

University of Cincinnati and Primary Health Solutions
Ambulatory Care PGY2 Residency
Advancing Practice and Improving Patient Care:
New Service Implementation- Research

General Description: Ambulatory Care PGY2 residency programs offer a unique opportunity for each resident to design, implement and analyze a new pharmacist-based clinical service using skills developed during PGY1 residency including research and health care quality improvement tools. The goal of the longitudinal experience is to create, implement, evaluate and modify a new integrated direct patient care service to advance patient care activities and reimbursement opportunities.

Role of the Pharmacist: The pharmacists involved with new service implementation have experience in starting new services at their respective clinic sites. They are part of an interprofessional team working to integrate pharmacy into all clinics with PHS. They have acquired skills related to communication, management, patient care and team work.

This 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. Implementing: implement the new pilot service at one of the PHS locations
- h. Evaluating the project using appropriate outcomes measures including: operational, clinical, economic and humanistic outcomes of patient care to determine the need for changes
- i. Presenting the findings (as poster, OPRC podium presentation and manuscript) by the end of the residency year.

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

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

Type: Longitudinal, Required

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptor: Craig Steins PharmD

Bryan Bowman RPh

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

1. Verify completion of UC-IRB approved 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 orientation activities- as determined by preceptor team based on past research experience.
3. Meet with representatives from University of Cincinnati Internal Review Board (IRB) during orientation and on an as needed basis.
4. Connecting with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project.

Expectations of the Resident:

Residents will design, implement, evaluate and modify a new clinical service within Primary Health Solutions by applying the learning from PGY1 experiences and leading the stakeholder team by:

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

Expectations of Project Team:

Members of the project team are responsible for the following:

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

Time Line: Time line will be dictated by the practice site and presentation requirements. Due to the unknowns surrounding conferences due to Covid19, we have established the following time-line. Additional information will be provided as known.

Residency Project Timetable (as of 7/1/2020):	
Date	Requirement
Completion of IRB training mandatory prior to start of the residency year. See Orientation Learning Experience Documentation	
Orientation/Teaching Certificate Program	<p>Research Seminar part 1: Sign up for RAP access download needed IRB protocol templates</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Within this portal you will find the IRB templates under the IRB tab, then Library Tab (top left), then Templates tab (right). Common templates include HRP-502M Medical Informed Consent, HRP-503 Template Protocol.</p> <p>Inform Dr. Brown once achieved</p>
7/22- to completion	Report to project team progress on research projects using weekly activity log updates
7/27	<p>Attend research seminar part 2 during residency orientation</p> <p>Submit draft protocol changes to team for review</p>
7/28 to 8/5/19	Begin draft IRB protocol. Create hypothesis, research question and draft of methodology
By 8/31	<p>Submit IRB protocol to 1. UC IRB pre-review committee- use form provided on OneDrive</p> <p>Please note: Scientific pre-review is NOT required if you study would be exempt from IRB (IE chart review, anonymous surveys etc). Please see your research team for any questions/concerns.</p> <p>Once approved- 2. Submit to UC-IRB- see Research Learning Experience for the EXACT process to complete when submitting to UC-IRB.</p> <p>Prepare for the following once IRB approved: implementation, data collection and analysis of data bases. Begin once IRB approves changes to protocol</p>

Submission of research protocol to IRB:

Please follow these guidelines when submitting a protocol to the IRB. This will ensure timely approval of your research project

1. IRB protocols MUST be named using the following format: UCPHARMRES- XXXX.
2. Once the protocol is submitted via the RAP portal- email Devan Vaughn (devan.vaughn@uc.edu) to alert her to the time sensitive nature of your submission. You must include the following information in the email: Title, Protocol number and a reminder that you are a UC Resident and you have 1 year to complete your research.
3. Review the IRB process flow diagram (on the RAP portal) on a regular basis to determine and keep track of the status of your protocol
4. Submit any requested changes within 2 days to the IRB. Once updated protocol is submitted via the RAP portal, email Devan Vaughn (Devan.Vaughn@uc.edu) again alerting her to the change.
5. If you do not receive a response from IRB within 5 business days, please email a professional reminder.

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.

