for skills review
    b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
    c. Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
    a. Complete required pre-work
    b. Attend business plan seminar- fall (October) and spring (March)
    c. Attend QI training – winter
4. Participate in research training (see research project time-line)
    a. Research seminars provided by College and Institutional Review Board (IRB)
    b. Complete SPSS training (as applicable)
    c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of orientation to practice site:
1. Learn operations of daily pharmacy workflow
2. Complete EPIC/QS1 training
3. Introduction to clinic staff
4. Complete 1 hour(s) of ACPE approved continuing education on medication errors/patient safety
5. Completion of orientation activities as detailed below.
6. Begin shadowing pharmacist direct patient care appointments.
7. Shadow other providers and staff from clinic (doctor, medical assistant, nurse navigator, health center manager, social worker, interpreter, CRR, provider at McMicken clinic)

Independent activities to be completed by end of Orientation (unless otherwise noted)
1. UC Employment related:
   a. Attend UC Virtual Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.

   b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 21. Practice Site Requirements

   c. Complete blood borne pathogen training by going to https://ehs.uc.edu/itc/compliance.aspx.
      i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
      ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training.
      Complete by 7/15

   d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted):**
      1. Compliance (non-supervisors)
      2. FERPA Basics
      In addition, you must complete the following:
      3. EverFI; HIPAA- **must be done by 7/15**
      4. Required Alcohol and Drug Information
      5. Everfi: Checkpoint Data Security
      6. Concur- Travel and Expense Requests*

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:
  a. Collaborative Practice Agreements:
     i. Review CPA policies and procedures for CHD
     ii. 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)
     iii. Consult agreement with physicians: Section 4729.39 - Ohio Revised Code | Ohio Laws.

  b. Review ACIP guidelines for chronic disease state immunizations.
     i.CDC website: http://www.cdc.gov/vaccines/hcp/acip-recs/

  c. Upload the following to OneDrive (22. Resident Credentials):
     1. APhA immunization certificate
     2. Basic Life Support (BLS) Certificate

  d. Policy and Procedures: Practice Site- Upload signed copies of the below documents to OneDrive 21. Practice Site Requirements Folder no later **than 7/15.**
     i. Review CHD Pharmacy Policy and Procedures and sign document of understanding
     ii. Review CCPC FQHC Sliding Fee and Billing Policy and current pharmacy medication formulary.
     iii. Complete online trainings for HIPAA, bloodborne pathogens, FWA and active shooter.
     iv. Complete CHD on-boarding process with administrative assistant.
     v. Complete Just Cause CE
     vi. Obtain CHD badge from HR
        Once Licensed as a Pharmacist
     vii. Complete Credentialling Paperwork
     viii. Apply for NPI
     ix. Apply for Medicaid provide number

  e. Complete OutcomesMTM/CSS Health training and add all CHD pharmacy locations to your account.
     i.Complete required OutcomesMTM modules (necessary for account registration) if not previously completed.

f. Complete 340B on demand Apexus training; save completion certificate and upload to OneDrive 21. Practice Site Requirements Folder when complete. **Due 7/31**

      i. Register and access the modules here: [340B University | Online Learning (340bpvp.com)](340bpvp.com), Click on PVP Login, click Need help signing in? Request a Login, register as a covered entity, FQHC

      ii. Complete all modules:
1. Intro to 340b drug pricing
2. 340b pricing
3. Compliance cornerstones
4. 340b and Medicaid
5. HRSA Medicaid exclusion file
6. Contract pharmacy
7. Entity owned pharmacy
8. Audit process and preparedness

g. Communication Skill Review:

Motivational Interviewing (prior to 7/14)
1. To review this essential communication technique, see information found on this web site: http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills needed.
2. 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.

Health Literacy

Review how health literacy can affect communication: [Understanding Health Literacy | Health Literacy | CDC](#)

Social Determinants of Health

Understanding barriers to healthcare and how to overcome them is essential to providing patient care. Review article: Review how health literacy can affect communication: [Overcoming Obstacles to Social Determinants of Health | HIMSS](#)

Click on Social Determinants of Health Guide located at end of article and review.

h. Pharmacists' Patient Care Process

      i. To review watch the video on YouTube located at: [Pharmacists' Patient Care Process PPCP - Bing video](#)

      ii. Once complete, read article: [The Pharmacists' Patient Care Process - JCPP](#)

i. Review updates to guidelines covered under the CPA:

i. Hypertension: [2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Hypertension (ahajournals.org)](#).

ii. Hyperlipidemia: [2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Circulation (ahajournals.org)](#)

iii. Diabetes: [Standards of Care in Diabetes—2023 Abridged for Primary Care Providers | Clinical Diabetes | American Diabetes Association (diabetesjournals.org)](#)

iv. Asthma: Gina Guidelines: [2022 GINA Main Report - Global Initiative for Asthma - GINA (ginasthma.org)](#)

v. COPD: Gold guidelines: [2023 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD (goldcopd.org)](#)

vi. Smoking Cessation: [Tobacco Cessation in Primary Care: Maximizing Intervention Strategies - PMC (nih.gov)](#)

Expectations of the Resident:

During this learning experience, the resident will observe and manage the workflow of a community pharmacy while providing clinical services as a member of the healthcare team. Additionally, the resident will participate in leadership and administrative activities. The resident is expected to communicate effectively and professionally with the pharmacy and clinic staff. The resident must devise strategies for accomplishing required tasks during the allotted timeframe.

Progression of the Resident:

This orientation is designed to provide the training needed to assist the resident in the transition from student to licensed pharmacist. The resident should be able to work independently with minimal intervention at the end of the orientation period.

Assessment Strategy:

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

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of

feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area : R1 Patient Care				
Goal: R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process (3). Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Arrives at employment on time. Communicates and interacts with all members of healthcare team in a professional and responsible manner. Prioritizes responsibilities.	Preceptor will observe and provide feedback.	T Q1
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers,	Valuing and Applying	Interacts with patients in a friendly manner. Educates patients and caregivers and attempts to ensure understanding of information provided. Utilizes available translation services when necessary.	Preceptor will observe patient visits and other patient interactions. Preceptor will read and evaluate patient notes.	T Q1
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discusses plan with PCP and shares all documentation electronically after each completed visit.	Preceptor will read and evaluate patient notes.	T Q1
R1.1.10: Document patient care activities appropriately.	Applying	Utilizes EPIC to write notes and document patient interventions. Utilizes QS1, Outcomes, and MTMPath platforms as well.	Preceptor will read and evaluate patient notes.	T Q1

Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems	Analyzing	Identifies and assesses drug related issues. Addresses issues by counseling patients or communicating with provider depending on the severity of the issue. Understands how to access and utilizes alternate sources of information when necessary (Ex. Facts and Comparisons)	Preceptor will observe and provide feedback	T Q1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care	Applying	Ensures technicians complete required accuracy scans throughout dispensing process. Follows best practices by verifying patient date of birth during pharmacy workflow to ensure accurate dispensing of medications. Updates all patient health information.	Preceptor will observe and provide feedback	T Q1
R1.2.3: Identify and provide services related to patient -centered dispensing that assist individual patients in the safe and effective use of medications	Applying	Demonstrates ability to identify opportunities to provide services that will increase patient adherence and promote safe and effective medication use (counseling on new medications, product demonstration for meters/CGM devices/injections, utilizing translation services, drug takeback information, services we offer, and patient tools, such	Preceptor will observe and provide feedback	T Q1

		as pill boxes/cutter, as necessary).		
R.1.2.4: Counsel and educate patient and or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services	Analyzing	Utilizes a variety of counseling methods (verbal communication, product demonstration, educational handouts).	Preceptor will observe and provide feedback	T Q1

Competency Area: R2: Leadership and Management				
Goal: R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method	TE: Orientation
R2.2.1: Manage one's self effectively and efficiently	Valuing and Applying	Demonstrates ability to meet deadlines set by preceptor. Completes all orientation activities by due date.	Formative feedback by preceptor	TE Q1
R.2.2.2: Apply a process of on-going self-evaluation and personal performance improvement	Valuing and Applying	Accepts feedback from preceptor and incorporates into daily activities.	Formative feedback by preceptor. Written reflection by resident at end	TE Q1

Competency Area: R3: Advancement of Community-based Practice and Improving Patient Care				
Goal: R3.1: Conduct a quality improvement project in the medication use system or in patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation

R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Completes patient safety CE. Communicates with preceptor any opportunities for QI improvements identified.	CE certificate of completion uploaded to One Drive	T Q1

Additional Information:

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency
Patient Centered Dispensing-Cincinnati Health Department

General Description:

This learning experience will occur between three health centers that serve patients who are primarily uninsured/underinsured in Price Hill, Over-the-Rhine, and Madisonville. These areas are considered healthcare deserts where there are few healthcare providers in proximity to these communities. Patients served here are of many different backgrounds, but often face similar social determinants of health; more concentrated commonalities are seen depending on the health center location (i.e. Price Hill serves many patients who are Latino/LatinX, and many immigrants). During this learning experience, the resident will work with other pharmacists, technicians, providers, nurse navigators, nurses, and medical assistants to provide quality, patient-centered care. The patient load is approximately 500 patients per week.

Role of the Pharmacist:

The pharmacists at these practice sites are responsible for:

prescription entering/labeling/verification
prescription transfers
prescription and other document filing
drug utilization and DDI reviews
prior authorization management
therapeutic substitutions
insurance billing resolution
simple compounding
OARRS review
counseling patient on new medications and medication problems
communicating with providers on medication issues
prescription initiation and refill requests
error and near miss reporting
inventory management (inventory ordering, outdated medication removal, live inventory updates, annual inventory review)
appropriate drug storage monitoring
required reporting (daily reports, VPOP, etc.)
MTM TIPS and CMR incorporation into workflow
expired inventory return
technician management
crash cart review and management

patient drug disposal bin management
pharmacy supply ordering

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

<u>Duration:</u> Eleven months. An average of 8 hours per week will be spent staffing and dispensing medications. This time may be spread over the course of the week and is cumulative.

<u>Mentors:</u>
       Residency Preceptor Director: Bethanne Brown PharmD, BCACP
       Site Coordinator: Jonathan Burns, PharmD
       Primary Preceptor: Lori Sublett, PharmD, JD
       Supporting Preceptors: Taylor Ellis, PharmD
                       Brynn Hodges, PharmD

<u>Orientation Activities:</u>

Residents will complete the following:
1. Attend a formal CHD Orientation Course
2. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
3. Review of all CHD pharmacy-related policies
4. EPIC and QS1 Computer training (not necessary if resident has previous experience)
   a. If needed- complete Epic training at ella.ochin.org
      i. Courses CLN098, CLN099 and CLN101.
      ii. Upload certificate to OneDrive, Folder 21, Practice Site Requirements
5. Shadowing a pharmacy technician and staff pharmacist
6. Complete CE and review of supplementary training information on 340B rules/guidelines
   a. Accessed via education.apexus.com and enroll as a new user: https://education.apexus.com/#/signup. Complete the Apexus 340b University on demand program.
   b. Upload certificate to OneDrive, Folder 21, Practice Site Requirements
7. Act in the role of pharmacy technician to learn roles/responsibilities
8. OutcomesMTM training (if not already part of academic/APPE requirements)
9. Create accounts for different MTM platforms (ie OutcomesMTM, MTM Pathways- CSS Health)
10. Create OH/ID account (if not done previously) to access Ohio Medicaid PNM platform.

<u>Expectations of the Resident:</u>

The resident will ultimately be expected to act in the role of staff pharmacist and direct the daily workflow of the pharmacy in dispensing medications and handling patient and provider

interactions. The resident will further be expected to coordinate with the pharmacy technician(s) assigned to that location and delegate appropriate tasks where necessary to ensure the smooth operation of the pharmacy. When managing the pharmacy alone, the resident will be responsible for ensuring the necessary daily tasks of the pharmacy are completed, including completion of prescription verification and labeling queues, resolution of dispensing errors, end-of-day reports, temperature checks for temperature-controlled medications, and preparing the pharmacy for the next business day. The resident will also be expected to be able to assess the need for and execute more intermittent or periodic tasks, such as identifying pharmacy supply needs, outdated medication returns, drug disposal bin returns, and inventory adjustments.

Progression of the Resident:

1st Quarter:

The resident will complete all orientation tasks as outlined and participate in the pharmacy's annual inventory. The resident will visit and become familiar with the three locations at which they will be completing the patient centered dispensing experience, including meeting members of the medical teams at those locations. At this stage of the learning experience, the resident will work as a team member within the pharmacy under the direct supervision of a CHD staff pharmacist preceptor and work toward independence in pharmacist-in-charge role. They will observe their preceptor providing patient care as well as the pharmacy technician(s). The resident will prioritize gaining familiarity in usage of the QS/1 software and Epic EHR systems and orient themselves to the workflow of each pharmacy location.

2nd Quarter:

The resident will increase their responsibility for patient care. They will be expected to staff as pharmacist-in-charge, with the CHD preceptor available within the pharmacy for direction and questions. Such staffing tasks will include management of prescription refill and new order requests, verification of new orders, and ensuring dispensing to the patient in a timely fashion. The resident will work towards gaining speed and comfort in managing the pharmacy's workflow. They will be expected to provide patient counseling on medications at the time of dispensing. At this stage, the resident will also be expected to start identifying opportunities to optimize patient regimens and approaching the patient's healthcare team with such recommendations. If the medical team contacts the pharmacist with a medication question, the resident may be assigned the task of researching and responding to such questions.

3rd Quarter:

The resident will be expected to handle pharmacy operations with minimal assistance from the preceptor. The preceptor will be available to the resident within the health center, but may not be within the physical pharmacy environs at all times. The resident will be able to demonstrate appropriate time management in the completion of pharmacy workflow tasks, will generally be

able to open and close the pharmacy, and increasingly engage in prioritization of needed tasks including incoming calls and interactions with the medical team. The resident will be able to further demonstrate appropriate delegation of tasks to technician staff as needed to ensure smooth pharmacy operations.

4th Quarter:

The resident will act as a fully integrated member of the CHD pharmacy team, and is able to manage a pharmacy location independently. They will appropriately manage and direct the tasks of the technician(s) working with them. The resident will demonstrate safe and efficient medication dispensing, and will be able to appropriately prioritize tasks in accordance with the needs of the pharmacy.

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:
- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process (PPCP) to identify, detect, and address therapeutic problems.	Analyzing	Shadow then perform Verifying Pharmacist: • Verify correct data input from pharmacy technician • Verify correct medication, dosage, strength, quantity and directions being dispensed • Review disease state(s), allergies and medication profile using PPCP; if questions arise, use EPIC or patient interview to evaluate patient • Recommend solutions to issues to patient and/or physician Use pharmacy's in-house quality assurance process to track pharmacy errors that may occur	Verbal feedback through direct preceptor observation	Q1/Q2-4

R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: • Accurate prescription entry within QS/1 system for electronic, written, faxed or transferred prescriptions • Check voicemails for refill requests, patient calls for refills • Appropriately select correct medication for dispensing within QS/1 • Address billing issues and assist patient in receiving most affordable medication for the patient Prescription check-out counseling using PPCP	Verbal feedback through direct preceptor observation	Q1-2
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	Shadow then perform check-out window: • Face-to-face clinical intervention review and counseling using PPCP • Identifying need for delivery services or weekly pill box • Prescription check-out using certified interpreter for non-English speaking patients using Propio Language Services Refer patients to additional services as needed (ie MD/NP,	Verbal feedback through direct preceptor observation	Q1-2

			social services, community health worker)		
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	Shadow then perform check-out window: • For each new medication- educate patient using appropriate counseling techniques in patient friendly language o How to use, side effects, how it works, missed doses • Use motivational interviewing for adherence issues and/or smoking cessation	Verbal feedback through direct preceptor observation	Q2-3

Competency Area R2: Leadership and Management

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Complete modeling, coaching, and facilitating of managing staffing team until independent. • Adhere to legal, regulatory and accreditation requirements for dispensing medications	Verbal feedback through direct preceptor observation	Q2-3

		• Demonstrate knowledge and understanding of QS/1 Pharmacy Software, Cardinal purchasing website and in-house error reporting processes • Independently manage staffing team • Oversee effective, efficient, and safe delivery of patient care and dispensing services		
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain		Objective:	Cognitive or Affective Domain
R2.2.1: Manage one's self effectively and efficiently	Valuing and Applying	Complete modeling, coaching, and facilitating of independent actions of pharmacist-in-charge • Access CHD policies and procedures when process questions arise • Reach out appropriately for preceptor or leadership direction when unable to resolve issues independently utilizing appropriate P&P • Demonstrate ability to manage order verification queue, physical prescription verification, and patient check-out in	Verbal feedback through direct preceptor observation	Q4

		within confines of reasonable workday • Demonstrates ability to successfully multi-task completion of patient counseling, provider/medical team questions, and patient dispensing responsibilities in a reasonable time • Set appropriate priorities for completion of tasks throughout the workday and for weekly tasks, such as CMRs, TIPs, and provider questions		

Additional Information:

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
ORIENTATION- EQUITAS HEALTH

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

Role of the Pharmacist:
The role of the pharmacist within this learning experience includes: patient-centered dispensing, patient and provider education, immunizations, medication therapy management, disease state monitoring, coordination of care with providers, precepting students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:
Weeks 1-4 + Seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site.

Type: Concentrated
Duration: 1 to 2 months- schedule is determine by site coordinator in collaboration with preceptors

Mentors:
> Residency Program Director: Bethanne Brown PharmD, BCACP
> Site Coordinator: Bethanne Brown and Joelle Ahlrichs

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:
Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to the Resident Credentials Folder.
1. Read the following articles (emailed in May):

      a.   Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
      b.   Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. IHI Open School Basic Certificate (s)
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following:
    a.   Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
    b.   Assessment Structure: Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation.
    c.   Professional development: communication skills review (MI and conflict management) and well-being/support.
    d.   Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review.
    a.   Complete on-line work at home in preparation for skills review
    b.   Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
    c.   Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
    a.   Complete required pre-work
    b.   Attend business plan seminar- fall (October) and spring (March)
    c.   Attend QI training – winter
4. Participate in research training (see research project time-line)
    a.   Research seminars provided by College and Institutional Review Board (IRB)
    b.   Complete SPSS training (as applicable)
    c.   Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of Orientation to Practice Site:

1. Learn operation of daily pharmacy workflow
2. Complete Epic training
3. Introduction to clinic staff
4. Completion of orientation activities as detailed below
5. Begin shadowing provider/pharmacist appointments
6. Specialty Training – see lead specialty pharmacist (Erica Wuebold) for details
7. HIV and Gender Affirming Care trainings- See Phil Pauvlinch and Teagan Vaughn for details

<u>Independent activities to be completed by end of Orientation (unless otherwise noted)</u>
1. UC Employment related:
    a. Attend UC Virtual Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.

    b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 21. Practice Site Requirements

    c. Complete blood borne pathogen training by going to https://ehs.uc.edu/itc/compliance.aspx.
        i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
        ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training. **Complete by 7/15**

    d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted):**
        1. Compliance (non-supervisors)
        2. FERPA Basics
    In addition, you must complete the following:
        3. EverFI; HIPAA- **must be done by 7/15**
        4. Required Alcohol and Drug Information
        5. Everfi: Checkpoint Data Security
        6. Concur- Travel and Expense Requests*

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:
   a. Collaborative Practice Agreements:
      i. Review CPA Policy and Procedures for Equitas
      ii. 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) Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](.).

   b. Review ACIP guidelines for chronic disease state immunizations.
      i. CDC website: http://www.cdc.gov/vaccines/hcp/acip-recs/
            Focus on HepB (Engerixand Heplisave), Flu, Covid and Singles, Pneumonia, TDap , HPV

   c. Upload the following to OneDrive(Resident Credentials):
      1. APhA immunization certificate
      2. Basic Life Support (BLS) Certificate

   d. Patient Centered Dispensing: Complete tailored Pharmacists training Checklist as assigned by preceptors and found in Mission Central.   See Mission Central, Forms, Pharmacy, Pharmacists Training guide week 1 through 7.

   e. Complete Compliance Manager assigned training found in Mission Central

   f. Communication Skill Review (prior to 7/14- MI review at COP):
      i. Motivational Interviewing
         1. To review this essential communication technique, see information found on this web site: http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills needed
         2. 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.
         3. Participate in the MI- COP orientation activities.

Expectations of the Resident:

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

Progression of the Resident:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the

residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	EPIC Training and shadow pharmacists appointments for patient care documentation	Formative feedback from Preceptor/training pharmacist	T Q1
R1.1.10: Document patient care activities appropriately and efficiently.	Applying			
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Orientation in Equitas Health Pharmacy in patient centered dispensing	Formative feedback provided by each preceptor/training pharmacist	T Q1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying			
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying			

R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing			

Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Meeting all deadlines for activities as set by preceptor/RPD – see above	Formative feedback by preceptor Written feedback on weekly reflections	TE Orientation
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meeting preceptor/RPD expectations for written reflections		

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

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program
PRIMARY CARE - DIRECT PATIENT CARE
EQUITAS HEALTH

General Description:

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

Direct patient care service at Equitas Health include working under a collaborative practice agreement with the primary care providers both physicians and nurse practitioners.

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

Role of the pharmacist: The clinical pharmacists at Equitas Health provide patient care in several ways: A collaborative practice agreement is in place to provide care of patients with HIV PrEP, Diabetes and Pre-Diabetes, Smoking Cessation, Gender Affirming Care, Hyperlipidemia, Hypertension, Depression, Anxiety, Asthma/COPD, GERD, Migraines, Hepatitis C (HCV), Oral Contraception, Erectile Dysfunction, and Polypharmacy . The pharmacists provide pharmacotherapy support by aiding providers in answering a variety of questions, coordinating medications, and aiding in caring for complex patients.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then, as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required

Duration: 11 months
> Resident will spend an average of 16 to 20 hours/week engaged in activities related to this learning experience.

Mentors:
> Residency Preceptor Director: Bethanne Brown PharmD, BCACP
> Site Coordinator: Bethanne Brown/Joelle Ahlrichs PharmD

Orientation Activities:
1. Attend patient visits with preceptor. Preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes.
2. Review clinic collaborative practice agreements and other direct patient care policies/ procedures
3. Shadow providers and nurses. Orient to clinic site and provider clinic workflow.
4. EPIC training for documentation, scheduling patient appointments with pharmacists.
5. Document patient care activities in EPIC with preceptor supervision.

Expectations of the Resident:

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

Progression of the Resident:

Q1: By the end of quarter 1, the resident should be able to collect, assess and document patient encounters for 4 basic appointments per full day clinic schedule. The resident will progress to this goal by: first shadowing clinical pharmacists. Next, the resident will gain experience with documentation and obtaining vitals. The resident will then conduct visits with direct observation and frequent feedback. The resident and preceptors will utilize the readiness for independence checklist to aid progression to becoming independent with the goal by the end of the quarter. Likewise, the resident will complete topic discussions for all topics with or included in collaborative practice agreements (required: diabetes, Hep B, hypertension, smoking cessation, HIV, PrEP. Optional- remaining CPA disease states).

Q2: Resident will begin to broaden his/her/their pharmacy coverage into more general primary care and increase the number and complexity of patients seen. By the end of quarter 2, the resident will be able to see at least 8 patients per full clinic day schedule of mixed complexity. The resident should become independent in plan development,

monitoring and follow-up. The topic discussions accomplished during this quarter will broaden to include other common primary care disease states (required: remaining CPA disease states).

Q3: By the end of quarter 3, the resident should be able to see all patients independently with facilitation from preceptors and be able to facilitate/answer drug information questions from providers and other staff. The resident will have more time in clinic during this quarter to help learn time/project management. The resident will also be able to precept students during this quarter which would include using all aspects of modeling, coaching, and facilitation. Topic discussions will be based on topics that come up within clinic.

Q4: Resident will see all levels of patients, with facilitation from preceptors. Resident should be comfortable with all aspects of the PPCP.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Communicates and interacts with all members of the healthcare team in a professional and responsible manner. Maintains residency portfolio based on Appendix B from residency policy and procedure manual.	Primary preceptor will observe and provide feedback.	TEQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Interacts with patients in a professional manner.	Primary preceptor will observe and provide feedback.	TQ1 EQ2
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Present patients to the primary preceptor with relevant subjective and objective information. Documents subjective and objective information appropriately.	Preceptor will listen to presentations of patients and review notes.	TQ1 EQ2
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Create a problem list for the each both prior to and after patient appointments.	Preceptor will listen to presentations of patients and review note.	TQ1 EQ2/EQ3

Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Creates and documents an individualized and comprehensive plan for patients. Helps the patient develop SMART goals.	Preceptor will listen to presentations of patients and review note.	TQ1 EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Write orders as appropriate for patient; discuss with PCP as appropriate (not necessary for all patients as operating under a CPA). Route notes to appropriate providers and ensure follow-up on recommendations both in-person and/or electronically.	Preceptor will follow-up on resident's open encounters regularly and ask about certain provider interactions.	TQ1 EQ2/EQ3
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented.	Preceptor will observe patient visit, read and evaluate patient notes.	TQ1 EQ3
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Educate patient and caregivers regarding plan and monitoring.	Preceptor will observe patient visits, read and evaluate patient notes.	TQ1 EQ3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discuss plan with PCP and send all documents electronically after patient visit is completed.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Write chart notes and orders for all patients seen, as appropriate.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE

R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Work with Population health nurses to determine process of identification, documentation and tracking. Complete Med Rec as part of post discharge visits and transitioning patients to other providers	preceptor will observe and provide feedback.	TEQ2 EQ3,
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Work with Population health nurses to determine process of identification, documentation and tracking. Complete Med Rec as part of post discharge visits and transitioning patients to other providers	preceptor will observe and provide feedback.	TEQ2, EQ3

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	Creating	Evaluate and update an assigned CPA and complete changes or modifications based on state or federal laws and guideline updates	Verbal and written feedback from provided.	TQ2 EQ4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE

R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Participate in OPA committee (recommend Practice Innovation)	Reflection and summary of committee meeting reviewed by preceptor. Verbal and written feedback provided.	TEQ1

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

Goal R4.1: Provide effective education and/or training.

Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide at least 1 talk to providers/nursing during residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1,EQ2-4
R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to providers/nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ2-4
R4.1.3 Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to providers/nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ2-4

Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE

R4.2.1: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	Analyzing	Create APPE student calendar based on student interests and needs of the practice site. Review with preceptors. Using the 4 preceptor roles: instructing, modeling, coaching and facilitating, modify activities as needed based on the student performance	Preceptor review and feedback provided based on activities created and modified	TQ1 EQ4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide formative feedback after daily interactions with students. Provide summative feedback by filling out the midpoint and final evaluations and actively running feedback discussions with students on their performance, with the site coordinator.	Direct observation by preceptor. Verbal and written feedback provided.	T: Q1, teaching certificate program E: Q4, precept students in May and June

Additional Information: None

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Program
LEADERSHIP AND MANAGEMENT- EQUITAS HEALTH PHARMACY

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

Type: Longitudinal, required
On average, the resident will spend 2 hours per week in this learning experience.

Role of Pharmacists: Management of daily business operations, development of new services, collaborating with other healthcare providers, developing strategic short and long term goals, practicing self-evaluations, and managing both individual and team responsibilities.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level

Duration: 11 months

Mentors:
Residency Program Director: Bethanne Brown PharmD, BCACP
Preceptor: JoMarie Richardson

Orientation Activities:
Residents will complete the following:
1. Learn about Equitas Health Pharmacy history and mission as well as pharmacy overview
2. Complete orientation with administration, development, Pharmacy Director, and Chief Pharmacy Officer
3. Attend Equitas Health Pharmacy staff meetings
4. Review inventory policies, both retail inventory and 340b Inventory
5. Attend pharmacy leadership meeting

Progression of the Resident:
Orientation(shadowing): Complete activities listed above

Q1/2: Direct Instruction/Modeling

Resident will participate in staff and board meetings as appropriate. Resident will observe preceptor management of staff and student learners. Resident will lead APPE orientation as appropriate.

Q3: Coaching:
Resident will work with preceptors to create agendas for staff meetings and board meetings. Resident will work with preceptors in facilitating student learning program components.

Q4: Facilitate:
Resident will lead pharmacy staff meeting and be responsible for creating meeting agenda. Resident will lead student learning program components.