Assessment Strategy:

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R2: Advancing Practice and Improving Patient Care				
Goal R2.2: Demonstrate ability to conduct a research project.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Identify a scholarly questions related to clinical practice, education or health care that would be useful to study and can be completed with the PGY2 residency year.	Analyzing	<ol style="list-style-type: none"> 1. Discuss project ideas with research team 2. Conduct systematic literature search to refine project idea and provide background 3. Review the identified practice related projects that meet criteria established for project by the residency program 	Formative and Summative Feedback from Project team	TEQ1
R2.2.2 (Creating) Develop a plan or research protocol for the project	Creating	<ol style="list-style-type: none"> 1. Prepare project implementation outline and develop research question(s), objectives, methods, and evaluation strategy 2. Determine time table for development, implementation and evaluation 3. Identify and prepare necessary approvals for key stakeholders (IRB, C-Suite) and research 		TEQ1

		<p>protocol, refine drafts with feedback, and gain consensus around protocol from project team</p> <p>4. Effectively organize and lead meetings with project team to ensure established deadlines are met</p>		
R2.2.3: Collect and evaluate data for the project	Evaluating	<p>1. Implement an evaluation strategy taking into consideration: data sources, outcomes (humanistic, economic and clinical outcomes) and implementation (CQI, work efficiency) to collect data in a systematic way from all sources.</p>		TEQ1-3
R2.2.4: Implement a practice-related project	Applying	<p>1. Work closely with project team/key stakeholders to implement project</p> <p>2. Prepare and submit grant application to fund research</p> <p>3. Effectively communicate to appropriate parties.</p>		TE: Q1-3

R2.2.5: Assess changes or need to make changes based on project	Evaluating	<ol style="list-style-type: none"> 1. Appropriately evaluate data collected 2. Determine, with guidance of project team, changes to be made to research project 3. Re-evaluate changes and determine sustainability using concepts of CQI 4. Determine continuous improvement plan 		
R2.2.6 Effectively develop and present, orally and in writing, a final project report suitable for publication.	Creating	<p>Presentations at: AACP/APhA/ACCP, OPA, and OPRC</p> <p>Manuscript submission to appropriate journal as defined by project team.</p>	Review by peers, preceptors and stakeholders	TE: Q4

Additional Information:

Resident to utilize resources found in OneDrive.

University of Cincinnati and Primary Health Solutions

Ambulatory Care PGY2 Residency

Community-Based Practice

General Description:

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

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

Type: Longitudinal, Elective.

The resident will spend, on average 8 hours per month in this learning experience

Duration: 6 to 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Ashley Hoehn PharmD, Pharmacy Manager

Orientation Activities:

Residents will complete the following:

1. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
2. Review of privacy policies including HIPAA and Community First Solutions
3. Pioneer University videos- access will be provided at site
4. Introduction to dispensing services including shadowing pharmacy technician and staff pharmacist

Expectations of the Resident:

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

Displaying independent competency in the following roles:

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

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

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

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Complete training with staff pharmacists participating in all activities related to DUR until independent as determined by preceptors	Independently complete pharmacists tasks within work environment	TO/EQ1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Complete training with staff pharmacists participating in all activities related to dispensing until independent as determined by preceptors	Independently completing dispensing with preceptor approval, feedback provided throughout elective experience	TO/EQ1
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Complete training with staff pharmacists participating in all activities related to assisting individuals with safe and effective medication use (paying particular attention to how CFP can collaborate with PHS) until independent as determined by preceptors	Independently refer patients to additional services (MD, specialist, social services, local help, etc.) with preceptor approval, feedback provided throughout residency	TO-Q1/EQ2
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care	Analyzing	Complete training with staff pharmacists participating in all	Independently complete counseling with preceptor	TO/EQ2

products, medication adherence, and appropriate referrals for services.		activities related to counseling with staffing pharmacists until independent as determined by preceptors	approval, feedback provided throughout residency	
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Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Complete training with staff pharmacists participating in all activities related to managing staffing team until independent as determined by preceptors	Independently manage staffing team with preceptor approval via direct observation, feedback provided throughout residency	T0/EQ1

Additional Information:

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

General Description:

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

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

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

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

Role of the Pharmacist: The role of the pharmacist directly reflects the activities the resident will be engaged: managing patients with chronic diseases, interacting with provider teams, counseling patients one-one, prior authorization support and communication with all stakeholders.