Expectations of the Resident:

The resident will gain leadership and management experiences over the course of the year by participating in various activities.   Experiences include managing the day to day operations of the pharmacy and leading support staff, volunteers, advocates and APPE and IPPE students. In addition, the resident will obtain a broader perspective on how to run/operate a FQHC-lookalike pharmacy by being engaged in activities such as procurement and pharmacy leadership meetings and related topic discussions. The resident will begin the year shadowing and then move to mentored participation. By the end of the year the resident will be leading assigned meetings.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge, and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	• Carry out the functions of leading a pharmacy team as the Person in Charge (PIC). Perform reviews on technicians and be reviewed by preceptor	Feedback from PIC and Preceptor	
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	• Participate and present at select staff, Clinic Staff Meetings, and Pharmacy staff meetings • Participate in inventory control • Shadow and participate in staff and student scheduling • Shadow staff evaluation process • Shadow and participate in strategic planning (as appropriate)	Accurate information relayed for assigned board meetings. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	• Identify importance of donor relationships	Display appropriate understanding of non-profit relationships through Equitas Health functions, create plans for	

| | | • Remain up to date on legal changes to pharmacy practice
• Engage in outreach, development, and networking opportunities
• Create relationships with other directors of patient services via one-one meetings | adjusting policies based off changes to community pharmacy practice if needed | |

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	• Complete tasks in reasonable timeframe • Demonstrate personal commitment to vision of organization	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	TQ1/EQ3
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	• Complete all reflections and preceptor meetings • Identify and work towards identified areas of improvement within management	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	TQ1/EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	• Show ownership over pharmacy functioning • Lead staffing team through delegation and time management • Lead clinical team through SVDP health services interactions	Demonstrate leadership by effectively managing assigned projects	TQ3/EQ2

		• Prioritize patient care workload, student workload, and assignments		
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join pharmacy related organization of your choice and participate actively in a committee/working group of this organization.	Completion of professional involvement	TQ1/EQ4
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Participate in community service activities as approved by preceptor/RPD. See guidelines posted to OneDrive	Active participation in volunteer events and completion of reflections.	TQ2/EQ4

Additional Information:

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency
Patient Centered Dispensing-Equitas Health Pharmacy #4

General Description:

Equitas Health is a nonprofit community healthcare system founded in 1984. We are one of the nation's largest LGBTQ+ and HIV/AIDS-serving organizations, serving tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia. Equitas Health is a federally-designated Community Health Center. The practice site hosts APPE interns each month in the community pharmacy for community rotations and in the clinic with pharmacist providers for ambulatory care rotations. The PGY1 Community-based resident will practice at our location in the Walnut Hills neighborhood of Cincinnati, OH. The resident will become proficient in the workflow of the dispensing process in the pharmacy keeping the care of the patient as a primary focus. Routine responsibilities include: following policies and procedures, managing workflow, preparing and dispensing medications, assisting with selection of nonprescription medications, resolving problems, counseling patients and caregivers, proactively making interventions, documenting care, using technology, and integrating patient care into workflow and dispensing of medications.

Role of the Pharmacist:

The pharmacists at these practice sites are responsible for:
- Prescription entering/labeling/verification
- Prescription transfers
- Prescription and other document filing
- Drug utilization and DDI reviews
- Prior authorization management
- Therapeutic substitutions
- Insurance billing resolution
- Simple compounding
- OARRS review
- Counseling patient on new medications and medication problems
- Communicating with providers on medication issues
- Prescription initiation and refill requests
- Error and near miss reporting
- Inventory management (inventory ordering, outdated medication removal, live inventory updates, annual inventory review, 340B inventory management)
- Appropriate drug storage monitoring
- Specialty accreditation requirements
- Required reporting (daily reports, VPOP, etc.)
- MTM TIPS and CMR incorporation into workflow
- Expired inventory return
- Technician management
- Crash cart review and management
- Patient drug disposal bin management
- Pharmacy supply ordering

Type: Longitudinal, required

Duration: Eleven months. Patient Centered Dispensing and Patient Care together are an average of 2/3 of the resident's time or 32-36 hours per week. The resident will be engaged in patient centered dispensing approximately 16 hours per week.

Mentors:
- Residency Preceptor Director: Bethanne Brown PharmD, BCACP
- Site Coordinator: Bethanne Brown PharmD, BCACP and Joelle Ahlrichs PharmD, AAHIVP
- Primary Preceptor: Joelle Ahlrichs PharmD
- Supporting Preceptors: Lauren Johnson, PharmD and Flavio Ajdinaj PharmD

Orientation Activities:
Residents will complete the following:
1. Attend a formal Equitas Health Orientation Course
2. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
3. Review of all Equitas Health pharmacy-related policies
4. EPIC and Pioneer Computer training (not necessary if resident has previous experience)
5. Shadowing a pharmacy technician and staff pharmacist
6. Act in the role of pharmacy technician to learn roles/responsibilities
7. OutcomesMTM training
8. Create accounts for different MTM platforms
9. Create OH/ID account (if not done previously) to access Ohio Medicaid PNM platform.

Expectations of the Resident:
The resident will communicate professionally and effectively with their primary preceptor of the learning experience and other pharmacist preceptors involved with the experiential education of students at the primary practice site. The resident will self-reflect and provide a self-assessment or their performance quarterly. The resident will provide an evaluation of the preceptor and the learning experience at the midpoint and end of the learning experience in Pharmacademic.

Progression of the Resident:
The resident will gain efficiency over the course of the year. At the beginning of the year the preceptor and resident will set expectations for gaining proficiency in patient centered dispensing taking into account the variety of complementary activities happening daily (drug utilization review, interacting with staff/technicians, communication with prescribers, working with students) in addition to working directly with patients. Metrics which demonstrate proficiency will be set by the primary preceptor. Verbal formative, daily or weekly feedback will be provided regarding progressive mastery of the patient centered dispensing process. Verbal formative self-reflections (end of day) will also inform assessment of progression.

General Progression of the Resident:

Quarter 1: Resident becomes licensed pharmacist and is trained in drug utilization review and the role of the pharmacist on the dispensing team.

Quarter 2: Resident gains proficiency. The drug related problem solving efficiency increases and is at approximately 75% of the precepting pharmacist. Resident is learning to manage daily workflow.

Quarter 3: Resident can manage workflow efficiently in the pharmacy including staff, is proficient with opening and closing procedures by the end of this quarter.

Quarter 4: Resident is operating at the proficiency of the precepting pharmacist and can open and close the pharmacy, manage the staff in daily operations, and resolve drug related problems and patient related challenges.

Evaluations:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance. Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process (PPCP) to identify, detect, and address therapeutic problems.	Analyzing	Shadow primary preceptor in their DUR process and demonstrate ability to actively explain each step in process Spend 4-8 hours with Equitas pharmacy trainer to ensure all steps are accomplished. Develop a personal process of performing effective DUR using clinical judgement, patient assessment, and appropriate resources. Preceptor will review and approve process for completeness.	Verbal feedback through direct preceptor observation	Q1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Demonstrate the ability to accurately and efficiently dispense medications. Efficiency should increase throughout the year, with a focus on scripts checked throughout a shift as an indicator. Preceptor and resident will determine appropriate target numbers. Resident will prepare and give at least 3 different vaccines throughout the year. In the fall this includes influenza and COVID vaccines administered routinely in the dispensing process. The third vaccine type may be achieved through administration of a shingles, pneumococcal, TdaP, MPox, etc.	Verbal feedback through direct preceptor observation	Q2
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	Resident will orient to the cycle fill (med sync) and PMP (patient management program) during Q1 orientation and should be comfortable including cycle fill and PMP in their DUR process by the time they begin splitting their focus and spending time clinic-side. This split typically occurs in quarter 2. During the DUR process and utilization of dispensing services identify patients who would benefit from counselling and education and designate on order appropriately. Resident should also identify patients eligible	Verbal feedback through direct preceptor observation	Q2

Objective	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
		for CMRs, MTM, and use of the community CPA and designate appropriately		
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	Resident will provide patient centered counselling and education at the appropriate health literacy level and taking into consideration cultural competencies relevant to the patient. Resident will refer appropriately to other services including primary care or case management within Equitas. Understand emergency care referral process. Proactively discuss with preceptor referrals until the primary preceptor determines resident is independent in making referrals.	Verbal feedback through direct preceptor observation	Q3

Goal R1.3 Provide safe and effective medication-related patient care when patients transition between care settings

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	In quarter 1 the resident will orient to the community pharmacy. During this quarter resident should understand how patients undergoing transitions may be identified i.e. emergency department visit, recent hospitalization, entry into hospice care, addition of home health aide, etc. Beginning in quarter 2 the resident should actively identify 1 TOC patient each month and determine the patient specific needs related to that TOC.	Verbal feedback through direct preceptor observation	Q3
R1.3.2: Manage and facilitate care transitions between patient care settings	Applying	Resolve medication-related problems. Communicate with relevant health care providers regarding findings during med rec and TOC services. Follow-up with patients after TOC to ensure adherence to appropriate therapies and counsel/educate as needed	Verbal feedback through direct preceptor observation	Q3

Competency Area R2: Leadership and Management				
Goal R2.1: Manage operations and services of the practice				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Prioritize, manage, and delegate workflow to deliver patient-centered care and products in a timely manner using effective time management skills Understand and apply the roles and expectations of staff pharmacists and pharmacy managers. Q1 Learning to delegate tasks is key: goal for Q1is to be able to explain which tasks are best to delegate and to whom by the time the resident begins to spend time clinic-side. Q2 Throughout day resident demonstrates ability to prioritize daily tasks and delegate work appropriately Q3 Resident will shadow pharmacist manager and be able to explain additional responsibilities of the manager. Q4 Resident will demonstrate ability to perform manager duties	Verbal feedback through direct preceptor observation	Q4

Additional Information:

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
LEADERSHIP AND MANAGEMENT- FIVE RIVERS HEALTH CENTERS

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

Role of the Pharmacist: The pharmacist preceptor will demonstrate leadership and management skills through his/her own everyday interactions and advancement of pharmacy practice within the organization.

Based on residents' self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, Required

Duration: 11 months
            Resident will spend an average of 4 hours/week engaged in activities related to this learning experience.

Mentors:
        Residency Preceptor Director: Bethanne Brown PharmD, BCACP
        Side Coordinator: Anne Metzger, PharmD, BCACP
        Preceptor: Megan Rasch PharmD, BCACP, AAHIVP

 Orientation Activities: Resident will complete as part of orientation the following:
    1   Learn about FRHC history and mission as well as overview of pharmacy operations
    2   Attend FRHC clinical pharmacy meetings
    3   Review pharmacy policies and procedures

Expectations of the Resident:

It is the expectation that residents will learn collaboration, teamwork, management and leadership skills throughout this longitudinal 11-month rotation. The ultimate goal is by the end of the year, the resident will gain skills needed to be an effective and efficient pharmacy leader practicing at a level that can serve as a role model to other pharmacists and pharmacy students.

Progression:

Q1/2: Direct Instruction/Modeling
Resident will participate in staff and board meetings as appropriate. Resident will observe preceptor management of staff and student learners.

Q3: Coaching:
Resident will work with preceptors to create agendas for staff meetings. Resident will lead a portion or topic discussion at 1 meeting in Q3. Resident will work with preceptors in facilitating APPE Student rotations.

Q4: Facilitate:
Resident will lead monthly clinical meetings. Resident will act as the primary preceptor for at least 2 students during Q4.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.
Types of evaluations include:
- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Participate (and present if assigned) at the monthly staff or provider meetings. Attend monthly clinical pharmacy meetings Aug-November, present a topic in December or January, and lead 3 meetings from April-June.	Takes notes at monthly staff meetings and discusses with preceptors. Accurate information presented, for assigned presentations. Collects staff and/or provider evaluations and provides written reflection on this. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Attend a FRHC Board meeting Attend OPA advocacy day either fall or spring of residency year. In advance finds local representative and research healthcare bills. Writes this up prior to attending and share with preceptors. Write separate reflection on the experience and upload to OneDrive (leadership/management folder)	Upload a synopsis of the meeting or meeting minutes, plus a 1 paragraph reflection, to OneDrive. Identifies FRHC Pharmacy strategies relevant to meeting and includes these in reflection.	TQ2/EQ4

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Complete all reflections and preceptor meetings Identify and work towards identified areas of improvement within management	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	TQ1/EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Show ownership over pharmacy functioning. Effectively and timely complete auditing as assigned by pharmacy manager Demonstrate leadership by effectively managing assigned projects	Verbal and written feedback by preceptor.	TQ3/EQ4
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	2 options: 1. Join and attend OPA Practice Innovation meetings when the occur OR 2. Join national organization based on interest and actively participate in a committee/working group	Completion of professional involvement	TQ1/EQ4
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Choose a service activity and complete hours as required and outlined in community service guidelines Reflect on learning by completing weekly activity log	Written reflection of community service activity read by preceptor; brief discussion of experience with resident at end of each quarter.	TQ2/EQ3

Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	Analyzing	Create APPE student calendar based on student interests and needs of the practice site. Review with preceptors. Using the 4 preceptor roles: instructing, modeling, coaching and facilitating, modify activities as needed based on the student performance	Preceptor review and feedback provided based on activities created and modified	TQ2 EQ4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide formative feedback after daily interactions with students. Provide summative feedback by filling out the midpoint and final evaluations and actively running feedback discussions with students on their performance, with the site coordinator.	Direct observation by preceptor. Verbal and written feedback provided.	T: Q1, teaching certificate program T: Q2, observe preceptors with APPE students. E: Q4, precept students in May and June

Additional Information: none at this time

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
ORIENTATION- FIVE RIVERS HEALTH CENTERS

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

Role of the Pharmacist:
The role of the pharmacist within this learning experience includes: patient-centered dispensing, patient and provider education, immunizations, medication therapy management, disease state monitoring, coordination of care with providers, precepting students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:
Weeks 1-4 + Seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site.

Type: Concentrated
Duration: 1 to 2 months- schedule is determine by site coordinator in collaboration with preceptors

Mentors:
Residency Program Director: Bethanne Brown PharmD, BCACP
Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS
Preceptors: Nick Borchers, PharmD, TJ Dorow PharmD, BCPS, Leslie Hooper PharmD, and
Megan Rasch PharmD, BCACP, AAHIVP

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:
Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to the Resident Credentials Folder.

1. Read the following articles (emailed in May):
    a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
    b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. IHI Open School Basic Certificate (s)
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following:
    a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
    b. Assessment Structure: Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation.
    c. Professional development: communication skills review (MI and conflict management) and well-being/support.
    d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review.
    a. Complete on-line work at home in preparation for skills review
    b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
    c. Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
    a. Complete required pre-work
    b. Attend business plan seminar- fall (October) and spring (March)
    c. Attend QI training – winter
4. Participate in research training (see research project time-line)
    a. Research seminars provided by College and Institutional Review Board (IRB)
    b. Complete SPSS training (as applicable)
    c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

<u>Activities to be completed as part of Orientation to Practice Site:</u>
1. Learn operation of daily pharmacy workflow
2. Complete Epic/BestRX training
3. Introduction to clinic staff
4. Completion of orientation activities as detailed below
5. Begin shadowing CDTM appointments
6. URAC training – see lead specialty pharmacist for details

<u>Independent activities to be completed by end of Orientation (unless otherwise noted)</u>
1. UC Employment related:
    a. Attend UC Virtual Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.

    b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 21. Practice Site Requirements

    c. Complete blood borne pathogen training by going to https://ehs.uc.edu/itc/compliance.aspx.
        i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
        ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training. **Complete by 7/15**

    d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted):**
        1. Compliance (non-supervisors)
        2. FERPA Basics
        In addition, you must complete the following:
        3. EverFI; HIPAA- **must be done by 7/15**
        4. Required Alcohol and Drug Information
        5. Everfi: Checkpoint Data Security
        6. Concur- Travel and Expense Requests*

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:
   a. Collaborative Practice Agreements:
      i. Review CPA Policy and Procedures for FHRC
      ii. 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.

   b. Review ACIP guidelines for chronic disease state immunizations.
      i. CDC website: http://www.cdc.gov/vaccines/hcp/acip-recs/
             Focus on Shringrix, Influenza, Covid19 and Menactra

   c. Upload the following to OneDrive(Resident Credentials):
      1. APhA immunization certificate
      2. Basic Life Support (BLS) Certificate

   d. Policy and Procedures: Practice Site
      i. Review FRHC Policy and Procedures and sign document of understanding
      ii. Sign HIPAA forms at Practice Site
      iii. Upload copies of signed forms to OneDrive (21. Practice Site Requirements) prior to giving to FRHC Compliance Officer. **Upload by 7/15**

   e. Complete OutcomesMTM/CSS Health training and add FRHC pharmacy
      i. Complete required OutcomesMTM modules (necessary for account registration) if not previously completed
      ii. See lead specialty pharmacist for details

   f. Complete work related to MedTrainer- See lead specialty pharmacist for details.

   g. Complete 340B on demand modules; save completion certificate and upload to OneDrive when complete.
      i. Register and access the modules here: https://www.340bpvp.com/education/340b-u-ondemand/modules/ , Click on PVP Login, click Need help signing in? Request a Login, register as a covered entity, Five Rivers Health Centers
      ii. Complete the following modules:
         1. Intro to 340b drug pricing
         2. 340b pricing
         3. Compliance cornerstones
         4. 340b and Medicaid
         5. HRSA Medicaid exclusion file
         6. Contract pharmacy
         7. Entity owned pharmacy
         8. Audit process and preparedness
         Upload completed documentation to OneDrive- 21. Practice Site Requirements

h. Communication Skill Review (prior to 7/14- MI review at COP):
        i. Motivational Interviewing
            1. To review this essential communication technique, see information found on this web site: http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills needed
            2. 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.
            3. Participate in the MI- COP orientation activities.

Expectations of the Resident:

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

Progression of the Resident:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

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

R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying			
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying			
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing			

Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Meeting all deadlines for activities as set by preceptor/RPD – see above	Formative feedback by preceptor Written feedback on weekly reflections	TE Orientation
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meeting preceptor/RPD expectations for written reflections		

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

Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program
PATIENT-CENTERED DISPENSING-FIVE RIVERS HEALTH CENTERS

General Description:

This learning experience is designed to move the resident from student to independent practitioner who can provide patient-centered care while dispensing medication. This will be achieved when the 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, and counsel and educate patients regarding the safe and appropriate use of each medication dispensed.

Role of the Pharmacist:

The roles of pharmacists at this practice location that are directly reflected in this learning experience are as follows: utilization of medication therapy management platforms, administration of immunizations, adherence reviews and counseling, dispensing of medications, and patient/provider medication education.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type:
Longitudinal, required

Duration: 11 months – residents will spend an average of 8 hours per week staffing. The staffing component may occur in blocks of time (ie, for 1 week) or be spread out over the course of the month in either 4- or 8-hour blocks. The resident will also be engaged in activities related to staffing (i.e. OutcomesMTM and 340B audits) an additional 2 to 4 hours per week.

Mentors:
        Residency Preceptor Director: Bethanne Brown PharmD, BCACP
        Site Coordinator: Anne Metzger, PharmD
        Primary Preceptor: Leslie Hooper

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 all FRHC pharmacy-related policies
3. Computer training to ensure efficiency with BestRX
4. Introduction to dispensing services including shadowing a pharmacy technician and staff pharmacist
5. Act in the role of pharmacy technician for 2-4 full days to fully learn the day-to day functions of the technician in the pharmacy.
6. Training at Family Practice and Medical Surgical Center pharmacies.
7. Complete OutcomesMTM training if not already part of academic/APPE requirements
8. Create accounts for different MTM platforms (i.e. OutcomesMTM, CSS Health)

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. Independent competency in dispensing services is defined as:

Technician roles (to understand each role of the dispensing team): Ability to accurately enter prescriptions, edit patient profiles, address insurance related issues as encountered, accurately fill prescriptions, request refills, manage drug inventory, etc.

Staffing: Safe and effective use of BestRx to verify, dispense, and counsel on medications. Appropriately communicate to other pharmacies for transfers or issues that arise, physicians, and patients as needed.

Team management: Effective leadership as the responsible pharmacist of dispensing team including managing technicians and ensuring all pharmacy dispensing laws are being followed

Progression of the Resident:

Q1: Develop process for completion of CMRs with preceptor instruction. Function independently as PIC for staffing days, complete daily PIC check list. Learn 340B audit process. Shadow each member of the health care team (pharmacist/technician) at both FRHC dispensing pharmacy locations (1 day to shadow/2 to 5 days working along-side pharmacist). By end of quarter 1, staff independently in either pharmacy

Q2: Independent completion of 340B audit process and specialty pharmacy check-in calls. Independent with MTM and staffing responsibilities. Manage pharmacy staffing issues with preceptor guidance.

Q3/4: Independent specialty assessment completion. Independently manage staffing issues with pharmacy personnel as back up.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of

feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Shadow then perform Verifying Pharmacist: • Verify correct data input from pharmacy technician • Verify correct medication, dosage, strength, quantity and directions being dispensed • Review disease state(s), allergies and medication profile using PPCP; if questions arise, use EPIC or patient interview to evaluate patient • Recommend solutions to issues to patient and/or physician • Use pharmacy quality assurance program (APMS) to track pharmacy errors that may occur	Verbal feedback through direct preceptor observation	TQ1/EQ1-4
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: • Accurate prescription entry within BestRx system for electronic, written, faxed or transferred prescriptions • Check voicemails for refill requests, patient calls for refills	Verbal feedback through direct preceptor observation	TQ1/EQ1-4

		• Appropriately select correct medication for dispensing within BestRx • Address billing issues and assist patient in receiving most affordable medication for the patient • Prescription check-out counseling using PPCP		
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	Shadow then perform check-out window: • Face-to-face clinical intervention review and counseling using PPCP • Identifying need for delivery services or weekly pill box • Prescription check-out using certified interpreter for non-English speaking patients using PPCP • Refer patients to additional services as needed (ie MD/NP, social services, community health worker)	Verbal feedback through direct preceptor observation	TQ1/EQ1-4
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	Shadow then perform check-out window: • For each new medication- educate patient using appropriate counseling techniques in patient friendly language o How to use, side effects, how it works, missed doses • Use motivational interviewing for adherence issues and/or smoking cessation • Identify barriers to adherence and implement patient centered solutions	Verbal feedback through direct preceptor observation	TQ1/EQ2

		• Refer patients to additional services as needed (ie MD/NP, social services, community health worker)		

Competency Area: R2 Leadership and Management

Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Complete modeling, coaching, and facilitating of managing staffing team until independent. • Adhere to legal, regulatory and accreditation requirements for dispensing medications • Demonstrate knowledge and understanding of BestRx Pharmacy Software, Cardinal purchasing website and APMS error reporting software • Independently manage staffing team (pharmacy technicians and clinical pharmacists) • Oversee effective, efficient, and safe delivery of patient care and dispensing services	Verbal feedback through direct preceptor observation	TQ2/EQ2-4

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program
PRIMARY CARE - DIRECT PATIENT CARE
FIVE RIVERS HEALTH CENTERS

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

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

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

Role of the pharmacist: The clinical pharmacists at Five Rivers Health Centers provide patient care in several ways: A collaborative practice agreement is in place to provide care of patients with diabetes, hypertension, smoking cessation, and HIV PrEP. The pharmacists provide primary care pharmacotherapy aid to medical residents and providers by answering a variety of questions, coordinating medications, and aiding in complex post-discharge patients. .

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then, as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required

Duration: 11 months
Resident will spend an average of 16 hours/week engaged in activities related to this learning experience.

<u>Mentors:</u>
Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS (Q1/2)
Preceptors: Nick Borchers, PharmD (Q3/4) Krista Hillen (Q3/4)

<u>Orientation Activities:</u>
1. Attend CDTM patient visits with preceptor. Preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes.
2. Review clinic collaborative practice agreements and other direct patient care policies/ procedures
3. Meet private FRHC providers and resident attendings. Orient to clinic site and provider clinic workflow.
4. EPIC training for documentation, scheduling patient appointments with pharmacists.
5. Document patient care activities in EPIC with preceptor supervision. Discuss internal medicine resident noon conference schedule and expectations

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

<u>Progression of the Resident:</u>
Q1: By the end of quarter 1, the resident should be able to collect, assess and document patient encounters for two basic CDTM appointments per half-day. The resident will progress to this goal by: first shadowing clinical pharmacists. Next, the resident will gain experience with documentation and obtaining vitals. The resident will then conduct visits with direct observation and frequent feedback. The resident and preceptors will utilize the CDTM checklist to aid progression to becoming independent with the goal to be independent by the end of the quarter. Likewise, the resident will complete topic

discussions for all topics with or included in collaborative practice agreements (diabetes, hypertension, hyperlipidemia, smoking cessation, and HIV PrEP).

Q2: Resident will begin to broaden his/her/their pharmacy coverage into more general primary care within the resident and private clinics and increase the number and complexity of patients seen within CDTM appointments. By the end of quarter 2, the resident will be able to see at least four CDTM patients in a half day of mixed complexity. The resident should become independent in plan development, monitoring and follow-up. The topic discussions accomplished during this quarter will broaden to include other common primary care disease states (i.e. COPD, asthma, anticoagulation, heart failure). The resident will also begin to focus on patients coming to the clinic post-discharge by first shadowing the pharmacists, the pharmacist observing the resident, and then the resident to become independent.

Q3: By the end of quarter 3, the resident should be able to see all CDTM patients independently with facilitation from preceptors and be able to facilitate/answer drug information questions from providers and other staff. The resident will have more time in clinic during this quarter to help learn time/project management. The resident will also be able to precept students during this quarter which would include using all aspects of modeling, coaching, and facilitation. Topic discussions will be based on topics that come up within clinic.

Q4: Resident will see all levels of patients, with facilitation from preceptors. Resident should be comfortable with all aspects of the PPCP.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience

Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:
- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Communicates and interacts with all members of the healthcare team in a professional and responsible manner. Maintains residency portfolio based on Appendix B from residency policy and procedure manual.	Primary preceptor will observe and provide feedback.	TEQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Interacts with patients in a professional manner.	Primary preceptor will observe and provide feedback.	TQ1 EQ2
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Present patients to the primary preceptor with relevant subjective and objective information. Documents subjective and objective information appropriately.	Preceptor will listen to presentations of patients and review notes.	TQ1 EQ2
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Create a problem list for the CDTM patient.	Preceptor will listen to presentations of patients and review note.	TQ1 EQ2/EQ3

Objective	Domain	Activities	Assessment Method	Timing
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Creates and documents an individualized and comprehensive plan for CDTM patients. Helps the patient develop SMART goals.	Preceptor will listen to presentations of patients and review note.	TQ1 EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Write orders as appropriate for patient; discuss with PCP as appropriate (not necessary for all patients in CDTM as operating under a CPA). Route notes to appropriate providers and ensure follow-up on recommendations both in-person and/or electronically.	Preceptor will follow-up on resident's open encounters regularly and ask about certain provider interactions.	TQ1 EQ2/EQ3
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented.	Preceptor will observe patient visit, read and evaluate patient notes.	TQ1 EQ3
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Educate patient and caregivers regarding plan and monitoring.	Preceptor will observe patient visits, read and evaluate patient notes.	TQ1 EQ3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discuss plan with PCP and send all documents electronically after patient visit is completed.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Write chart notes and orders for all patients seen, as appropriate.	Preceptor will read and evaluate patient notes.	TQ1 EQ3
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE

R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Complete Med Rec as part of post discharge visits and transitioning patients to other providers	preceptor will observe and provide feedback.	TEQ2 EQ3,
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Complete Med Rec as part of post discharge visits and transitioning patients to other providers	preceptor will observe and provide feedback.	TEQ2, EQ3

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	Creating	Evaluate the CPA that exists for any changes or modifications based on state or federal laws.	Verbal and written feedback from provided.	TQ2 EQ4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Participate in OPA committee (recommend Practice Innovation)	Reflection and summary of committee meeting reviewed by preceptor. Verbal and written feedback provided.	TEQ1

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1,EQ2-4
R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ2-4
R4.1.3 Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ2-4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	Analyzing	Create APPE student calendar based on student interests and needs of the practice site. Review with preceptors. Using the 4 preceptor roles: instructing, modeling, coaching and facilitating, modify activities as needed based on the student performance	Preceptor review and feedback provided based on activities created and modified	TQ1 EQ4

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

Additional Information: None

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
SPECIALTY - DIRECT PATIENT CARE
FIVE RIVERS HEALTH CENTERS

General Description:
This rotation will incorporate different learning experiences each quarter to all the resident to gain familiarity in a variety of specialty pharmacy disciplines. These areas will include specialty pharmacy administration, including a review of our policies and procedures that are approved by the Utilization Review Accreditation Commission (URAC) for specialty pharmacy accreditation and attending pharmacy and therapeutic meetings. The resident will become proficient with the specialty documentation requirements. After learning the operational aspects, the resident will work within our specialty clinics to work alongside clinical pharmacists and specialize providers. The clinics we will concentrate on include: HIV, sickle cell, hepatitis C, and then a topic of the resident's choice depending on availability (i.e. oncology, medication assisted treatment, inflammatory bowel disease).

Role of the pharmacist: The pharmacists play a variety of roles within our specialty pharmacy. They are expected to aid in prior authorizations, benefits investigations, prescription processing, delivery coordination, refill reminders, patient clinical assessments and interventions when needed, education staff and patients, and work alongside specialty providers to ensure appropriate patient care. Pharmacists must adhere to the quality and patient management requirements for the specialty pharmacies and participate in policy development and quality improvement.

Type: Longitudinal, required

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

Mentors:
> Residency Preceptor Director: Bethanne Brown PharmD, BCACP
> Preceptor/Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS
> Preceptors: TJ Dorow BCPS, Krista Hillen BCPS

 Orientation Activities:
1. Know where to find all specialty pharmacy policies and procedures
2. Read the patient management program policy
3. Understand all aspects of the fill process through the dispensing Learning Experience
4. Complete URAC overview training

5. Complete Hazardous drug training that aligns with USP-800
6. Shadow the functionality of the specialty pharmacy documentation platform.

Expectations of the Resident:

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

Progression of the Resident:

Q1: The resident will gain experience in the specialty pharmacy documentation platform through completing refill reminders and coordinating with the pharmacy. This will begin with shadowing and then advance to independence. After the resident is independent in documenting refill reminders and ensuring appropriate follow-up dates, the resident will begin to work in a specialty clinic. There will be a topic discussion focused on the specialty medications used within that clinic and any others necessary to ensure comprehension within the clinic. Again, the resident will start by shadowing the clinical pharmacist, then move into direct observation, facilitation, and finally independence. By the end of the quarter, the resident should be able to complete an initial and reassessment for patients being followed by the specialty pharmacy in this disease state.

Q2: The resident will transition into a new specialty clinic where he/she/they will start by shadowing the clinical pharmacist, then move into direct observation, facilitation, and finally independence. Again, there will be a topic discussion focused on the specialty medications and any other as needed. By the end of the quarter, the resident should be able to submit prior authorizations, complete benefits investigations, initial assessments, and reassessments for this disease state.

Q3: Same as quarter 2, but with a new disease state. The resident will also assist the lead specialty pharmacist in preparations for the quarterly pharmacy and therapeutics meeting and annual staff training.