Type: Longitudinal, required

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors: Craig Stiens, PharmD (site coordinator)
Bryan Bowman RPh

Orientation Activities:

1. Complete training as part of the orientation learning experience (ie cultural competence and interprofessional team management).
2. Discuss policies and procedures for patient care with preceptors
3. Work with preceptors to gain direct patient care skills based on practice location.
4. Discuss the educational needs and patient care plan around each patient the resident observes and participates in the care.
5. Shadow care teams at multiple PHS clinics based on schedule provided.
6. Document patient care activities in NextGen with preceptor supervision and review.
7. Train with each care team member including: behavioral health (Terry- Bever, Mark-Middletown), nutrition (Renee-Bever and Laura-Middletown) and case management (Paula- Bever).

Expectations of the Resident:

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

Once comfortable within primary care setting- resident will then work as part of the practice management experience to extend care team services at Bever Center under the direction of preceptor and care team.

Assessment Strategy:

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

Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
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Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a JCPP- Pharmacist Patient Care Process				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Interact effectively with health care teams to collaboratively manage ambulatory care patient's medication therapy.	Applying	Communicates and interacts with all members of the care team in a professional and responsible manner.	Primary preceptor will observe and work with care team to incorporate feedback to resident.	TEQ1
R1.1.2: Interacts effectively with ambulatory care patients, family members and caregivers.	Applying	Interacts with patients in a professional manner using appropriate communication and cultural competence skills	Primary preceptor will observe and work with care team to incorporate feedback to resident	TE Q1
R1.1.3: Collect information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Collect key information from patient/caregiver and EMR based on chronic illnesses. Work within collaborative practice agreement guidelines. Review with primary preceptor as needed.	Preceptor will observe interactions and work with care team to incorporate feedback to resident- - then will review charts notes within EMR based on PHS policies and procedures.	TQ1 EQ2
R1.1.4: Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Collaboratively determine problem list with patient/caregiver using key information collected. Review with provider/preceptor.	Preceptor will observe interactions and work with care team to incorporate feedback to resident- then will review charts notes within EMR based on PHS policies and procedures.	TQ1 EQ2

R1.1.5: Design or redesign a safe and effective individualized patient-centered therapeutic regimen and monitoring plan (care plan) for ambulatory care patients.	Creating	Using clinical judgement and with the input of the patient, create a comprehensive plan for all patients seen with primary care team or as part of collaborative disease state management.	Preceptor will observe interactions and work with care team to incorporate feedback to resident- then will review charts notes within EMR based on PHS policies and procedures.	TQ1 EQ2
R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	Applying	Write orders as appropriate for patient based on discussion with care team or based on CPA guidelines. Effectively communicate plan to patient.	Preceptor will observe interactions and work with care team to incorporate feedback to resident- - then will review charts notes within EMR based on PHS policies and procedures.	TQ1 EQ2
R1.1.7: Document direct patient care activities appropriately in the medical record.	Applying	Document in EMR based on policy and procedures using templates and SMART phrases in NextGen	Preceptor will read and evaluate patient notes and provide feedback as needed based on PHS policies and procedures.	TQ1 EQ3
R1.1.8: Demonstrate responsibility to ambulatory care patients for patient outcomes.	Applying	Prioritizes patient care activities, Take responsibility for patient outcomes, work to determine and break down barriers to care. Refer patient as needed to appropriate resources.	Preceptor will read and evaluate patient notes and review clinical outcomes of patients managed by resident based on PHS policies and procedures.	TQ1 EQ3

Competency Area: R3 Leadership and Management				
Goal R3.1: Demonstrate Leadership Skills				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Demonstrate personal, interpersonal and team work skills critical for effective leadership	Analyzing	Demonstrate time, conflict and negotiation skills when working within care teams. Use effective communication skills	Review of resident reflections, discussion with preceptors and care team.	TEQ1
R3.1.2: Apply process of ongoing self-evaluation and personal performance improvement	Applying	Participate in weekly critical reflection activities. Internalize feedback provided and demonstrate improvement.	Review of resident reflections, discussion with preceptors and care team	TQ1 EQ2
Goal R3.2: Demonstrate management skills in the provision of care for ambulatory care patients				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.2.1: Manage one's own ambulatory care practice effectively	Applying	Use evidence based decision making, prepare appropriately for each days activities, works collaboratively within the organization	Direct observation of resident by preceptor and care team	TEQ1
Goal R3.3: Manage the operation of an ambulatory care pharmacy service				
R3.3.1: Effectively manage ongoing operational functions of the service	Analysis	Manage time in clinic effectively and efficiently using team and technology to support role.	Direct observation of resident by preceptor and care team	TQ1EQ3

Additional Information: None

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

General Description:

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

Role of the Pharmacist:

The role of the pharmacist at the practice locations included in orientation varies greatly. Each pharmacist provides care based on the practice setting and can include but not limited to: teaching, disease state management, dispensing and counseling functions, and practice management related activities.