Q4: Same as quarter 2 and the resident will be able to complete the full PPCP for all specialty patients no matter the disease state.

Timing of Specialty Clinics:

Q1: HIV- Preceptor Anne Metzger
Q2: Basic Specialty + Sickle Cell- Preceptor TJ Dorow
Q3: Hep C + MAT - Preceptor TJ Dorow
Q4: Multiple Specialty Disease States- Preceptor TJ Dorow and Krista Hillen

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Communicates and interacts with all members of the healthcare team in a professional and responsible manner wihen in specialty clinics.	Primary preceptor will observe and provide feedback.	TEQ2, EQ3, EQ4
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Present patients to the primary preceptor with relevant subjective and objective information as it relates to the specialty pharmacy. Documents subjective and objective information appropriately during initial and reassessments.	Preceptor will listen to presentations of patients and review notes.	T EQ2, EQ3, EQ4
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Creates and documents an individualized and comprehensive plan for specialty patients. This will be documented in EPIC and the specialty plateform.	Preceptor will listen to presentations of patients and review notes.	TEQ2, EQ3, EQ4

Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Document appropriate plan and set appropriate follow-up dates within the specialty documentation platform.	Preceptor will review follow-up plans with resident and give feedback accordingly.	TEQ1 EQ2
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented as apart of reassessments.	Preceptor will discuss the resident's monitoring plan and review documentation.	TEQ2, EQ3, EQ4
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discuss final plan, any medication changes, recommended monitoring, and any other required information with specialist in clinic, in-person, or throught the EMR.	Preceptor will observe in person and phone interactions as well as read EMR communications.	TEQ2, EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Document all clinical interventions, prior authorizations, and benefit investigations within the specialty documentation platform.	Preceptor will read and evaluate patient notes.	TEQ1, EQ2
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Participate in transitioning a patient to specialty pharmacy services by completing initial assessments.	Preceptor will review to ensure all enrollment documentation is documented	TEQ2
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Participate in transitioning a patient to specialty pharmacy services	Preceptor will follow-up to ensure all items	TEQ2, EQ3

		when performing re-assessment and patient check-ins.	were addressed by resident within clinic.	

Additional Information: None

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Direct Patient Care- Medication Managers

General Description: Medication Managers/University of Cincinnati Long Term Care Residency – The resident will be incorporated into the clinical team at several Long-Term Care facilities that are also serviced by Lifeline Pharmacy.   Residents will also practice dispensing functions at Lifeline Pharmacy.   While working in the LTC facility the role can be as simple as the MRR requirements of CMS, but it is expected that each resident bring their personality to the facility with the secondary goal of service expansion. Additional service examples in the consultant pharmacist toolbox include a therapeutic interchange, formulary management, antibiotic stewardship, behavioral team assessment, interim reviews and miscellaneous reports.

Role of the Pharmacist
The role of the pharmacist in this practice location that is directly related to the resident learning experience is as follows: monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, dispensing of medications, direct interaction with other health care providers involved with the care of the patients, provider education, facility compliance, and facility specific teams involvement.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required

Duration: 11 months
The resident will spend an average of 24 hours per week engaged in activities related to this learning experience.

Mentors:
       Residency Preceptor Director: Bethanne Brown PharmD, BCACP

       Preceptors: Casondra Seibert (Primary/Site Coordinator) Rick Hytree, and Norb Kinross

Orientation Activities:

Medication Managers orientation will be directed by Casondra Seibert. See RxPertise Training and Point Click Care Training checklists as well as the orientation learning experience to determine activities related to DPC orientation.   Watch the KOM and KOV signed charts training video. All documents can be found on OneDrive (Learning Experience, Direct Patient Care Folder). Review and understand your individually assigned facility responsibilities list.

Expectations of the Resident:

After the first month of training within Q1 the resident should be working toward becoming an independent clinical consultant pharmacist. Managing the schedule and networking will be key toward that progression. The resident's clinical skills will be refined as they determine the areas for improvement and interest as well as longitudinal patient management. Self-motivation will be very important to make sure each resident stays on task and reaches their respective goals. The residents will learn new resources and will be expected to leverage them to ensure their success.

It is the expectation of the program that the resident will thoroughly complete all consulting activities and sign all charts as instructed during orientation. Failure to comply due to either quality or process concerns, will lead to the initiation of a Performance Improvement Plan (PIP) with the first occurrence (see page 5 23-24 UC Residency Program Policies).

Progression of the Resident:

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

Residents are expected to progress in their skills over time by completing additional assignments each quarter:

Q1: Residents will begin with common geriatric disease states orientation and learn to write prescriber directed recommendations within consulting software. Residents will be introduced to Antimicrobial Stewardship Programs, psychotropic tracking, narcotic destruction, and facility QA meeting preparation activities. Residents will be asked to assess a minimum of 50 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews).

Q2: Residents will be able to recognize common geriatric disease states and initiate guidelines appropriate therapy.   Resident should consistently implement patient-centered therapy when writing recommendations. Residents will participate in writing antimicrobial stewardship recommendations, creating a psychotropic tracker, participate in narcotic destruction, and attend a minimum of one QA meeting per quarter. Residents will be asked to assess a minimum

of 100 to 150 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews.). Additionally, residents will be introduced to precepting APPE students and expectations for hosting APPE and IPPE students.

Q3: Residents will be able to recognize common geriatric disease states, initiate guidelines therapy, and longitudinally manage these disease states. Resident should continue to prioritize patient-centered care. Residents will be able to create facility antibiotic reports with assistance and address antimicrobial stewardship appropriateness. Residents will complete a psychotropic tracker for one facility. Resident will participate in narcotic destruction and review documentation standards. Residents will be asked to attend 1 QA meeting per quarter and complete one nursing or prescriber educational program per quarter. Residents will be asked to assess a minimum of 400 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Residents will be asked to assist in precepting activities related to APPE students and provide a project idea for APPE students to complete.

Q4: Residents will be able to recognize common geriatric disease states, initiate guidelines therapy, longitudinally manage these disease states, and give special consideration to comorbidities and patient-centered care. Residents will independently create facility antibiotic reports and address antimicrobial stewardship appropriateness. Residents will complete and maintain a psychotropic tracker for two facilities. Resident will lead narcotic destruction and complete documentation standards. Residents will be asked to attend 1 QA meeting, complete one nursing or prescriber education, and lead one consultant pharmacist clinical topic discussion. Residents will be asked to assess between 600 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Residents will be responsible for APPE student precepting, scheduling, project provision, and APPE rotational assessments.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational

Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Demonstrates professionalism through appearance and personal conduct; Interacts cooperatively, collaboratively and respectfully with patients and staff; Holds oneself and colleagues to the highest principles of the profession's moral, ethical and legal conduct; Place patient needs above own needs and those of other healthcare professionals; Accepts consequences for his or her actions without redirecting blame to others Maintains residency portfolio based on Appendix B from residency policy and procedure manual.	Observe professional relationships with staff, continued feedback provided throughout residency	TQ1 EQ1

R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Longitudinally follow patients during their course of stay at each assigned facility. Gain access to EMR (Point Click Care) to collect appropriate information.	Preceptor to provide feedback during consulting training and as needed once independent. See PCC and RxPertise training checklists Once independent: Report the average number of recommendations made, accepted, rejected and pending based on the facility (in collaboration with other consultants) Create spreadsheet to track monthly based on facility and upload to OneDrive.	TQ1 EQ3
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Utilize PCC or EHR for assessment of vitals, labs, MD/RN notes, MDS assessments. Interact with house NP/PA when present to discuss patients		TQ1 EQ1
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Analyze information collected to make decisions (labs, background, medical history, provider and care team notes). Based on acuity/severity of disease state – address concerns identified. Analyze for CMS compliance with State Operations Manual		TQ1 EQ1
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with	Valuing and Creating	Collaborate (using data collected from above) in the		TQ1 EQ2

other health care professionals, the patient, and caregivers.		design of the individualized therapeutic plan with nurse, patient, and caregivers as needed. Design therapeutic plan within PCC for longitudinal disease state management disease state		
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Write recommendation in RXPertise (consultant software). Submit to MD/DON for review/action Utilize follow-up process to track outcomes to ensure the recommendations have been implemented. Participate in monthly disease state topic discussions as directed by site coordinator		TQ1 EQ2
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	In 30 days – review past recommendations Log outcome based on prescriber response (ie accepted, denied) If accepted, review appropriate safety, efficacy, and needed therapy changes.		TQ1 EQ2

		If denied: review assessment of denial rationale for action needed (re-write, contact provider, accept). If no response: determine next course of action by reviewing with preceptor		
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Demonstrate the ability to communicate recommendations appropriately (written, forwarded to correct individual, timely) for irregularities found during MRR.	Discuss challenges to recommendation acceptance/outcomes with preceptors. Discussing approach to difficult providers. See readiness for independence checklist.	TQ1 EQ3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Advocate effectively on behalf of patient with providers and care facility staff in person.		TQ1 EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Demonstrate the ability to document appropriately in RXPertise using data from above and applying skills learned from orientation.	Preceptor to review recommendations made in RXPertise and provide feedback as appropriate based on training schedule and level of independence.	TQ1 EQ3
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	As part of MRR for all patients who have	Preceptor to provide guidance during training,	TQ1 EQ2

R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	transitioned from hospital to LTC using available documentation, ensure appropriate indications for all meds prescribed and write recommendations for changes	then review completed reviews using RXPertise and PCC	TQ1 EQ2
		Communicate issues to appropriate staff and follow-up to ensure resolution.		

Competency Area: R2 Leadership and Management

Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Participate in review and implementation of CMS High Risk Medication MDS Indication Compliance.	Discuss with preceptor at least one law/regulation that will impact the practice and understand the ramifications. Upload LTC Operations manual discussion sections to OneDrive for review and discussion with preceptor.	TQ1 EQ2
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE

| R2.2.1: Manage one's self effectively and efficiently. | Valuing and Applying | Effectively managing the monthly work load (ie. interim, MRR and longitudinal projects)

Review monthly facilities responsibility list for assigned homes | Assigned management tasks completed with high quality and efficiency as determined by preceptors and review of weekly logs. | TEQ1 |
|---|---|---|---|---|
| R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement. | Valuing and Applying | Demonstrate ability to complete weekly logs(self-reflection) appropriately and to verbally self-evaluate during DPC experiences | Preceptor/RPD review of weekly logs and discussions with preceptors. | TQ1 EQ4 |
| R2.2.3: Demonstrate effective leadership skills and behaviors. | Valuing and Applying | Attend CQI/QAPI meeting at one assigned home (as available). Actively participate at meetings. | Review experience with preceptor. Maintain reports required for quality meetings as well as facility teams . | TQ1 EQ3 |
| R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association. | Valuing and Applying | Become the UC-ASCP student chapter co-Advisor with mentoring from site coordinator.
See responsibilities/activities list posted on OneDrive.

Participate in national ASCP initiatives. | Reflection as part of weekly activity log. Upload all documentation related to participation to OneDrive | TQ1 EQ4 |

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	APPE Students: Develop training plan/schedule for APPE students based on their skills/interest. Precept and co-precept up to 2 students per year. Other Health Care Professionals (HCP): Working with site coordinator- determine topic and delivery method for NP educational programming. TCPA Live CE presentations	1. Preceptors/APPE student feedback 2/3. Preceptors to provide feedback on community/group education materials	TQ3 EQ4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	APPE Students: Use current Medication Managers protocol for APPE onboarding. Other HCP: Deliver educational programming to NP's Deliver TCPA CE programming	Preceptor to oversee the onboarding process. 1 student to be evaluated during the residency. Preceptor to evaluate delivery of community programming.	TQ3 EQ4
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession	Applying	Create handouts for target audiences: community members, pharmacists and	Preceptor to review all written communication provided to learners and provide feedback to	T- Q1 TE Q2 or4

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

Additional Information: none

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Program
Direct Patient Care- Community First Pharmacy

General Description: Community First Pharmacy (CFP) is a retail pharmacy 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 600 prescriptions per week and serve both the general public and independent/assisted living residents of Westover and Berkeley Senior Living Communities.   In addition, they provide immunizations, med sync, medication therapy management services and community clinical services. The resident will be providing advanced community clinical services to both retail and senior living community patients.

This learning experience is designed to complement the long-term care consulting activities while helping to advance community clinical practice. The resident will be engaged in the following activities ½ day per week: comprehensive medication reviews (CMR), solving medication related TIPS, providing adherence support, administering immunizations and restarting clinical services with community dwelling patients. The resident will gain experiences in OutcomesMTM, Scheduling platform, Pioneer, and Aquity. Monthly- the resident will provide health screenings and/or health related education to the senior living community. Resident will be responsible for writing 1 collaborative practice agreement disease state.

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

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, Required

Duration: 12 months
The resident will spend on average 4 hours per week for the entire residency year.
8:30am to 12:30pm on Thursdays and 10 to 12 on Wednesdays (monthly – community service)

Mentors:
       Residency Program Director: Bethanne Brown PharmD, BCACP
       Preceptors: Lyndsay Howell PharmD

Orientation Activities
The resident will spend 1 full day orienting to the senior living communities, community pharmacy, and technology platforms (Scheduling Platform/Outcomes/Pioneer). Refresh MI skills as part of overall residency orientation. Then spend ½ day every other week for July and August. Set rotation will start in September.

Expectations of the Resident:
After orientation, the resident will be responsible for the above community clinical practice first focusing on the senior living communities and then the general community. The resident must provide patient centered care as well as communicate appropriately with patients, providers, and pharmacy staff.

Progression of the resident:

Orientation (1 week): Pioneer, Outcomes and Scheduling workflow orientation.

Q1: Participate in health screenings, immunizations, CMR's/TIPS for independent (IL) and assisted living (AL) residents of senior living community. Provide 1 community related educational session.

Q2: Continue with the above but expand clinical services into the general community pharmacy population incorporating medical billing.

Q3/4: Refine the above + 1 additional community related educational session.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Evaluation
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Communicate and interact with all members of the pharmacy and healthcare team in a professional and responsible manner. Maintain residency portfolio based on Appendix B from residency policy and procedure manual.	Primary preceptor will observe and provide feedback.	EQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Interact with patients and family members in a professional manner.	Primary preceptor will observe and provide feedback.	EQ1
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Using Pioneer, OutcomesMTM and discussion with the patient- collect relevant subjective and objective information. Document subjective and objective information appropriately.	Preceptor will review note until independent then as needed.	EQ1
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Create a problem list and prioritize patient concerns	Preceptor will review note until independent then as needed.	EQ2
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Creates and documents an individualized and comprehensive plan for patients. Help patient develop SMART goals.	Preceptor will review note until independent then as needed.	EQ2

R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Implement plan with patient (and caregiver) based on targeted disease states in collaboration with providers or via CPA	Preceptor will follow-up on resident's open encounters regularly and ask about certain provider interactions.	EQ2/EQ3
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented.	Preceptor will observe patient visit, read and evaluate patient notes.	EQ3
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Educate patient (and caregivers) regarding plan and monitoring.	Preceptor will observe patient visits, read and evaluate patient notes.	EQ3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discuss plan with patient/provider and send all documents as appropriate after patient visit is completed.	Preceptor will read and evaluate patient notes.	EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Write notes and orders for all patients seen, as appropriate.	Preceptor will read and evaluate patient notes.	EQ3

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	Creating	Create CPA for identified disease states based on state or federal laws.	Verbal and written feedback from provided.	EQ4

Goal R2.2: Demonstrate personal and professional leadership skills.				
R2.2.1: Manage oneself effectively and efficiently.	Valuing and Applying	Meet all deadlines for activities as set by preceptor. Determine methods/strategy to improve services provided.	Formative feedback by preceptor Written feedback on weekly reflections	EQ1-2
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meet all stakeholders expectations for activities		
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Show ownership over MTM program by enhancing services over time. Create and implement medical billing for community clinical services. Create outreach activities.	Verbal and written feedback by preceptor.	EQ3-4
Objective R2.2.5: (Valuing and Applying) Demonstrate commitment to the community through service	Valuing and Applying	Participate in monthly health and wellness screenings at Berkeley and Westover. Take blood pressures and blood sugars as requested Add in one additional screening per year based on disease of the month "ie prostate cancer awareness" month is September of each year Educate patients on healthy options for controlling chronic diseases Minimum of 24 hours required	Reflections completed in weekly log	EQ2

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide at least 1 presentation to broader community members- that includes a patient friendly handout (fall and spring)	Direct observation by preceptor. Verbal and written feedback provided.	EQ2 or 4
R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying			
R4.1.3 Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying			EQ2 or 4

Additional Information: None

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
PATIENT CENTERED DISPENSING/LEADERSHIP AND MANAGEMENT- LIFELINE

General Description:

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

Role of the Pharmacist:

The role of the pharmacist in this practice location that are directly related to this learning experience are as follows: monitoring and follow-up on patients with complex disease states, completion of disease state reviews when transitioning from hospital to facility, dispensing of medications, compounding of both sterile and non-sterile medications, direct interaction with other health care providers involved with the care of the patients, provider education, technician supervision and overall management of operations during shift.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required.

Duration: 12 months

The resident will spend an average of 12 hours per week engaged in activities related to this learning experience. The schedule for 2023-24 is every other Friday, Saturday and Monday.

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

Mentors:

      Residency Preceptor Director: Bethanne Brown PharmD, BCACP
      Preceptors: Joanne Lankford, PharmD (site coordinator) and Andy Mann, PharmD (co-preceptor)

Orientation Activities:

 LifeLine orientation:
     a. Residents will be trained on both day (9-5) and evening (4:00 to 11) shift at LifeLine during weeks 1 to 3 of the start of the residency year.
          i. This will be a full-time orientation of 32 to 40 hours/week.

ii. All policies and procedures related to activities at LifeLine will be read and reviewed with preceptors including on-call list.
iii. Identification of areas for improvement will be documented in weekly activity log.
b. Preceptors will train residents using the 3 of the 4 preceptor roles of: direct instruction, modeling and coaching during orientation.
c. Residents will be engaged in patient centered dispensing in collaboration with another preceptor until preceptors determine the resident is ready to be fully independent. At that time, preceptors move into a facilitation role supporting the resident as they manage all aspects of operations during their scheduled shifts (by end of September).
d. Topics covered- refer to Orientation Learning Experience

Training will be tracked using the LL Pharmacists Readiness Assessment Document- a signed copy (both resident and preceptor) of this document must be uploaded to OneDrive (Folder 21, Practice Site Requirements)

Expectations of the Resident:

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

Progression of the Resident:

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

Q1(direct instruction/modeling): Resident will be staffing with other pharmacists until end of August. Starting at the beginning of September, resident will close alone on Fridays and Staffing independently on Saturdays (2 to close) as well as taking call Saturday night to 6am Sunday. Expectation is to close at a reasonable time (11pm to 12am) by completing all necessary orders by collecting and assessing pertinent information (po, partial fills and IVs), make sure final run is completed, and secure pharmacy. Order verification expectation by September is a minimum of 200 completed patient orders.   Pharmacists Readiness Assessment checklist should be completed by end of October.

Q2 (modeling and coaching) By end of Q2 resident should be comfortable with the dispensing role by verifying a minimum of 250 orders based on appropriate disease state recommendations per shift. Complete independence in staffing and managing pharmacy operations(runs/technician issues) and handling on-call situations using problem solving skills (Stat vs back up).

Q3/4 (coaching and facilitating): Continuation of expectations set in Q2 for dispensing roles and responsibilities. Additional leadership activities (outside of running the pharmacy) within LifeLine will occur primarily during these quarters.

Preceptors will be on call and can remotely verify/answer questions as needed during the duration of the residency program.

Attendance at meeting with site coordinator at LL (Andy and Joanne) will be scheduled for every other week on Fridays.

Asessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.
Types of evaluations include:
- Formative Assessments: 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.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

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Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Putting the patient first (and using PCC): Communicate with providers (RN, MD) to advocate for patient Effectively voice concerns related to patient care to providers Determine correct provider to discuss patient care issues Review clarification que to resolve medication related concerns Resolve medication supply chain issues	Direct observation by preceptors.	TQ1 EQ1

R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Using dispensing system (FrameWork LTC and ECM) to document and verify patient orders Use alternative documentation (ie fax) to resolve patient care issues Document non-sterile and compounding activities in designated folders Document appropriately activities that occur in controlled substance cage.	Completion of the Pharmacists Training Checklist as needed touch points once independent	TQ1 EQ2
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Collect and evaluate all pertinent patient specific data and assess this information to detect any potential DDI's, therapeutic duplications, dosing concerns, etc… prior to dispensing the medication.	Direct observation by preceptors.	TQ1 TE Q1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Interpret, prepare and dispense medications in accordance with	Direct observation by preceptors.	TQ1 TE Q1

		State Laws and the organizations policies and procedures.		
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Demonstrate the ability to provide pertinent information necessary for the safe and effective use of medications to the caregiver or patient as needed. Identify the need for additional supplies for disease state management (ie spacers, testing supplies) Work with nursing to ensure medication levels are obtained at appropriate times (ie antibiotics) Utilize adherence packaging for specific patient populations (MRDD homes)	Direct observation by preceptors.	TQ1 TE Q1
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services	Analyzing	Answer phone calls from patients, caregivers, nursing regarding patient specific medication questions – ie inhalers, do not crush meds.	Direct observation by preceptors.	TQ1 TE Q2

		Recommend appropriate monitoring as needed based on patient needs (INR, Abx levels) Facilitate IV line placement as well as IV nutrition support (IE TPN)		

Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Complete new admit pharmacy intervention form on LL shifts to detect and resolve medication therapy errors during transitions of care experiences	Preceptor to provide guidance during training, then review completed intervention forms (see check list)	TQ1 TE Q2
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying			TQ1 TE Q2

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Determine status of the Que and address priority issues	Direct observation by preceptors.	TQ1 EQ4

		Verification #1: verify medications orders using dispensing software and compare to PCC Verification #2: verify products (po, IV, non-sterile compounding) Initiate phone calls to providers (RN/MD) Work with lead technicians to facilitate medication runs (5pm, 7/8pm, 11pm and end of shift) Aid with technician duties if behind (to manage/improve workflow). Identify Stat medications to ensure RUSH status Check Pre-packaged medications for accuracy Work with lead technician to shift work to navigate workflow.		
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Using error reports- work with pharmacy manager/order entry manager to review error frequency, and determine next steps. Working with site coordinator and compliance officer- develop and deliver technician training and tracking maintenance of certification. Attend manager meetings (as available)	Direct observation by preceptors.	TQ1 EQ4

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage oneself effectively and efficiently.	Valuing and Applying	Efficiently lead daily operations of the pharmacy by applying policies and procedures, State Law and available technology	Preceptor discussion and feedback as needed.	TQ1 EQ3
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Use problem solving skills to resolve situations that arise Be assertive to direct operations of pharmacy Resolve conflict as it arises between staff Advocate for the patient - be willing to look at multiple possible solutions to provide care. Determine key stakeholder on your team to take care of patient related issues. Discuss personnel issues with current individual within management (ie lead technician)	Feedback provided by preceptor.	TQ1 EQ3

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Create and deliver 1-2 nursing/staff educational newsletters	Preceptor observation and feedback	TQ1 EQ2-4- timing will depend on when educational programming is designed
R4.1.2 : Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists and other health care professionals	Applying	Create and deliver 1-2 nursing/staff educational newsletters	Preceptor observation and feedback	TQ1 EQ2-4 timing will depend on when educational programming is delivered
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Working with Joanne to create, write, edit articles for "Keeping Tabs" every quarter	Preceptor feedback on drafts	TQ1 EQ2-4

Additional Information:

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

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
ORIENTATION- LIFELINE/MEDICATION MANAGERS

General Description:

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

Role of the Pharmacist:

The roles of pharmacists at this practice site include a variety of activities and responsibilities. The activities and responsibilities are, but not limited to: patient centered dispensing, patient, caregiver, nursing, and provider education, medication regimen reviews, disease state monitoring, collaboration of care with providers, ensuring compliance of facilities with the Centers for Medicaid and Medicare Services, precepting of students, and technician and delivery personnel management.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:

    College of Pharmacy:
    Weeks 1-4 + Seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

    LifeLine/Medication Managers:
    Residents will be scheduled for orientation at both LifeLine and Medication Managers for weeks 1 to 8. Each resident will be provided a schedule for July/August. Please see site coordinators for details.

During orientation time period, residents will work to complete the activities listed on the readiness for independent practice check list as well as activities below for both practice sites.

Type: Concentrated, required.

Duration: up to 2 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors/Site Coordinator:
     Joanne Lankford PharmD (site coordinator) and Andy Mann PharmD- LifeLine
     Casondra Seibert PharmD- (site coordinator)

Orientation Activities:

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

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to the Resident Credentials Folder.

1. Read the following articles (emailed in May):
    a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
    b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. IHI Open School Basic Certificate (s)
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects :

1. Participate in review of the following:
    a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
    b. Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation
    c. Professional development: communication skills review (MI and conflict management)and well-being/support.
    d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review (Sept/Oct).
    a. Complete on-line work at home in preparation for skills review
    b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
    c. Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
    a. Complete required pre-work
    b. Attend business plan seminar- fall (October) and spring (March)
    c. Attend QI training – winter
4. Participate in research training (see research project time-line)
    a. Research seminars provided by College and Institutional Review Board (IRB)
    b. Complete SPSS training (as applicable)
    c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

<u>Activities to be completed as part of Orientation to Practice Site:</u>

<u>LifeLine Orientation:</u>
1. Introduction to Pharmacy Staff
2. Learn operations and daily pharmacy workflow
   a. Learn dispensing process for a prescription from checking to delivery
3. Review pharmacy policy and procedures
   a. Review on-call policy/procedure
4. Sterile compounding training/assessment
5. Pharmacy dispensing software training: train with pharmacist
6. Controlled Substance Audits-perform with Marcie at LL
   i. Review laws and regulations of controlled substances of the various facilities LifeLine services.
   ii. Learn how to properly complete controlled substance prescriptions (i.e. documentation, packaging)
7. Completion of orientation activities as detailed below
8. Introduction to formulary and how to interchange
9. Shadow Bruce on MedPass audit
10. Review Pharmacist Training checklist

<u>Medication Managers:</u>
1. Work with site coordinator to orient to the following:
   a. Beers/Start Stop/BCP high risk meds
   b. Practice Site guidance discussion
      i. State Operations Manual review
   c. Point Click Care orientation
   d. RXPertise (consulting software)
2. Introductions to consulting preceptors
3. Work with consultants on process of patient chart reviews and SBAR recommendations to providers
   a. Work side by side or tandem with consultant preceptor for 2 to 3 weeks
   b. Work in tandem with consultant preceptor for up to 2 months (gradually given more independence). Goal independently manage around 400 beds by December and 600 beds by end of the residency year.
4. Audit training
   a. Attend mock audit or State inspection (if available)
   b. Review MedPass/MedCart (if available)
5. QAPI meetings at assigned home(s) as well as join facility-based committee.
   a. Review process and reports generated with consultants.
   b. Attend meeting at home (if available)
6. Join and contribute to one facility specific care team (behavior, falls prevention, stewardship etc) at one of your assigned homes.
7. Maintain Psychotropic Medication Trackers at assigned home(s) and attend meeting at SNF home (if available). Watch screen recording related to tracking within RxPertise
8. Review readiness for independent practice check list with primary preceptor

<u>Independent activities to be completed by end of Orientation (unless otherwise noted)</u>

1. UC Employment related:
   a. Attend UC Virtual Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.

   b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 21. Practice Site Requirements

   c. Complete blood borne pathogen training by going to https://ehs.uc.edu/itc/compliance.aspx.
      i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
      ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training. **Complete by 7/15**

   d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted):**
      1. Compliance (non-supervisors)
      2. FERPA Basics
      In addition, you must complete the following:
      3. EverFI; HIPAA- **must be done by 7/15**
      4. Required Alcohol and Drug Information
      5. Everfi: Checkpoint Data Security
      6. Concur- Travel and Expense Requests*

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:
   a. Review Collaborative Practice Agreements:
      i. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcome. See: Improving Patient Health through Medication Management | Primary Care Collaborative (pcpcc.org).
      ii. 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).
      iii. Consult agreement with physicians: Section 4729.39 - Ohio Revised Code | Ohio Laws.

b. Review ACIP guidelines for chronic disease state immunizations.
    i. CDC website: http://www.cdc.gov/vaccines/hcp/acip-recs/
        a. Focus on immunizations for the following targeted populations:
            1. Seniors: Shingrex, pneumococcal, influenza, Covid19
            2. Diabetes/Smokers: influenza, pneumococcal

c. Upload the following to OneDrive (22. Resident Credentials):
    a. APhA immunization certificate
    b. Basic Life Support (BLS) Certificate

d. Policy and Procedures: Practice Sites
    Review New Hire Policy and Procedure Manual (Melissa) for LifeLine found at the site.
    See site coordinator for documentation.

    Resident must document completion of the above review and upload signed document
    to OneDrive **no later than 7/15.**

e. Review most recent guidelines the following disease states (all found on OneDrive):
    I.   Heart Failure- see: 2022 AHA/ACC/HFSA Guideline for the Management of Heart
          Failure: A Report of the American College of Cardiology/American Heart
          Association Joint Committee on Clinical Practice Guidelines (ahajournals.org).
    II.   Anticoagulation – See AAPF article posted to OneDrive
    III. Aminoglycoside- see recorded CE provided by a previous resident- start at 27:57 as
          Vancomycin dosing changed this year.
    IV.   Vancomycin AUC dosing- See Orientation folder for details
    V.   Compliance with State Laws- prescriptions/orders
          a. Prescriptions and Medication Orders – read sections 2.1 and 2.2.
          b. Issuing a Valid Prescription, What Every Prescriber Needs to Know

f. Communication Skill Review (**prior to 7/14**):
    Complete Motivational interviewing review by
    1. Read the information found on this web site:
        http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills
        needed.
    2. 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.