Schedule:

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

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

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

Type: Concentrated, required

Duration: 1 to 2 months

Mentors:

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

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/6/2020

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to OneDrive, Resident Credentials
2. IHI Open School Basic Certificate. Upload certificates to OneDrive, Resident Credentials
3. Leadership training- to be determined based on resident's past experiences.
4. Practice Management- New Clinical Service implementation- read ACCP White Paper, Developing a Business-Practice Model for Pharmacy Services in Ambulatory Settings.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page) to OneDrive, Resident Credentials
6. Obtain record of immunizations required by practice site which includes: Hep A, Hep B, MMR and Varicella

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

The below activities will be tailored based on the residents experiences within their PGY1 program

1. Participate in review of the following;
 - a. Residency Structure: policies and procedures, weekly logs, and meetings
 - b. Assessment Structure: Self-assessment and self-evaluation
 - c. Professional development: will be determined based on residents' past experiences
 - d. Leadership training: Strength finders + scheduled workshops (participation and teaching)
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 (Resident Credentials))-once completed both on-line and live skills review.
3. Participate in APhA Pharmacy-Based Cardiovascular Disease Risk Management training
 - a. Details to be determined during residency program
 - b. On-line and live learning
 - c. Completion will allow management of patients with both HTN and dyslipidemia
4. Participate in Practice Management training (as applicable)
 - a. Complete required pre-work
 - b. Attend business plan seminar- fall. October 15 from 1 to 4pm
 - c. Attend QI training – winter
5. Complete CPR training (if expires anytime during residency year): Provided by the College in August. This needs to be scheduled outside of practice site requirements.
6. Academic and Teaching
 - a. Meet with RPD to discuss academic and teaching learning experience to review past activities related to teaching both the community as well as other health care professional students and professionals. Orientation activities will be geared toward obtaining skill set needed for PGY2 year and may include any of the following: self-

directed learning, attending select teaching certificate sessions or meeting with current faculty/practitioners.

7. Participate in Advancing Practice and Improving Care (see research project time-line)
 - a. Research seminars provided by College as well as SPSS training
 - b. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.
 - c. Participate in research protocol review with other residents and Institutional Review Board reviewer.

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

1. Operation of daily workflow
2. NextGen- training
3. Introduction to clinic staff
4. Training at Community First Pharmacy (Community Based Practice Experience)
5. Shadow providers (MA, RN, PA, NP, MD) to determine roles and responsibilities
6. Attend new employee orientation at PHS

Provide the following documentation as part of credentialing at practice site:

1. 2- professional letters of recommendation which address clinical competency
 - a. Please ask PGY1 preceptor to provide one letter
 - b. We will provide the second as part of orientation
2. Complete Attestation of Fitness to work- provided by practice site using DocuSign

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

1. UC Employment related:
 - a. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Log in (upper right corner), click on Use UC login (sign in with your UC username and password) and complete trainings. Once completed, upload certificates to OneDrive (Practice Site Requirements). **Must be completed by 7/15/20.**
 - b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, Practice Site Requirements
 - c. Complete UCSuccess Factors required training. You should have received an email indicating the training and due dates. All training under this system is tracked internally.
 - d. Attend TKI Conflict Management Training assigned to you via Success Factors. This training will take place on 8/27/2020 from 8:30 to 12:30 UHall 450. Please log into Success Factors and register: www.uc.edu/hr/tools/successfactors.html.

- e. Complete Concur training
 - i. Concur is the Universities on-line platform for all travel and reimbursement activities.
 - ii. Log in <https://www.uc.edu/af/travel/concur-training.html>.
 - iii. Complete the training videos/simulations for both Travel and Expense Reports and Non-Travel Expense Reports (found under the header: **In Class Training Videos and Simulations**)
 - iv. It is YOUR responsibility to complete this training and submit both your Travel Authorization forms (prior to incurring travel expenses) and Travel Reports in a timely and correct manner
 - 1. College Concur expert is Ashley Waller. Please reach out to her with questions/concerns. Her email is bonnerah@ucmail.uc.edu.

2. Practice Site Related

General Training:

- a. Collaborative Practice Agreements:
 - i. Review CPA policy and procedures for PHS
 - ii. Complete training needed to work under CPA (ie certificate programs).
 - iii. Ohio State Board of Pharmacy Guidance Document as of 8/31/2017 found at: <https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
 - iv. Ohio State Board of Pharmacy Covid19 Emergency Expansion Declaration: <https://www.pharmacy.ohio.gov/Documents/Pubs/Special/COVID19Resources/Use%20of%20Certified%20Nurse%20Practitioners,%20Clinical%20Nurse%20Specialists,%20Certified%20Nurse%20Midwives,%20and%20Physician%20Assistants%20in%20the%20Management%20of%20Pharmacist%20Consult%20Agreements.pdf>
- b. Immunizations
 - i. Review ACIP guidelines for chronic disease state immunizations.
 - 1. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on Pneumococcal and Influenza.
 - 2. Upload the following to OneDrive (Resident Credentials):
 - a. APhA immunization certificate
 - b. Basic Life Support (BLS) Certificate
 - c. Any other professional certificates
- c. Policy and Procedures
 - a. Review PHS Policy and Procedures and sign document of understanding
 - b. Sign HIPAA forms at Practice Site
 - c. Upload copies of signed forms to OneDrive (Practice Site Requirements)
- d. Review 340B Program

- a. Read NACHC 340B Manual for Health Centers
- b. As needed: complete 340B on demand modules; save completion certificate and upload to OneDrive (Practice Site Requirements) when complete.
 - i. Register and access the modules here:
<https://www.340bpvp.com/education/340b-u-ondemand/modules/>
 Register as a covered entity, Primary Health Solutions.
 1. 340b ID for registration: CHC08753-00
 - ii. Complete the full curriculum listed here (complete those that are “clickable”):
<https://www.340bpvp.com/education/340b-u-ondemand/modules/>
 - iii. Upload completed quizzes to Practice Site Requirements
- e. Communication Skills
 - Motivational Interviewing
 - a. 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
 - b. Once complete, watch the video on youtube located at:
<https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
 - c. Participate in the MI orientation activities.
- f. Cultural Competence Skills
 - a. Training- Complete on-line series from Think Cultural Health: A Physician’s Practical Guide to Culturally Competent Care.
 1. Register for free at ThinkCulturalhealth.hhs.gov/education/physicians
 2. Complete Course 1, 2 and 3.
 3. Upload certificates to OneDrive, Practice Site Requirements
 - b. On-demand interpreter services- review use of devices and how to work with telephonic interpretation services.

Public Health/Practice Management

- a. Attend meetings: Admin Center
 - a. Directors Meeting: 1st and 3rd Wednesdays of the month 10:30am
 - b. Operations Meeting: 2nd Wednesday at 8:30am
 - c. Provider Meetings: 3rd Friday of Quarter (Jan, April, July, Oct)
 - i. Once they re-start
 - d. Provider Huddle: 3rd Wednesday of the month at 7:30am
 - e. Spend time with the following individuals
 - i. Director of Integrative services: Mark Reed.
 - ii. Director of IT: Angie Fugate
 - iii. Director of Quality Improvement: Christy Banford RN
 - Focus on High 5 measures, UDS and PCMH
 - iv. Revenue cycle manager: Angela Oswald

- v. Director of Credentialing: Marki Anderson
 - Focus on High 5 measures, UDS and PCMH
 - vi. Director of Business Analysis (340b) Auditor: Mary Ann Magill
- b. Complete associated readings as assigned by preceptors/Key PHS personnel for the following key quality indicators:
- a. HEDIS measures and Meaningful use: review the information found at: <https://www.ncqa.org/hedis/measures/>
 - vii. Review the Effectiveness of Care and Access/Availability of Care sections focusing on content area impacted by pharmacists at PHS (IE Comprehensive Diabetes Care)
 - viii. Access/Availability of Care
 - ix. Report Cards- see the following site and review improvements over time for chronic condition management found at: <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>.
 - b. CPC Ohio: <https://medicaid.ohio.gov/Provider/PaymentInnovation/CPC>
Click on the links for:
 - Ohio Vision for CPC
 - Ohio CPC 2020 program year- Program Updates
 - Frequently Asked Questions

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 an ambulatory care pharmacist while gaining confidence in patient services. It is our expectation that the resident will be engaged with the entire health care team when the clinic is open and operating.

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

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

Assessment Strategy:

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

Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

Evaluations will be signed in Pharmacademic following this discussion.

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a JCPP- Pharmacist Patient Care Process				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Interact effectively with health care teams to collaboratively manage ambulatory care patient's medication therapy.	Applying	Communicates and interacts with all members of the healthcare team in a professional and responsible manner.	Primary preceptor will observe and provide feedback. Obtain feedback from primary care team.	TEorientation
R1.1.2: Interacts effectively with ambulatory care patients, family members and caregivers.	Applying	Interacts with patients in a professional manner using appropriate communication and cultural competence skills	Primary preceptor will observe and provide feedback. Obtain feedback from primary care team.	TEorientation
R1.1.3: Collect information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Collect key information from patient/caregiver and EMR based on chronic illnesses. Work within collaborative practice agreement guidelines. Review with primary preceptor as needed.	Preceptor will observe interactions and provide feedback initially- then will review charts notes within EMR	T

R1.1.4: Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing	Collaboratively determine problem list with patient/caregiver using key information collected. Review with provider/preceptor.	Preceptor will observe interactions and provide feedback initially- then will review charts notes within EMR	T
R1.1.5: Design or redesign a safe and effective individualized patient-centered therapeutic regimen and monitoring plan (care plan) for ambulatory care patients.	Creating	Using clinical judgement and with the input of the patient, create a comprehensive plan for all patients seen with primary care team or as part of collaborative disease state management.	Preceptor will observe interactions and provide feedback initially- then will review charts notes within EMR	T
R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	Applying	Write orders as appropriate for patient based on discussion with primary care team or based on CPA guidelines. Effectively communicate plan to patient. Follow-up with patient as needed to ensure appropriate implementation of plan	Preceptor will observe interactions and provide feedback initially- then will review charts notes within EMR.	T
R1.1.7: Document direct patient care activities appropriately in the medical record.	Applying	Document in EMR based on policy and procedures.	Preceptor will read and evaluate patient notes and provide feedback as needed.	T

Competency Area: R2 Advancing Practice and Improving Patient Care				
Goal R2.2: Demonstrate ability to conduct a research project				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Identify a scholarly question relate to clinic practice, education or health care that would be useful to study and can be completed within the PYG2 residency year.	Analyzing	Complete research training, Working with preceptors, identify research project, organize research team, start IRB proposal and meet with Dr. Guo to discuss.	Review of resident progress at end of orientation on research project.	TEorientation

Competency Area: R3 Leadership and Management				
Goal R3.1: Demonstrate Leadership Skills				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Demonstrate personal, interpersonal and team work skills critical for effective leadership	Analyzing	Attend conflict management training (see above) Demonstrate application of skills learned (time, conflict and negotiation) when working within provider teams. Use effective communication skills	Review of resident reflections, discussion with preceptors.	TEOrientation
R3.1.2: Apply process of ongoing self-evaluation and personal performance improvement	Applying	Participate in weekly critical reflection activities. Internalize feedback provided and demonstrate improvement.	Review of resident reflections, discussion with preceptors.	TE Orientation

Goal R3.2: Demonstrate management skills in the provision of care for ambulatory care patients				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.2.1: Manage one's own ambulatory care practice effectively	Applying	Use evidence based decision making, prepare appropriately for each days activities, works collaboratively within the organization	Direct observation of residency by preceptor team.	T
Goal R3.3: Manage the operation of an ambulatory care pharmacy service				
R3.3.1: Effectively manage ongoing operational functions of the service	Analysis	Manage time in clinic effectively and efficiently using team and technology to support role.	Obtain feedback from primary care team.	T

Additional Information: None

University of Cincinnati and Primary Health Solutions

Ambulatory Care PGY2 Residency

Academic and Teaching

General Description: The academic and teaching component of the residency is a longitudinal learning experience that takes place throughout the residency year. This experience is intended to build upon the foundational knowledge, training and practice resident received in PGY1 programs to further enhance overall teaching skills. These skills will continue to be developed to allow the resident to effectively teach all those whom they contact including patients, community members, health care professionals and health professional students.

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

Resident Responsibilities:

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

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

Type: Longitudinal Learning Experience, required

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

College:

Preceptors: Bethanne Brown PharmD, BCACP(coordinator);

Practice Site:

Craig Stiens PharmD (site coordinator)

Bryan Bowman RPh

Orientation Activities:

If resident has not completed teaching certificate program as part of PGY1 program: the resident will attend the teaching certificate program seminar, a 2 day seminar in July/August with continued meetings during the academic year at the College. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11 month rotation.

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

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

Expectations of the Resident:

College:

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. Reflect on each teaching experience using weekly logs
4. Attend seminar topic presentations as outlined in the teaching certificate program.
5. If applicable: Complete the teaching portfolio as required by the teaching certificate program

Minimum Specific Teaching Requirements:

1. Skills Lab (Dr. Hegener):
 - a. Fall: teach 1 full module
 - b. Spring: a. teach 1 module b. create one full module on contraception
2. OTC Course (Dr. Kim):
 - a. Spring: teach women's health (VVC and menstruation)- lecture/active learning
3. Health Care and Underserved (Dr's Brown and Metzger):
 - a. Create 1 on-line lecture and active learning activity for both undergrad and graduate students
 - b. Co-Coordinate course and help with grading assignments, answering questions etc.
4. Therapeutics V (Dr Messinger): Recitation activities
5. Attend teaching certificate program seminars focused on areas of improvement
6. Participate in evaluation of poster presentations (IPPE and/or Capstone)

Practice Site: Patient Education, APPE students, other Health Professionals

Resident is expected to:

1. Be on time and prepared for all teaching activities
2. Discuss time frame for drafts and final documents taking into account work schedules with appropriate mentor
3. Create culturally appropriate learning experiences
4. For each presentation (in general):
 - a. Create learning objectives- using appropriate level of Bloom's taxonomy for each.
 - b. Plan an appropriate assessment strategy based on level of learning
 - c. Build presentation based on the literacy and health literacy level of the audience
 - d. Include a "take home" document that emphasizes key learning points
 - e. Incorporate active learning (as appropriate)
 - f. Create marketing strategy for target audience
 - g. Include audience evaluation of programming using evaluation tool

Patient Education:

Diabetes Empowerment Education Program (DEEP):

1. Complete peer educator training for DEEP program
2. Participate in first DEEP session of the residency year by teaching 1 class
3. Organize with team one complete DEEP session
4. Collect and analyze patient outcome data

Health Centers (potentially school based):

1. Identify additional public health topics
2. Work with health center to offer programming and determine target audience
3. Create community presentation using guides above

APPE student preceptor

1. Precept a minimum of 6 students during residency year beginning in January
2. Take full responsibility for each student from organizing calendar, orientation activities, training, topic discussions and evaluations (both mid-point and final).
3. Co-preceptor one APPE year-long capstone student project

Health Professional Training

1. Present 2 grand rounds cases
2. Complete 2 in-services for front office staff
3. Complete 2 to 4 drug rep "debrief sessions" using current literature and evidence based guidelines.
4. Complete 1 ACPE accredited pharmacist/pharmacy technician continuing education training program to be delivered to TriCounty Pharmacists Assn and PHS/Community First Pharmacy staff. The CE program should:
 - a. Contain all the components of an effective adult learning experience

- b. Contain a minimum of one (preferably two) active learning activities
- c. Designed at the Applying or Analyzing level of Bloom’s Taxonomy
- d. See additional requirements above.

Outreach:

1. Connect with Director of Integrative Care to participate in PHS outreach activities (ie health fairs, screenings events, community based educational opportunities)
2. Work with PHS Director of Public relations to develop quarterly newsletter for organization on “hot topics in pharmacy/health care”. Complete 2 over the residency year.

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

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.

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

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.2: Design and/or deliver programs that contribute to public health efforts or population health.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R1.2.1: Design and/or deliver programs for patients that focus on health improvement, wellness and disease prevention (ie: immunizations, health screenings etc.)	Analyzing	See list of activities above	Preceptor/Mentor observation and audience evaluations.	TQ1 EQ2/4

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Demonstrate excellence in providing effective medication and practice-related education.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective educational activities related to ambulatory care.	Creating	See list of activities above	Preceptor feedback on drafts of presentations.	T: Q1 E:Q2/4
R4.1.2: Use effective presentation and teaching skills to deliver ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences.	Applying	See activities above	Participant evaluation of programming, assessment of learning objectives, and preceptor feedback	T: Q1 E:Q2/4
R4.1.3: Use effective written communication skills disseminate knowledge related to ambulatory care	Applying	Written material at the appropriate level based on the audience, referenced and evidenced based		T: Q1 E:Q2/4
R4.1.4: Assess effectiveness of education related to ambulatory care	Applying	Uses appropriate assessment methods based on audience. Uses results to document improvements to be made for future presentations.		TQ1 E: Q2/4

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: When engaged in teaching related to ambulatory care, select a preceptor role that meets learner's educational needs	Analyzing	Assess learners' needs and determine role required to enhance learning experience.	Direct observation by preceptor. Verbal and written feedback provided by learner.	TQ2 EQ2,3, 4
R4.2.2: Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching or facilitating skills related to ambulatory care.	Applying	Instruct learners as appropriate. Models skills needed as related to learner, coach effectively by providing feedback. Facilitate learning needs. Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback.	APPE student evaluations of preceptor	T: Q1, teaching certificate program E: Q2,3,4, Jan-June

Additional Information: none

University of Cincinnati and Primary Health Solutions

Ambulatory Care PGY2 Residency

Practice Management

General Description:

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

Role of the Pharmacist: The pharmacist for this learning experience manages the daily workflow, collaborates with other health care providers, develops strategies to enhance the strategic goals of the practice setting, practice self-evaluation and manage both team and individual responsibilities.

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: Craig Steins, PharmD (site coordinator)

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

- 1 Attend new employee orientation at Primary Health Solutions
- 2 Determine interprofesional committee assignments and review minutes from previous meetings
- 3 Attend PHS provider and staff meetings (monthly to quarterly)
- 4 Review health care quality improvement concepts or complete IHI basic certificate in health care quality improvement. Determination of the above will be based on previous experiences within PGY1 program
- 5 Review policies and procedures as well as established collaborative practice agreements for practice site.
- 6 Review Ohio State laws related to Collaborative Practice Agreements
- 7 Other training as identified.

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

1. Work with Director of Pharmacy services on projects related to practice management/population health.
2. Work as a member of an interprofessional team
3. Attend health and wellness events sponsored by practice site.
4. Stay current on disease states as well as population health initiatives within the region and nationally.
5. Enhance or start a new, sustainable and replicable clinical service within Bever Center.
6. Collaborate with peer organizations to promote PHS and gather ideas (ie OACHC)

Assessment Strategy:

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Advancing Practice and Improving Patient Care				
Goal R2.1: Manage the development or revision, and implementation , of proposal related to the ambulatory care setting				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Prepare or revise a protocol (work flow, scope of practice, CPA) related to ambulatory care	Creating	Work with PHS Quality Team and use literature to determine either protocol to revise or new service to implement. Using Health Care Quality Improvement concepts- complete Key Driver, Process Flow and PSDA cycles to implement or improve existing service. Use appropriate communication tools and engage stakeholders at all levels	Completion of QI worksheets and 2 PSDA cycles. Feedback from preceptors. Presentation to providers/key stakeholders.	TQ2/EQ4
R2.1.2: Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service.	Applying			TQ2/EQ4
Competency Area: R3 Leadership and Management				
Goal R3.1: Demonstrate leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R3.1.1: Demonstrate personal, interpersonal, and team work skills critical for effective leadership	Applying	Demonstrate time, conflict and negotiation skills when working within provider teams. Use effective communication skills	Review of residents reflections and discussion.	TQ1/EQ1

R3.1.2: Apply a process of on-going self-evaluation and personal performance improvement	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/EQ1
Goal R3.3: Manage the operation of an ambulatory care pharmacy service				
R3.3.1: Effectively manage ongoing operational functions of the service	Analysis	Manages operations of a pharmacy service at one of the PHS practice locations from marketing, referrals, system problems, process improvement and training	Monthly reports, preceptor review, discussions	TQ3/EQ4
R3.3.2: Assure that the service operates in accord with legal and regulatory requirements	Creating	Working with PHS HR – ensure service(s), either existing or new, meet clinic, state and national standards	Discussions with preceptor, policies and procedures.	TQ2/EQ3

Additional Information: none at this time