Expectations of the Resident:

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

Progression of the Resident:

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

Please note: Prior to independent practice, 90% of competency skills will be checked off by preceptors…See Orientation, Readiness for Independence Checklist Folder for both LL and MedManagers.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

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

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

Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Makes recommendations clearly, concisely, persuasively and in a timely manner; Communicates assertively, but not aggressively; Advocates effectively on behalf of patients		
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Begin to: Select appropriate information to document in a clear and timely manner Follow documentation policies and procedures; Ensures security of protected health information (PHI)		
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Collect and assesses appropriate information to identify and detect actual/potential therapeutic problems. Create and implement a plan to make appropriate interventions to resolve potential or actual therapeutic problems	Formative feedback provided by each preceptor via direct observation	T
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Completes with guidance all the steps required in the patient centered dispensing process by accurately and efficiently: receiving, interpreting, preparing, checking, storing and administering (if appropriate) based on state law and organizations policies and procedures.		

R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Practice under preceptor guidance the ability to provide pertinent information necessary for the safe and effective use of medications to the care giver or patient as needed.		
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Recognize appropriately when patients/caregivers need medication counseling/education and maintains compliance with state laws and regulations. Engage in monthly health screenings at Berkeley.		

Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Complete new admission intervention form on regular basis during LifeLine shifts to detect and resolve medication therapy errors during transitions of care experiences.	Formative feedback from preceptors and review of intervention forms	T
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying			

Competency Area: R2 Leadership and Management
Goal R2.2: Demonstrate personal and professional leadership skills.

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

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	Complete CITI training and actively participate in research seminar	Participation in research seminar and engagement in research projects	T

Additional Information: none

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
ORIENTATION- ST VINCENT DE PAUL CHARITABLE PHARMACY

General Description:

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

Role of the Pharmacist:

The roles of pharmacists at this practice site include a variety of activities and responsibilities. The activities and responsibilities are: patient-centered dispensing, patient and provider education, immunizations, medication therapy management, disease state monitoring, coordination of care with providers, precepting students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:

Weeks 1-4 + seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site to complete the activities listed below.

Type: Concentrated, required
    This is a full-time experience for the duration of Orientation.

Duration: 1 to 2 months

Mentors:
        Residency Program Director: Bethanne Brown PharmD, BCACP

        Preceptor/Site Coordinator: Lydia Baily PharmD (site coordinator)

        Training Pharmacists: Lydia Bailey, Katie Owens, Madison Luck

Orientation Activities:

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

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to the Resident Credentials Folder.

1. Read the following articles (emailed in May):
   a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
   b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. IHI Open School Basic Certificate (s)
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following;
   a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
   b. Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation
   c. Professional development: Communication skills review (MI and conflict management), and well-being/support.
   d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review.
   a. Complete on-line work at home in preparation for skills review
   b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
   c. Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
   a. Complete required pre-work
   b. Attend business plan seminar- fall (October) and spring (March)
   c. Attend QI training – winter
4. Participate in research training (see research project time-line)
   a. Research seminars provided by College and Institutional Review Board
   b. Complete SPSS training (as applicable)
   c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of Orientation to Practice Site:

1. Introduction to Pharmacy and Bank Street Staff
   a. Review history and mission of SVdP
2. Learn operations and daily pharmacy workflow

3. Attend all-staff and pharmacy staff meetings
4. QS1 training
5. Complete orientation with on-site nurse practitioner
6. Participate in orientation of other services including food pantry, social services, and conference assistance.
7. Complete orientation with administration and Executive Director.
8. Completion of orientation activities as detailed below.

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

1. UC Employment related:
   a. Attend UC Virtual Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.

   b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, Practice Site Requirements

   c. Complete blood borne pathogen training by going to https://ehs.uc.edu/itc/compliance.aspx.
      i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
      ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training.
      Complete by 7/15

   d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted):**
      1. Compliance (non-supervisors)
      2. FERPA Basics
      In addition, you must complete the following:
      3. EverFI; HIPAA- **must be done by 7/15**
      4. Required Alcohol and Drug Information
      5. Everfi: Checkpoint Data Security
      6. Concur- Travel and Expense Requests*

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:
   a. Collaborative Practice Agreements:
      i. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on OneDrive.
      ii. 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)](#).
      iii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).

   b. Review ACIP guidelines for chronic disease state immunizations.
      i. CDC website: http://www.cdc.gov/vaccines/hcp/acip-recs/
         Focus on Pneumococcal, Influenza and Covid19.

   c. Upload the following to OneDrive(Resident Credentials):
      1. APhA immunization certificate
      2. Basic Life Support (BLS) Certificate

   d. Policy and Procedures: Practice Site
      i. Review SVdP Policy and Procedure Manual posted to OneDrive
      Resident must document completion of the above review and upload signed document to OneDrive no later than **7/15.**

   e. Review most recent guidelines the following disease states (all found on OneDrive, Learning Experience, Orientation, Practice site folder):
      i. Diabetes-
         1. Standards of Care for Patients with Diabetes 2023 abridged versions for PCP: [Standards of Care in Diabetes—2023 Abridged for Primary Care Providers | Clinical Diabetes | American Diabetes Association (diabetesjournals.org)](#)
         2. Nutrition Therapy for Patients with Diabetes or Pre-Diabetes: [Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report | Diabetes Care | American Diabetes Association (diabetesjournals.org)](#)
      ii. CV risk factors: Hypertension, Hyperlipidemia
         1. HTN- see ACC guideline hub: [Harmonization of the American College of Cardiology/American Heart Association and European Society of Cardiology/European Society of Hypertension Blood Pressure/Hypertension Guidelines: Comparisons, Reflections, and Recommendations | Circulation (ahajournals.org)](#)
         2. HLD- see AHA/ACC guidelines at: [2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (ahajournals.org)](#).
      iii. Asthma/COPD- GOLD guidelines, Asthma Guidelines

1. 2023 Gold guidelines found at: [2023 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD (goldcopd.org)](#)
2. 2022 Updates to Asthma guidelines: [2023 GINA Main Report - Global Initiative for Asthma - GINA (ginasthma.org)](#)

iv. Psychiatric Disorders including: Depression, Alcohol Use Disorder, BiPolar and (See OneDrive)for Schizophrenia: [APA Treatment of Patients With Schizophrenia Guideline Pocket Guide (guidelinecentral.com)](#).

v. AAFP Anticoagulation update- 2020 (see OneDrive)

f. Review CLIA waiver requirements to understand the requirements for SVdP as it pertains to point of care testing.   This information can be found at: http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf

g. Communication Skill Review (see Communication Skills folder- complete MI prior to 7/14 COP Orientation activities):

i. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.

ii. Adherence: reading posted on OneDrive

iii. Complete Motivational interviewing review by
1. Read the information found on this web site: http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills needed.
2. 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.
3. Participate in the MI- COP orientation activities.

iv. Working with interpreters:
1. See the Refugee Health Technical Assistance Center:
   a. Review the following webpage information: [Best Practices for Communicating Through an Interpreter - Refugee Health TA](#).
   b. Under CLAS Tools and Resources (right side of the page)
      i. Click on Effective Health Care Communication Video (7 minutes)
      ii. Click on Language Access Training Video (24 minutes)

Expectations of the Resident:

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

Progression of the Resident:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

- of the residency. Specific CRITERIA BASED comments should included with information the resident can use to improve their performance as the learning experience progresses.

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities: Besides the activities listed above.. the following will occur	Assessment Method:	Timing: Orientation
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Complete tasks without prompting Uphold professional appearance and behaviors at all times Foster professional relationships with pharmacy and interprofessional team	Formative verbal feedback provided by each training pharmacist and preceptor. Written reflections	T
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Appropriately gather necessary data using POC testing and interview questions during CMM appointments	Feedback from preceptor/training pharmacist. Uploading documents to Box as described above	T

| | | Appropriately gather data during SVDP health services appointments using EMR and patient interviews

Appropriately gather data during phone-call claim follow up using QS1 information

Appropriate use of vaccine screening form- based on interview form | Discussions at weekly meetings with RPD | |
|---|---|---|---|---|
| R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care. | Analyzing | Appropriately prioritize problem lists for each patient based on data collection in CMM appointment using evidenced-based guidelines as well as patient and provider preferences

Appropriately prioritize problem list during SVDP health services appointment in collaboration with health care team | | T |

		Appropriately prioritize issues during phone-call intervention follow up based on QS1 data and patient discussion		
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Create appropriate clinical plans following CMM appointment to be followed up on via fax/phone with provider. Plans should include: Medication Changes, Education provided, Monitoring/Follow-up Create appropriate clinical plan to be followed up on via CPA agreement using outlined protocol Create appropriate clinical plans following SVDP health services appointment in collaboration with other team members		T
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Effectively communicate with all patients using appropriate health literacy, motivational	Formative feedback from Preceptor/training pharmacist	T

| | | interviewing and empowerment techniques to move a patient towards better health

Implement accurate understanding of how to communicate to caregivers while patients are still present

Utilize volunteer interpreters or software as needed in a timely and effectively manner for ESL patients | | |
|---|---|---|---|---|
| R1.1.9: Collaborate and communicate effectively with other health care team members. | Valuing and Applying | Effectively communicate with all healthcare team members via face-to-face, phone, and fax as appropriate

Display an appropriate balance of respect and confidence in all healthcare communications | | |
| R1.1.10: Document patient care activities appropriately and efficiently. | Applying | Following CMM visits, document all clinical interventions in QS1 with appropriate | | |

		timeliness for follow up, clear and concise language used, and correct format based on protocol Following SVDP health services visits, document visit in EPIC using set protocol with high quality and efficiency		
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Shadow then perform Verifying Pharmacist: • Verify correct data input • Verify correct medication, dosage, strength, quantity, inventory • Review disease state and medication profile using PPCP • Review and input clinical interventions using PPCP	Formative feedback provided by each preceptor/training pharmacist	TE Orientation

R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: • Prescription Entry • E-scribe • Voicemail/CareMessage • Inventory selection • Prescription check-out counseling using PPCP		
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	PPCP Prescription Verification Services: • Collect-Gather DUR data from medication profile; sorting by disease state, medication name, and pick up dates. Gather clinical data from patient chart section, including labs, relevant claims, disease states, allergies, medications filled elsewhere, and previous CMR notes. • Assess-		

		Using all medication and clinical data- identify disease state management issues that will need addressed upon pick-up. • Plan- Determine level of intervention needed based on assessment; refuse to fill prescription, place prescription on hold until counseling complete, verify prescription with counseling note attached, initiate med sync, initiate other SVDP referral, etc. • Implement- Document plan on electronic patient chart and on paper note within prescription bag, notify call center to initiate provider or patient claim. • Follow-Up- Create clear outline of next interventions needed based on patient/provider		

		response to ensure appropriate care handoff.		
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	PPCP Check-out Services: • Collect- Gather patient data pertinent to medications dispensed by asking relevant questions, review bag notes, review patient profile for clinical notes and open clinical claims. For non-English speaking patients utilize interpreting services. • Assess- Based on notes and patient report; determine problems, problem severity, and services needed to address problems • Plan- Communicate clearly the next steps the patient needs to complete (doctor check-in, other SVDP service check-in, home monitoring, use of pill box, etc.)		

		as well as next steps the pharmacy team will take to address concerns. • Implement- Based on severity level of problem, alert correct team member to address identified issue or create note for future implementation. Offer available products as needed (SVDP referrals, vaccines, pill organizers, BP/BG home monitoring devices, etc.) • Follow-Up- Create clinical claim documentation for all issues addressed at pick-up. Close if issue solved or appropriately post-date for future provider/patient communication.		

Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Meeting all deadlines for activities as set by preceptor/RPD	Formative feedback by preceptor Written feedback on weekly reflections	T
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meeting preceptor/RPD expectations for written reflections		

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

Additional Information: None

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
DIRECT PATIENT CARE- ST VINCENT DE PAUL

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

Type: Longitudinal, required.
The resident will spend on average 24 hours per week in direct patient care services related activities. These activities occur during the week M-F and are scheduled around other responsibilities.

Role of Pharmacists: Monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, adherence reviews and counseling, dispensing of medications, direct interaction with patients, and patient/provider medication education.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: 11 months

Mentors:
    Residency Program Director: Bethanne Brown PharmD, BCACP
    Preceptors: Lydia Bailey PharmD (site coordinator and primary preceptor)

Orientation Activities:
Residents will complete the following activities:
1. Review of immunization protocols for Pnemovax, Covid19 and influenza vaccines and point-of-care testing policies for blood pressure, heart rate, blood sugar, and A1C.
2. Review and participate in topic discussion of the following:
    A. Common outpatient disease state guidelines including diabetes, asthma/COPD, cardiac, and mental health.
    B. Ohio Collaborative Practice Agreement (CPA) and Tobacco Cessation Program general laws and specific SVDP policies
3. Introduction to clinical services including shadowing of CMR and patient advocate and review of QS1 health outcomes tracking.
4. Introduction to on-site nurse practitioner and lab services
5. Review and training of EPIC system

<u>Expectations of the Resident</u>:

The resident will move from dependent to fully independent practitioner in the following competency areas

Clinical services including:

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

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

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

Demonstrate leadership ability in precepting clinical services including:

APPE students:
Appropriate implementation of shadowing experiences, clinical activities, and evaluations

IPPE students:
Appropriate implementation of shadowing experiences, clinical activities, and evaluations

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

Orientation: Shadowing:
Complete all orientation activities listed above

Q1: Direct Instruction/Modeling
Month 1: Resident will collect, assess, and document patient information as part of joint appointments with preceptors.

Month 2-3: Resident will independently collect, assess, and document patient information. In collaboration with preceptor, resident will create disease state management plans. Preceptor will deliver plan implementation and follow-up to patient with resident.

Q2/Q3: Coaching:
>Resident will independently complete the PPCP cycle. Plans will be reviewed with preceptors as needed. Resident's plan delivery will be reviewed by supervising pharmacist with feedback provided. Resident's implementation and documentation will be reviewed by preceptor as needed with feedback provided.

Q4: Facilitate:
>Resident will be independent in all clinic activities with plan review as needed 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).

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.
Types of evaluations include:
- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.

- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing:
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	• Complete tasks without prompting • Uphold professional appearance and behaviors at all times • Foster professional relationships with pharmacy and interprofessional team	Observe professional relationships with staff, continued feedback provided throughout residency	TQ1/EQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	• Foster open and respectful communication with p with patients during face-to-face • Foster patient-centered communication during claim phone-call follow up • Demonstrate cultural competence in all patient encounters by using interpreter services and creating care plans taking into account a patient preferences.	Strong patient-connection assessed via 3 CMR recordings or sit-ins • Preceptor observation for phone call claims • Accurate use of in-person translators and iPad translation services observed during CMM appointments, phone-call follow up, and prescription pick-up counseling	TQ1/EQ1

			via preceptor observation • Continued feedback provided throughout residency	
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	• Appropriately gather necessary data using POC testing and interview questions during CMM appointments • Appropriately gather data during SVDP health services appointments using EMR and patient interviews • Appropriately gather data during phone-call claim follow up using QS1 information • Appropriate use of vaccine screening form- based on interview form	• Accurate and efficient data collection assessed via 3 recordings, 30 completed presentations without need of gathering further information, approval by each preceptor , continued feedback provided throughout residency • Correct evaluation of immunization needs using protocol form • Accurate and efficient data collection at SVDP health services assessed by preceptor, maintain set appointment times assessed by preceptor	TQ1/EQ2
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	• Appropriately prioritize problem lists for each patient based on data collection in CMM appointment using evidenced-based guidelines as well as patient and provider preferences • Appropriately prioritize problem list during SVDP	• Completion of 30 problem lists/SOAP notes without additional edits of CMM appointments, approval by each preceptor, continued feedback	TQ1/EQ2

		health services appointment in collaboration with health care team • Appropriately prioritize issues during phone-call intervention follow up based on QS1 data and patient discussion	provided throughout residency • Completion of 10 problem lists documented within EPIC of SVDP health services appointments	
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	• Create appropriate clinical plan to be followed up on via CPA agreement using outlined protocol • Create appropriate clinical plans following CMM appointment to be followed up on via fax/phone with provider. Plans should include: Medication Changes, Education provided, Monitoring/Follow-up • Create appropriate clinical plans following SVDP health services appointment in collaboration with other team members	• Completion of 30 CMM plans without additional edits, approval by each preceptor, continued feedback provided throughout residency • Completion of 10 plans without additional edits from SVDP health services visits • Appropriate plan design using CPA assessed via case presentations, approval by each preceptor, continued feedback provided throughout residency	TQ1/EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	At the end of each CMM appointment: • Communicate collaboratively created plan to patient and provide lab and med list documentation • Work with patient to reduce any barriers to success	Implementation of clinical plans to patients assessed via 3 recordings and to medical team via 30 correctly identified claims, approval by each preceptor, continued	TQ1/EQ2

		• Schedule follow-up calls • Initiate medication interchange to ensure medication access • Immunize with patient approval Implement CPA's within protocol and with appropriate patient counseling	feedback provided throughout residency • Correct immunization technique demonstrated to preceptor and delivered to patient • Appropriate CPA implementation assessed via MD approval, approval by each preceptor, continued feedback provided throughout residency	
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	• Evaluate and adjust implementation of clinical plans through QS1 follow-up calls • Schedule future follow-up counseling either via phone call or in-person during medication pick up • Complete all CPA follow up including timely physician notification and patient follow up on changes	• Accurate application of QS1 clinical platform and EPIC processes reviewed by preceptors via bi-weekly QS1 reports • Following and report on specifically assigned patients, continued feedback provided throughout residency	TQ1/EQ2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	• Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health	• Communicating effectively with patient using appropriate communication skills assessed via 3 recordings and 10	TQ1/EQ2

		• Implement accurate understanding of how to communicate to caregivers while patients are still present • Utilize volunteer interpreters or software as needed in a timely and effectively manner for ESL patients	in-room counseling sessions, approval by each preceptor, continued feedback provided throughout residency • Communicate effectively to caregivers while still respecting the patient presence assessed via 2 in-room counseling sessions when caregivers are primary point of communication	
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	• Effectively communicate with all healthcare team members via face-to-face, phone, and fax as appropriate • Display an appropriate balance of respect and confidence in all healthcare communications	• Effective communication of patient goals and medication recommendations using clinical reasoning with health care team via phone or fax following CMM appointments assessed via preceptor review of 10 faxes without edits • Proper face-to-face communication with SVDP health services	TQ1/EQ2

Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
			team and on-site healthcare members, assessed by preceptor review with continued feedback provided throughout residency	
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	• Following CMM visits, document all clinical interventions in QS1 with appropriate timeliness for follow up, clear and concise language used, and correct format based on protocol • Following SVDP health services visits, document visit in EPIC using set protocol with high quality and efficiency	• Completion of 10 plans without additional edits completed within 20 minutes, continued feedback provided throughout residency • Accurate documentation of all immunization activities • Appropriate usage of EPIC system with all documentation completed in a timely manner assessed via preceptor	TQ1/EQ2
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	• Accurately identify patients in need of transitions of care at SVDP • Utilize Medicaid portal to identify Medicaid active patients	• Complete 5 patient cases with correctly identified need for transitions of care	TQ1/EQ3

				Complete 5 Medicaid portal checks for enrollment status
		• Generate report for ER voucher patients		• Complete 5 Medicaid portal checks for enrollment status • Complete follow up 5 ER voucher patients to ensure medication filled	
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	• Effectively follow-up on transitions of care plans • Correctly transfer profiles to other pharmacy after Medicaid verified		• Complete 5 patient follow-ups regarding transitions of care plans • Complete 5 profile transitions to other pharmacies after Medicaid verified	TQ1/EQ3

Competency Area: R2 Leadership and Management

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

		usage with draft edits as needed.	

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Design appropriate activity for group patient education and CE for pharmacists	Completion of agreed educational activities with feedback provided by responsible preceptor	TQ3/EQ4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Effectively teach/present via group patient education and CE for pharmacists	Completion of agreed educational activities with feedback provided by team member in attendance	TQ3/EQ4
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Develop written material for group patient education and CE for pharmacists	Completion of agreed educational activities with approval by each preceptor	TQ3/EQ4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	Participate and plan learning activities for IPPE and APPE students as appropriate including topic discussions and DI questions	Completion of 4 showing topic discussions/3 DI questions, 4 mentoring topic discussions/3 DI questions, independent topic discussions/DI questions as appropriate,	TQ3/EQ4

			with approval by each preceptor	
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Create and deliver midpoint and final evaluations for IPPE and APPE students as appropriate	Completion of 3 shadowing evaluations, 5 mentoring evaluations, and independent evaluations as appropriate, with approval by each preceptor	TQ3/EQ4

Additional Information:

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
PATIENT-CENTERED DISPENSING-SVDP

General Description:

This learning experience is designed to move the resident from student to independent practitioner who can provide patient-centered care while dispensing medication. This will be achieved when the 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.

Role of Pharmacists: Monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, utilization of medication therapy management platforms, administration of immunizations, adherence reviews and counseling, dispensing of medications, and patient/provider medication education.

Type: Longitudinal, Required.

   The resident will spend, on average, 16 hours per week in this learning experience working 2 Saturdays per month and 1 to 2 half-days per week.

Duration: 11 months

Mentors:

   Residency Program Director: Bethanne Brown PharmD, BCACP
   Preceptors: Lydia Bailey PharmD, BCACP (site coordinator and primary preceptor)

 Orientation Activities:

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

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 QS1 to verify, dispense, and counsel on medications. Appropriately communicate to other pharmacies, physicians, patients as needed. Transfer prescriptions

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

Progression of the Resident:

Orientation: Direct Instruction:

Week 1-2: Resident will shadow all dispensary functions data entry, prescription filling, prescription pick-up, and verification

Q1: Modeling/Coaching

Month 1: Resident will model all tasks within data entry, prescription filling, prescription pick up, and verification with preceptor oversight

Month 2-3: Resident will be coached to independence in all dispensary tasks and will check in with preceptors during weekly meetings or as issues arise

Q3/Q4: Facilitate:

Resident will be independent in all dispensary tasks. Team management of technicians, interns, and volunteers will be facilitated with preceptor through the end of residency to gain leadership experience.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine

resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Shadow then perform Verifying Pharmacist: • Verify correct data input • Verify correct medication, dosage, strength, quantity, inventory • Review disease state and medication profile using PPCP • Review and input clinical interventions using PPCP	30 patient profiles correctly verified via preceptor review including: • Correct entry • Correct medication and inventory chosen • Correct quantity filled • Drug-drug and drug-disease state interactions correctly detected/addressed via claim entry into QS/1 • Duplicate medication classes correctly identified and addressed via deactivation 10 patient profiles accurately corrected if incorrect upon verification via preceptor review	TQ1/EQ1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: • Prescription Entry • E-scribe • Voicemail/CareMessage • Inventory selection	• 30 prescriptions entered correctly from hard copy and e-scribe via preceptor review • 30 voicemails and CareMessages retrieved and correctly triaged via preceptor review • Verbal presentation to preceptor of each inventory	TQ1/EQ1

			• Prescription check-out counseling using PPCP	section and when/why to choose each product • 30 prescriptions checked out with safe and effective counseling provided via preceptor review	
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	PPCP Prescription Verification Services: • Collect- Gather DUR data from medication profile; sorting by disease state, medication name, and pick up dates. Gather clinical data from patient chart section, including labs, relevant claims, disease states, allergies, medications filled elsewhere, and previous CMR notes. • Assess- Using all medication and clinical data- identify disease state management issues that will need addressed upon pick-up. • Plan- Determine level of intervention needed based on assessment;	• 30 medication and clinical profiles correctly reviewed during verification for intervention services via preceptor review • Identify and refer 5 patients to additional services within SVDP (pantry, NP, eye clinic, social services) and document correctly via preceptor review	TQ1/EQ2

		refuse to fill prescription, place prescription on hold until counseling complete, verify prescription with counseling note attached, initiate med sync, initiate other SVDP referral, etc. • Implement- Document plan on electronic patient chart and on paper note within prescription bag, notify call center to initiate provider or patient claim. • Follow-Up- Create clear outline of next interventions needed based on patient/provider response to ensure appropriate care handoff.		
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	PPCP Check-out Services: • Collect- Gather patient data pertinent to medications dispensed by asking relevant questions,	• Verbal presentation to preceptor of which self-care/OTC products we carry and where to refer for products we do not carry • Identify and refer 5 patients to additional services within	TQ1/EQ2

| | | | review bag notes, review patient profile for clinical notes and open clinical claims. For non-English speaking patients utilize interpreting services.
• Assess- Based on notes and patient report; determine problems, problem severity, and services needed to address problems
• Plan- Communicate clearly the next steps the patient needs to complete (doctor check-in, other SVDP service check-in, home monitoring, use of pill box, etc.) as well as next steps the pharmacy team will take to address concerns.
• Implement- Based on severity level of problem, alert correct team member to address identified issue or create note for future implementation. Offer | SVDP (pantry, NP, eye clinic, social services) and document correctly via preceptor review
• 30 prescriptions checked out with safe and effective counseling provided via preceptor review
• 5 patients identified as non-adherent through QS/1 pick up dates with effective counseling and plan creation upon prescription pick-up to improve adherence via preceptor review
• 5 non-English speaking patients counseled using interpreter services via preceptor review | |

available products as needed (SVDP referrals, vaccines, pill organizers, BP/BG home monitoring devices, etc.) • Follow-Up- Create clinical claim documentation for all issues addressed at pick-up. Close if issue solved or appropriately post-date for future provider/patient communication.		

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	• Shadow then perform team deployment and management of technicians, interns, pharmacists, and volunteers during staffing shifts at	• 10 shifts of successful deployment of all team members into effective roles based on ability • Successful training of a new team member to each position (data entry, prescription filling,	TQ2/EQ3

		both SVdP locations. • Observe then participate in dispensary schedule creation and editing. • Observe dispensary staff performance evaluations. • Create and implement tangible points of feedback for dispensary team.	prescription check-out, inventory management) within pharmacy dispensary via preceptor review • Application of conflict management if needed with preceptor assistance • Accurate display of calendar creation via preceptor review • Accurate creation of performance evaluation feedback for dispensary staff via preceptor review	

Additional Information:

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Program

LEADERSHIP AND MANAGEMENT- ST VINCENT DE PAUL

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

Type: Longitudinal, required
On average, the resident will spend 2 hours per week in this learning experience.

Role of Pharmacists: Management of daily business operations, development of new services, collaborating with other healthcare providers, developing strategic short and long term goals, practicing self-evaluations, and managing both individual and team responsibilities.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level

Duration: 11 months

Mentors:
>Residency Program Director: Bethanne Brown PharmD, BCACP
>Preceptor: Lydia Bailey (Site coordinator and primary preceptor) and Rusty Curington

Orientation Activities:
Residents will complete the following:
1. Learn about SVDP history and mission as well as pharmacy overview
2. Complete orientation with administration, development, and Executive Director
3. Attend SVDPCP staff meeting
4. Review inventory policies
5. Review pharmacy board members background

Progression of the Resident:
>Orientation(shadowing): Complete activities listed above

>Q1/2: Direct Instruction/Modeling
>>Resident will participate in staff and board meetings as appropriate. Resident will observe preceptor management of staff and student learners.

Q3: Coaching:

> Resident will work with preceptors to create agendas for staff meetings and board meetings. Resident will work with preceptors in facilitating student learning program components.

Q4: Facilitate:

> Resident will lead drug procurement meeting and be responsible for creating meeting agenda. Resident will lead operations report at Board meeting. Resident will lead student learning program components.

Expectations of the Resident:

The resident will gain leadership and management experiences over the course of the year by participating in various activities.   Experiences include managing the day to day operations of the pharmacy and leading support staff, volunteers, advocates and APPE and IPPE students. In addition, the resident will obtain a broader perspective on how to run/operate a charitable pharmacy by being engaged in activities such as procurement and board meetings and related topic discussions. The resident will begin the year shadowing and then move to mentored participation. By the end of the year the resident will be leading assigned meetings.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	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, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine

resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: 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 defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- 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: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	• Participate and present at select staff, procurement, and Pharmacy Board meetings • Participate in inventory control • Shadow and participate in staff and student scheduling • Shadow staff evaluation process • Shadow and participate in strategic planning (as appropriate)	Accurate information relayed for assigned board meetings. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	• Identify importance of donor relationships • Remain up to date on legal changes to pharmacy practice • Engage in outreach, development, and networking opportunities • Create relationships with other directors of patient services via one-one meetings	Display appropriate understanding of non-profit relationships through SVDP functions, create plans for adjusting policies based off changes to community pharmacy practice if needed	TQ2/EQ3

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	• Prioritize and delegate all management tasks appropriately • Complete tasks in reasonable timeframe • Demonstrate personal commitment to vision of organization	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	TQ1/EQ3
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	• Complete all reflections and preceptor meetings • Identify and work towards identified areas of improvement within management	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	TQ1/EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	• Show ownership over pharmacy functioning • Lead staffing team through delegation and time management • Lead clinical team through SVDP health services interactions • Prioritize patient care workload, student workload, and assignments	Demonstrate leadership by effectively managing assigned projects	TQ3/EQ2
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join pharmacy related organization of your choice and participate actively in a committee/working group of this organization.	Completion of professional involvement	TQ1/EQ4

| R2.2.5: Demonstrate commitment to the community through service. | Valuing and Applying | Participate in community service activities as approved by preceptor/RPD. See guidelines posted to OneDrive | Active participation in volunteer events and completion of reflections. | TQ2/EQ4 |

Additional Information: