

COMMUNITY BASED PHARMACY PRACTICE RESIDENCY PROGRAM
IN UNDESERVED POPULATIONS



James. L. Winkle College of Pharmacy

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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 Health Department, Five Rivers Health Centers and Medication Managers, LLC to create unique and challenging experiences in underserved/community-based care. We are very excited that you have chosen to spend your next year with us, learning and caring for those in our community. You were chosen for our residency program based on your educational background, experience, and passion for caring for those in need.

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

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STATEMENT OF PURPOSE

The University of Cincinnati Community Based Pharmacy Residency Program prepares residents to fill positions as clinical providers of advanced patient care services in community based pharmacy settings with a focus on underserved communities. The program will equip the resident to:

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



University of Cincinnati PGY1 Community-Based Pharmacy Residency in Underserved Populations Program Policies 2018-2019

Requirements for Completion of Residency:

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

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

1. Successful completion of all required and elective (if applicable) learning experiences
2. A designation of "Achieved" on a minimum of 85% of the required goals identified in the program plan. A designation of "Satisfactory Progress" on all remaining goals identified in the customized plan (but no more than 15% of required goals).
3. Satisfactory completion of all 3 residency projects: Business Plan, Quality Improvement Project and Research Project. Completion includes presentations at local, regional and/or national meetings and approval of a final version of the business plan, quality improvement final report and research manuscript. All must be approved by the preceptor teams and residency program director (RPD)
4. Satisfactory completion of all assignments as approved by the residency program director, Residency Advisory Committee and preceptors.

Licensure:

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

schedule the exam(s) on a Saturday in July. Vacation time is not permitted to be used for exam taking purposes and any time away from the practice site must be made up during Orientation.

Development Plans and Required/Elective Experiences:

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

Components of Development Plan

1. Baseline Questionnaire – residents will be asked to complete a questionnaire prior to beginning the residency training year to self-evaluate strengths, areas for improvement, training interests and career plans. This is due prior to the start of the residency year and will be sent to each resident via email by the RPD. Completed surveys will be distributed to program preceptors.
2. Residents will also be asked to review current ASHP/APhA Competency Statements/Goals/Objectives of the residency program and complete a self-evaluation in Pharmacademic (Entering Objective-Based Self-Evaluation). Each resident will determine if the following level of support needed based on their current level of experience:
 - a. Teaching/Role Modeling
 - b. Coaching
 - c. Experience with Coaching
 - d. Function independently with facilitation
 - e. Achieved
3. Residents will be asked to complete the UC PGY1 entering interest form which will be emailed to each resident prior to the residency start date (May to early June). Residents will be given 2 weeks to complete and return to the RPD, who will forward to each of the preceptors/practice sites. The RPD and preceptors will then use this information to customized orientation experiences.
4. Initial customized plan for orientation – The RPD and primary preceptor will prepare the initial customized training for orientation based on the 2 self-evaluations (entering interest form and entering objective-based self-evaluation) completed by the resident.

Throughout orientation, the primary preceptor will also evaluate the resident based on the same criteria in the self-evaluation and adjust the plan as needed.

5. Initial development plan will be created with RPD during orientation month (late July). This plan will include: strengths, areas for improvement, interests and career goals. To help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc..
6. Each quarter, the resident will meet with the RPD to review progress, discuss previous plan and resident's progress towards goals, new areas of strength and needed improvements. The same process will occur as with the initial development plan described in #4 above. Three additional development plan meetings will be scheduled in the months of October, January, and April.
7. The Residency Advisory Committee will meet quarterly to discuss each resident's overall progress and recent development plan.

Competency Areas

This residency is built on 4 competency areas and their associated goals and objectives. The residents will spend, on average, the following percentage of their residency year effort in each of the 4 areas:

Patient Care: 65%

Leadership and Management: 10%

Advancing Community-based Practice: 20%

Teaching Education and Dissemination of Knowledge: 5%

In order to achieve competency in these 4 areas, the residency is divided into learning experiences.

1. Required Learning Experiences: All residents will complete unique learning experiences as part of the residency year. Details for each experience can be found in the learning experience documents found in the residency handbook. The majority of experiences are longitudinal with the exception of Orientation, which lasts 4 to 8 weeks.

The resident must successfully complete each of the following experiences:

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

2. Elective options/Shadowing experiences: Based on the resident’s interests and areas for improvement, elective/shadow experiences are available. These experiences ideally will take place in April/May/June of the residency year. All elective/shadow experiences will be discussed/decided upon collaboratively between the site preceptors, resident and RPD. It is the responsibility of the RPD to then organize/manage these experiences in conjunction with the preceptor.

Assessment of Performance:

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

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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

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

Examples of formative feedback include:

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

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

Examples of summative feedback include:

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

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

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

Residency Grievance

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

Resident Evaluation Concerns:

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

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

Remediation/Disciplinary/Performance Policy:

The resident is expected to fulfill all the learning objectives of required experiences and to satisfactorily complete all other requirements outlined in the residency handbook.

Professionalism, submission of high quality work and timeliness are expected. The residency takes precedence over all other professional activities (for example: moonlighting). The goal is for the resident to successfully meet the expectations and to grow professionally. Preceptor and self-evaluations will be conducted and documented for every rotation. In addition, quarterly assessment of the resident's achievement of his/her goals will be done by the resident and the Residency Program Director with input from all preceptors (development plan).

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

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

This plan will contain the following

- a. Written, detailed description of the identified concern
 - b. Collaboratively determine solution
 - c. Measurable metrics for measuring/tracking progress which includes:
 - i. Concern
 - ii. Matrix
 - iii. Action to be taken/measured
 - iv. Responsible party
 - v. Documentation
 - d. Due date for resolution of concern
 - e. 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
 - f. Follow-up meetings will be scheduled as needed to ensure resident is meeting the goals set within the action plan
4. Any failure to meet any part of the action plan or will result in the issuance of a formal, written reprimand. This reprimand will be issued by the residency program director in collaboration with UC HR and presented to the resident in a face to face meeting. The reprimand contains the following:
- a. Specific procedures violated
 - b. Describe situation/issue
 - c. Future performance expectations
 - d. All involved parties will sign the document
 - e. The document will be placed in the resident's human resources file and is considered public record- viewable by any who request a copy.
 - f. Action plan will be updated based on new evidence of concerning behavior.
5. If a resident receives MORE THAN ONE formal reprimand, a performance improvement plan will be issued. This document contains 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

- d. Follow-up frequency
- e. Signatures of all involved parties
- f. Documentation of follow-up discussions

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

6. In cases of serious misconduct, regardless of the whether it is the resident's first offense, the College of Pharmacy reserves the right to initiate discipline at any of the aforementioned levels, up to and including termination.

Dismissal Policy:

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

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

Time Away from Work:

The residency is a full time obligation. The hours of training and service are established in order to teach each learning experience and fulfill the residents' customized plans. Residents are employed by and their stipend is paid by University of Cincinnati. Hence the residents are obligated to meet the University of Cincinnati employment policies. These full policies are made available to the resident at the time he/she completes new hire orientation. They can also be found on-line at:

http://www.uc.edu/content/dam/uc/hr/labor_and_employee_relations/policies/16_13_postdoctoral_appointments.pdf. The program reserves the right to review the reason for time away from work to determine whether the resident should be permitted to continue in the current

position, suspend or terminate the residency position based on the individual circumstances presented.

Resident Vacation:

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

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

1. You must accrue vacation time before you are eligible to take the time off.
2. Your vacation must be completed by June 30th of the residency year.
3. Vacation may be taken as a full week or as days that can be used throughout the residency year.
4. You must clear your time off request with the practice site and other affected preceptor's first via email.
5. You must copy the Residency Program Director on any vacation e-mail requests.
6. Your request must be submitted via UCFLEX Employee Self-Service (see below).

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

Resident Holidays:

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

UC* is closed the following holidays for 2018-2019: July 4th, September 3rd, November 12th, November 22rd and 23th, December 24nd and 25th, January 1st, January 21st and May 27th

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

- October 11th and 12th: Reading Day/Fall Break
- December: 24th to 28th: Winter Break, UC Closed
- March 18th to 24th: Spring Break

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

Sick Leave*:

Residents accrue sick time at a rate of 6.67 hours/month for each month worked (10 days/year). Upon the end of the residency and will not be paid for any unused days. For sick time greater than 5 days taken consecutively, a doctor's note will be required. Documentation of sick leave within the ESS system (see below) must be submitted no later than 1 week upon your return.

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

Professional Leave:

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

Unpaid Leave:

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

Incident Weather:

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

Professional Travel:

Residents are expected to attend and participate in professional meetings as part of the requirements of the residency program. Residents will be reimbursed for travel expenses for up to six meetings/recruitment events each year (up to a max of \$2000 total for the year). Additional travel/training may be reimbursed on an individual basis after approval from RPD/Preceptors.

The required meetings/recruitment events are:

- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase
- Ohio Pharmacists Association Advocacy Event (1 only- fall or spring)
- Ohio Pharmacy Residency Conference Showcase (OPRC)

Reimbursable expenses generally include the following:

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

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

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

5. Concur website is: <http://www.uc.edu/af/travel/concur-travel.html>

See UC Travel Policy found at:

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

Key Tentative Dates:

- ASCP Annual Meeting 2018: November 1-4; Baltimore, MD (MM/LL residents only)
- APhA Annual Meeting 2019: March 22 to 25; Seattle, WA (CHD and SVdP residents only)
- OPA: April 12-14, 2019; Columbus, OH
- Ohio Pharmacy Residency Conference: 5/17/19 (tentative), Ada, Ohio
- OSHP residency showcase 10/27/18, Columbus, Ohio
- OPA advocacy events (November, February- resident to confirm)

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

Documentation of Vacation/Sick/Travel Leave:

Once approved, all time off from work (TOFW) must be documented and submitted to the College business office. Time off requests must be submitted via the UCFLEX Employee Self-Service (ESS). 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.

Detailed instructions for submitting TOFW requests can be found in the Help menu for UCFLEX: <https://www.uc.edu/af/bcs/uc-flex.html>.

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

Other Benefits:

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

http://www.uc.edu/content/dam/uc/hr/benefits/benefit_summaries/summaries_2018/post_do_c_18.pdf

Resident Calendar:

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

Resident Health

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

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

Duty Hours Requirement:

The residency is a full-time obligation; hence the resident shall manage activities external to the residency so as to not interfere with the goals, objectives and obligations of the program. Duty hours include the following: time spent at the practice site, time spent at the College, external moonlighting and patient care provided on a volunteer basis.

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

1. The resident requests permission from the Residency Program Director before work commitments are made and justifies the reasons, type and amount.
2. The outside work schedule and number of hours do not compromise any component of the residency.
3. Work outside of the residency may be continued as long as the resident’s performance is satisfactory as determined by the Residency Program Director.
4. The resident will communicate with the RPD their intention to seek or continue outside employment at the first meeting of the residency year. The resident will be limited to not more than 16 hours per month of moonlighting.
5. All duty hours must be documented on the weekly activity log and total hours must not exceed the ASHP residency standard (see below).
6. Per ASHP standards the maximum time allowed for duty hours (includes moonlighting) is 80 hours per week, averaged over a four-week period, inclusive of moonlighting. For specific details regarding maximum hours of work per week and duty free times see:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>.

Resident Portfolio:

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

General Elements of the Residency Program:

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

Specific Elements of Your Program:

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

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

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

Appendix A; Requirements for Completion of Residency

1. Residents must successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACH). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI).
2. All requirements must be verified and acceptable to each site coordinator in conjunction with the Residency Program Director.
3. At each customized planning meeting, the resident will complete a Requirements to Complete Residency Checklist outlining the progress to date and timeline for completion for each of the following components.
4. The resident must complete the following activities as part of the program:
 - Engaged in direct patient care related activities an average of 65% of the residency
 - Engaged in patient centered dispensing activities a minimum of 8 hours/week
 - Completion of the following:
 - Completion of the teaching certificate program and all requirements as documented by the teaching portfolio
 - Completion of IHI basic certificate in health care quality improvement as documented by the certificate of completion from IHI by start of residency year.
 - Completion of residency project(s) and project manuscript: the research related to the project must be completed by May of the residency year. The associated manuscript must be written in an appropriate journal style, reviewed by the research team with edits completed by the end of the residency or at an alternate date determined by the RAC.
 - Development, implementation and evaluation of a business plan with approval from the involved preceptors
 - Implementation and evaluation of a quality improvement project related to either patient centered dispensing or direct patient care with final report approved by involved preceptors.
 - Participation in patient transitions of care services
 - Resident electronic weekly activity logs- completed in accordance with guidelines provided and in a timely manner over the course of the year.
 - Resident electronic portfolio- resident to maintain Box with all draft and final documents completed during the residency year.
 - Evaluations: resident must complete all required evaluations +/- 7 days of the due date with the final evaluations completed prior to end of June of the residency year.
 - Attendance at scheduled RPD/preceptor resident meetings as well as other meeting requirements set forth in the resident calendar.
 - Precept under the guidance of residency preceptors, APPE and potentially IPPE students

- Attendance at all required residency presentations, recruiting events and others determined by site preceptor or RPD.
- Attendance at the advocacy event or equivalent as approved by site preceptors and RPD hosted by Ohio Pharmacist Association in the fall and spring of each year and others as identified.
- Completion of community service requirement as explained in orientation
- Membership and active participation in local, state or national pharmacy organization
- Completion of all teaching/education requirements including: pharmacy/health professions students, patients/caregivers (individual and group setting), health care providers, pharmacists/technicians, members of the community.
- Attendance at monthly residency meetings
- Check out procedures: As dictated by the College of Pharmacy. Resident to contact business office beginning of June of the residency year for up to date check out procedures
- Teaching, Education and Dissemination of Knowledge to the following groups:
 - Pharmacy and Health Professions students
 - Patients/Caregivers in both individual and group settings
 - Health Care Providers
 - Pharmacists/Technicians
 - Members of the Community

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

Date Completed: _____ / BY: _____

Requirement		Progress to Date Percentage Goals/Objectives Achieved (ACH)	Timeline for Completion/Completion Date
Tracking goals and objectives	Outcome R1: Patient Care (100% achievement required for graduation)		
	Outcome R2: Leadership and Management		
	Outcome R3: Advancement of Community-based Practice and Improving Patient Care		
	Outcome R4: Teaching, Education and Dissemination of Knowledge.		
Requirement		Progress to Date Include brief description here	Timeline for Completion/Completion Date
Completion of IHI basic certificate in health care quality improvement			
Completion of residency project (s) and project manuscript			
Development, implementation and evaluation of a business plan			
Implementation and evaluation of a quality improvement project			
Participation in patient transitions of care services			
Timely completion of weekly electronic activity log			
Maintenance of electronic residency portfolio on Box			
Completion of Pharmacademic Evaluations +/- 7 days of due date and final evaluation completed by 6/30 of the residency year			
Attendance at RPD/preceptor meetings			
Attendance at all required residency presentation and recruiting events (ie: OSHP residency recruiting, ASHP Mid-Year, ORPC)			

<p>Precept APPE and potentially IPPE Students</p> <p>Completion and approval of teaching certificate program teaching portfolio</p> <p>Membership and active participation in local, state or national pharmacy organization</p> <p>Attendance and participation at Ohio Pharmacists Association advocacy days</p> <p>Completion of Community Service Requirement</p> <p>Attendance at Monthly Residency Meetings</p> <p>Check out procedure as dictated by the College of Pharmacy</p>			
<p>Completion of all Teaching/Education Requirements</p>	<p>Pharmacy/Health Professions Students</p>		
	<p>Patients/Caregivers (individual and group setting)</p>		
	<p>Health Care Providers</p>		
	<p>Pharmacists/Technicians</p> <p>Members of the Community</p>		

The University of Cincinnati PGY1 Community-Based Pharmacy Residency in Underserved Communities

Assessment Strategy

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

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

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

Examples of formative feedback include:

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

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

Examples of summative feedback include:

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

Summative Feedback:

Quarterly, all preceptors will be required to complete summative evaluations based on the learning experiences they are involved with for the residency program. Since multiple preceptors are engaged within a residency program, it is the responsibility of the primary preceptor to gather feedback from each of the pharmacists in order to submit one formal summative evaluation in Pharmacademic. For those residency sites with multiple preceptors who may not be physically located in the same place, a Survey Monkey survey will be sent out 2 weeks prior to the evaluation due date. Completion will be required within 1 week. A report will then be provided to the primary preceptor. All preceptors will follow the guidelines below when completing Summative Evaluations.

How to evaluate resident's performance during learning experience summative evaluations To help primary preceptor provide feedback for learning experience summative evaluations, please refer to the following criteria for Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH)

Summative Evaluations (quarterly evaluations on specific Learning Experiences) should be completed using the guidelines below. Each objective has a defined list of criteria that must be met. Please refer to Required Competency Areas, Goals and Objectives for PGY1 Community – Based Pharmacy Residencies on Pharmacademic (click on Criteria Button within a summative evaluation)

All summative evaluations MUST be completed +/- 7 days for the due date

Satisfactory Progress (SP): Please provide VERBAL comments to the resident. WRITTEN comments in this section are optional. Please address the following:

1. How the resident is working to meet the criteria specific for each objective
 - a. Resident can perform most activities with guidance but can complete the requirements without significant input from the preceptor/RPD
 - b. Evidence of improvement since last evaluation even if it is not complete mastery of the task
2. Supports resident's self-efficacy by providing positive statements on what the resident has done well.
3. Helps the resident to gain skills by identifying areas for improvement

- a. Provide specific recommendations on what or how the resident can improve to reach ACH status
- b. Provide alternative strategies for improvement if resident needs additional guidance

Needs Improvement (NI): Please provide WRITTEN comments for any objective evaluated as Needs Improvement using the following criteria:

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

Achieved (ACH): Please provide WRITTEN comments for any objective evaluated as Achieved using the following:

Resident consistently meets the following criteria:

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

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

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

Submit Home Page 1 - PGY2 Transplant F Next

PGY2 Transplant Required (2007)

Goal R1.1. Establish oneself as an expert for transplant pharmacy-related information and resources.

ACHR: Yes

Objective R1.1.1 (Synthesis). Develop a strategy for earning credibility within the organization to be an authoritative resource on the pharmaceutical care of transplant patients.

Comments:

ACHR: Yes Criteria Activities

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

Goal R1.2. Lead the modification or development and implementation of medication-related guidelines or protocols for transplant patient care.

ACHR: No

* Objective R1.2.1 (Analysis). Identify the need for a new or modified medication-related guideline/protocol for transplant patient care.

Comments:

ACHR: No Criteria Activities

- Needs Improvement (NI)
- Satisfactory Progress (SP)
- Achieved (ACH)
- Not Applicable (NA)

In the example above, the preceptor is required to evaluate the resident on Objective R1.2.1 but it is optional to provide an evaluation or feedback on Objective R1.1.1 (since ACHR status is indicated in green).

Once all the objectives have been achieved (ACH) for a specific goal, the ACHR button for the GOAL will automatically turn green.

Site Coordinators: Determining Achieved for the Residency (ACHR) for Objectives:

Beginning in Quarter 2, site coordinators will be responsible for indicating if a resident has achieved a specific objective for the entire residency program. An evaluation will be set up for each resident within Pharmacademic titled: Quarterly Assessment of ACHR.

Site coordinators will follow the process below:

1. Run the Goals and Objectives with Evaluations report (found in Pharmacademic under the Reports tab)
 - a. This report will show each objective, learning experience and resident and preceptor evaluation of that objective.
2. Review the Evaluator and Score (NI, SP, ACH) for each objective
3. Note those objectives that have ACH status indicated by both primary preceptor and resident.
 - a. Review the comments provided for each objective

- b. Determine based on your own experience if the resident has achieved this goal for the entire residency program (See criteria above under ACH for learning experiences)
4. Start the summative evaluation and click on the ACHR button for each objective that meets the criteria above for ACHR. You will see the following:

Objective R4.1.4 (Applying). Appropriately assess effectiveness of education

ACHR? Yes No

Comment

Select Option to View Details on this Goal or Objective:

Criteria Evaluations Feedback ACHR History

Summative Evaluations

Submit Date	Objective	Score	Comments	Evaluator	Learning Experience
3/25/2016	R4.1.4	Satisfactory Progress		Land, Dorothy	Research
10/14/2015	R4.1.4	Satisfactory Progress		Lincoln, Thomas	Research

Cancel

Change the ACHR? radio button from NO to YES . Additional comments to document ACHR status above those listed by the primary preceptor are optional and at the discretion of the site coordinator.

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

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

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

Resident:

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

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

Learning Experience Self-Evaluations:

Summative Evaluations (quarterly evaluations on specific Learning Experiences) should be completed using the guidelines below. Each objective has a defined list of criteria that must be met. Please refer to Required Competency Areas, Goals and Objectives for PGY1 Community – Based Pharmacy Residencies or Pharmacademic (click on Criteria Button within a summative evaluation). Once all objectives are achieved for the residency (ACHR), the goal is automatically achieved.

Satisfactory Progress (SP): WRITTEN comments which address the following are optional and strongly encouraged to be included by the resident for each area you feel you are progressing using the following criteria:

1. Provide evidence of how you are working to meet the criteria specific for each objective
 - a. Perform most activities with guidance but can complete the requirements without significant input from the preceptor/RPD
 - b. List evidence of improvement since last evaluation even if it is not complete mastery of the task
2. List activities you feel you have done well.
3. Identify areas for improvement

Needs Improvement (NI): Provide WRITTEN comments for any objective you feel needs improvement using the following criteria:

1. Content area difficult to grasp
2. Effort required is above and beyond what capable
3. Lacking self-motivation
4. Missing due dates
5. Work submitted is considered unacceptable
6. Receive formative feedback indicating strong area for improvement.

Achieved (ACH): Provide WRITTEN comments for any objective you feel you have met using the following criteria:

1. Consistently perform at the level expected of an entry level health care provider without guidance.
2. Demonstrates competence in the area being assessed
3. Level of skill on the objectives meets the preceptor's standards
4. Practicing independently

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

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

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

If a resident is uncomfortable providing feedback, the resident should contact the RPD for assistance, support, and guidance. Resident evaluation of Preceptor: Formal, written Preceptor Evaluations are completed twice during longitudinal learning experiences. These should be shared with the preceptor and then will be reviewed by the Residency Program Director.

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

Competency Area R2: Leadership and Management

Goal: Demonstrate Personal and Professional Leadership

Objective: Demonstrate commitment to the community through service.

Criteria:

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

Residency Program Guidance to meet Objective:

- 1 Must complete 3 hours per month starting in August of the residency year for a total of 33 hours.
- 2 Resident is responsible for finding a non-profit organization in which to complete service and emailing this list for approval to both preceptors and RPD (by the end of July).
 - a. Include in the email the following:
 - i. Organization name and volunteer coordinator contact information
 - ii. Population served
 - iii. Brief description of the volunteer activities you would like to be engaged in to meet your personal goals.
- 3 Service must be completed with a population similar to the one you serve at the practice site and involving humans (for example: walking dogs at the SPCA would not count).
- 4 Consistency and relationship building are important part of service to the community, so the hours need to be completed at no more than two (preferably one) non-profit agency during the residency year.
- 5 The hours need to be in direct contact with the individuals served by the non-profit. For example- packing boxes or organizing a warehouse would not be acceptable.
- 6 Any required training or orientation would count towards hours served for that month.
- 7 Service may be completed at your practice site, as long as the activities you are engaged meet your personal goals for this experience.

- 8 To allow for some flexibility in scheduling, community service requirement may be doubled up for ONE month only during the residency year.
For example: December is a tough month due to travel etc, you may complete 6 hours in either Jan/Nov and have December "off".
- 9 Tracking/Documentation of the community service will be completed thru the weekly activity log: Monthly Community Service Report.

Resident Activity Report

Resident Name:

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

Day	Date	Site	Direct Patient Care	Patient Centered Dispensing/Management	Teaching, Education and Dissemination of Knowledge	Advancing Community Based Practice	Other
Su	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="1"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
M	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="2"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
T	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="3"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
W	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="4"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Th	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="5"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
F	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="6"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Sa	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="7"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Totals			<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="28"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="0"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="0"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="0"/>	<input style="width: 30px; text-align: center; font-weight: bold;" type="text" value="0"/>

Monthly 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?		Successes
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		

Comments/Areas for Improvement/Other

Site	

Weekly Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed



University of Cincinnati Community Based Pharmacy
Residency Program

St Vincent de Paul Charitable Pharmacy

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

ORIENTATION- ST VINCENT DE PAUL CHARITABLE PHARMACY

General Description:

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

Week 1 COP Orientation Part 1: The residents will be scheduled for the 3 days of orientation activities at the College including:

1. Required University of Cincinnati new employee orientation
2. Expectations of the residency program including:
 - a. Policies and Procedures
 - b. Competency statements, goals, objectives
 - c. Pharmacademic
 - d. Weekly activity logs/community service requirement/monthly meetings
 - e. Travel Authorizations, reimbursement procedures
3. Pharmacy Leadership: giving and receiving feedback, conflict management, training opportunities
4. Business Plan and IT training
5. Skills Review including: reflection, pharmacist patient care process (PPCP) and Motivational Interviewing
6. Research Seminar: Part I (nuts and bolts of community-based research)

Week 2 to 4: The resident will be scheduled to orient at the practice site for the next 3 weeks. This will include the following:

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

Week 4: COP Orientation Part 2: Monday 7/23/18 from 7:30am to noon with the coverage of the following topics:

1. Cultural Competence
2. Self-Assessment of Strengths (Strengths Finder)
3. Teaching Overview
4. Research Seminar Part 2

Week 5 to 8: Resident will be continuing training. Time needed varies by resident but 5-8 weeks is an average

1. Teaching certificate program seminars:
2. Participate in pharmacy board meeting-
 - a. Prior to participation, review board member's backgrounds

Type: Concentrated

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

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

Lydia Bailey PharmD: primary preceptor

Training Pharmacists: Mike Espel, Lydia Bailey, Rusty Curington, Katie Owens,
Neil Rush, Janet Willig

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/2:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to Box
2. IHI Open School Basic Certificate. Upload certificates to Box
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation week.

Activities completed as part of Residency Orientation during week 1 (7/2 to 7/6):

1. Participate in discussion around the expectations of the residency program.
 - a. Documentation of review and resident understanding signature page to be completed
2. Participate in skill set review around reflection
 - a. Upload "homework" to Box.
3. Learn how to give and receive constructive feedback and handle conflict management
 - a. Upload assignment to Box
4. Actively participate in research, motivational interviewing, business plan, IT and travel reimbursement training
 - a. Submit draft of research proposal changes to teams by end of July.
5. Participate in orientation at SVdP

Activities to be completed outside of the training day by end of Orientation (7/31 unless otherwise noted):

1. Collaborative Practice Agreements:
 - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
 - b. Ohio State Board of Pharmacy Guidance Document as of 8/8/2016 found at: <https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on Pneumococcal and Influenza.
 - b. Upload the following to Box(Orientation Folder, Licensure Documentation):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Site
 - a. Review SVdP Policy and Procedure Manual posted to BOX
Resident must document completion of the above review and upload signed document to Box no later than 7/13.
4. Review most recent guidelines the following disease states (all found on Box):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2018 and Nutrition Recommendations for Patients with Diabetes
 - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
 - c. Psychiatric Disorders including: Depression, BiPolar and Schizophrenia
 - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
 - e. Chest 2016
5. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
6. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Click to use your central log-in (top bar)
 - a. Complete: Blood Borne Pathogens (faculty, staff, medicine..) AND HIPAA Privacy Introduction
 - b. Once completed, upload certificates to Box. **Must be completed by 7/13/18.**

7. 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>
8. Complete OutcomesMTM training
 - a. See information sheet found on Box and Lydia Bailey with questions
9. Attend meetings as appropriate- including but not limited to procurement, certain pharmacy board meetings. Discuss experiences with preceptor.
10. Communication Skill Review (see Communication Skills folder):
 - a. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.
 - b. Adherence: reading posted on Box
 - c. Working with interpreters: view slide set and video posted to Box. Complete quiz and upload to Box

Activities to be completed during the training day by 10/18:

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

Upload certificate to BOX-once completed both on-line and live skills review. Dates are 9/24 and 10/1 from 1 to 4:30pm.

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

Expectations of the Resident:

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

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

Please note: Prior to independent practice, all competency skills will be checked off by preceptors...See Lydia Bailey.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they 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: Evidence checklist provided by site	Assessment Method:	Timing: Orientation
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Patient centered dispensing CMR orientation	Formative verbal feedback provided by each training pharmacist and preceptor. Written reflections	T
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Patient Centered dispensing and CMR orientation	Feedback from preceptor/training pharmacist. Uploading documents to Box as described above Discussions at weekly meetings with RPD	T
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing			T
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating			T
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Patient centered dispensing and CMR appointment orientation	Formative feedback from Preceptor/training pharmacist	TE Orientation
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying			
R1.1.10: Document patient care activities appropriately and efficiently.	Applying			

Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Orientation for patient centered dispensing	Formative feedback provided by each preceptor/training pharmacist	TE Orientation
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying			
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying			
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing			

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

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

Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.

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

Additional Information:

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

ACADEMIC LEARNING EXPERIENCE

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

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

Type: Longitudinal Learning Experience

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);
Mike Hegener PharmD BCACP (primary preceptor),
Karissa Kim PharmD BCACP, BCPS and Andrea Wall, RPh

Orientation Activities: The residents will attend the orientation during the first week of the residency at the college of pharmacy; activities covered will apply to the teaching orientation. Additionally, the resident will attend the teaching certificate program seminar, a 2 day seminar in August (2018 dates are 8/8 and 8/14). The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11 month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met: Approval by the course coordinator; approval by the Academic Learning Experience Coordinator; and 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 on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program
5. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and practice site coordinator for either pharmacists or technicians.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Monthly residency meeting participation: 30 minutes of this meeting on select months will be focused on resident lead teaching topic discussions. Details found in monthly resident meeting description.
5. Participate in evaluation of poster presentations (IPPE or Capstone)

Minimum Continuing Education Requirements:

The CE program should:

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

Evaluation Strategy:

Evaluation	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback include: frequent, accurate, specific and timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

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

Achieved (ACH) after all rounds of teaching materials have been created and deployed;
Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

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

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<p>COP</p> <ol style="list-style-type: none"> 1. Update or edit small group/team type learning activity. 2. Design/update a lecture for the appropriate assigned course 3. Write appropriate exam questions that correlate to the assigned teaching activity. 4. Create Continuing Education (CE) programming for Pharmacists/technicians 	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process . Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2/4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the	Applying	1. Deliver 1 lecture to a large group.	The course coordinator/primary preceptor/assigned	T: Q1 TE:Q2/4

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

Additional Information: none

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

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

Type: Longitudinal

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Mike Espel RPh (site coordinator)
Lydia Bailey PharmD (primary preceptor)

Orientation Activities:

Residents will complete the following activities:

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

Expectations of the Resident:

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

Clinical services including:

Comprehensive Medication Review skills:

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

Disease state management skills:

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

Immunization skills:

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

Demonstrate leadership ability in precepting clinical services including:

APPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

IPPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the 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/EQ2
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Foster open and respectful communication with patients during all interactions	Strong patient-connection assessed via 3 CMR recordings and preceptor observation, continued feedback provided throughout residency	TQ1/EQ2
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Appropriately gather necessary data during patient interactions	<ul style="list-style-type: none"> • Accurate and efficient data collection assessed via 3 recordings, 30 completed presentations without need of gathering further information, approval by each preceptor , continued feedback provided throughout residency • Correct evaluation of immunization needs using protocol form 	TQ1/EQ2

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

			<ul style="list-style-type: none"> • 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 OutcomesMTM follow-up	Accurate application of OutcomesMTM and EPIC processes reviewed by preceptors, following and reporting on specifically assigned patients, continued feedback provided throughout residency	TQ1/EQ2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Effective communication utilizing Motivational Interviewing techniques	Communicating effectively with patient using appropriate communication skills assessed via 3 recordings and 10 in-room counseling sessions, approval by each preceptor, continued feedback provided throughout residency	TQ1/EQ2
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Effective communication showing balance of respect and confidence when interacting with other health care team members	Clear efforts taken to communicate patient goals and educate clinical reasoning with health care team, assessed by preceptor review with continued feedback provided throughout residency	TQ1/EQ2

R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Document all clinical plans in OutcomesMTM and EPIC with high quality and efficiency	<ul style="list-style-type: none"> • Completion of 10 plans without additional edits completed within 20 minutes, continued feedback provided throughout residency • Accurate documentation of all immunization activities • Appropriate usage of EPIC system with all documentation completed in a timely manner assessed via preceptor 	TQ1/EQ2
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Accurately identify patients in need of transitions of care at SVDP	Complete 5 patient cases with correctly identified need for transitions of care	TQ1/EQ3
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Effectively follow-up on transitions of care plans	Complete 5 patient follow-ups regarding transitions of care plans	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:
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	TQ3/EQ4

			appropriate, 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 in Underserved Populations

LEADERSHIP AND MANAGEMENT- ST VINCENT DE PAUL

General Description:

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

Type: Longitudinal

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Mike Espel RPh (site coordinator/primary preceptor)
Lydia Bailey PharmD

Orientation Activities:

Residents will complete the following:

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

Expectations of the Resident:

The resident will:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the 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	Accurate information relayed for assigned board meetings. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	<ul style="list-style-type: none"> Identify importance of donor relationships Remain up to date on legal changes to pharmacy practice 	Display appropriate understanding of non-profit relationships through SVDP functions, create plans for adjusting policies based off changes to community pharmacy practice if needed	TQ2/EQ4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	<ul style="list-style-type: none"> Prioritize and delegate all management tasks appropriately Complete tasks in reasonable timeframe Demonstrate personal commitment to vision of organization 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	TQ1/EQ4
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	<ul style="list-style-type: none"> Complete all reflections and preceptor meetings 	Well-prepared for preceptor meetings, clear efforts shown in	TQ1/EQ4

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

Additional Information:

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

General Description:

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

Type: Longitudinal

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Mike Espel RPh (site coordinator)

Lydia Bailey PharmD (primary preceptor),

Orientation Activities:

Residents will complete the following:

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

Expectations of the Resident:

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

Displaying independent competency in the following roles:

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

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the 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	Complete 1-2 months of shadowing and participation in DUR with staffing pharmacists until independent as determined by preceptors	Independently completing DUR with preceptor approval, feedback provided throughout residency	TQ1/EQ1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Complete 1-2 months of shadowing and participation in dispensing with staffing pharmacists until independent as determined by preceptors	Independently completing dispensing with preceptor approval, feedback provided throughout residency	TQ1/EQ1
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Complete 1-2 months of shadowing and participation in providing additional information during dispensing with staffing pharmacists until independent as determined by preceptors	Independently refer patients to additional services (MD, specialist, social services, local help, etc.) with preceptor approval, feedback provided throughout residency	TQ1/EQ1
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Complete 1-2 months of shadowing and participation in counseling with staffing pharmacists until independent as determined by preceptors	Independently complete counseling with preceptor approval, feedback provided throughout residency	TQ1/EQ1

Competency Area: R2 Leadership and Management

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Complete 1-2 months of shadowing and participation in managing staffing team until independent as determined by preceptors	Independently manage staffing team with preceptor approval via direct observation, feedback provided throughout residency	TQ2/EQ2

Additional Information:

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

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

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

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

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

Type: Longitudinal

Duration: up to 6 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Jon Burns- CHD

?????- MM

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

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

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

Expectations of the Resident:

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

Time Line:

	June/July (Orientation- Q1)	Aug- Oct (Q1)	Nov (Q2)	Dec (Q2)	Jan- 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			
Institute new service on a limited basis to test business plan					XX	XX	
Evaluate the success of the pilot new service						XX	
Present results to business plan teams in resident competition and create plan for widely instituting new service (Shark Tank 2.0)							XX
Complete reflective activity around business plan project							XX
Final Business Plan Complete and uploaded to BOX							XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

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

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

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

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

Type: Longitudinal

Duration: up to 6 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Bethanne Brown, Jon Burns- CHD

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

Orientation Activities:

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

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to BOX.
2. Read ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
3. Conduct the Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31/17. Found at: http://www.ismp.org/selfassessments/community/2017/2017_ISMP_CommunityAmbulatory_Pharmacy_Self_Assessment.pdf.
4. Review quality improvement concepts during monthly residency meetings in Fall 2018.

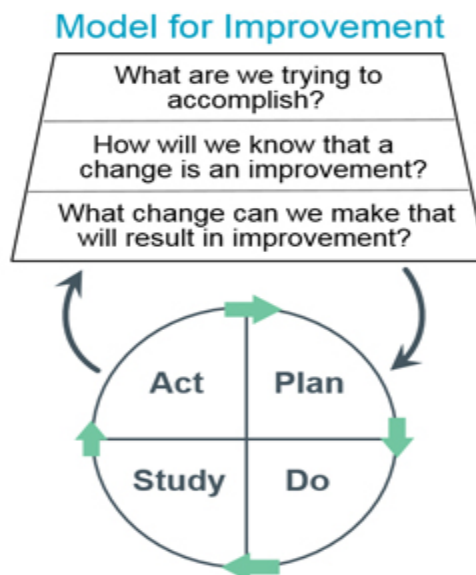
Expectations of the Resident:

Residents will progress from knowledge to application of health care quality improvement concepts.

This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at a pharmacy team meeting.
5. Participate in self-reflection around QI process

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



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete ISMP self-assessment and brain storm changes		XX	XX		
Apply QI tools to implement change in system			XX	XX	
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete reflective activity around QI project			XX		XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Complete ISMP Medication Safety Self-Assessment	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to Box and appropriate site specific cloud storage	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools, implement project based on ISMP self-assessment	Documentation related to QI tools uploaded to Box and appropriate site specific cloud storage Discussion with preceptors	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	Documentation of outcome measures with creation of written report presented to appropriate committees	TEQ4

Additional Information: none

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

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

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

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

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.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.

Type: Longitudinal

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

SVdP: Lydia Bailey, Mike Espel + UC Faculty

CHD: Jon Burns + Bethanne Brown + UCAcademic Fellow

MedManagers: Joshua Postoski, Kaylee Adams, Norb Kinross, Craig Stiens
Brad Hein, Dan Healy, Patricia Wigle, + UC faculty based on
areas of expertise.

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

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

Expectations of the Resident:

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

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

Expectations of Project Team:

Members of the project team are responsible for the following:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Project Team	Resident	After project team meetings and as needed
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Project Team	Resident	Quarterly
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 the experience

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-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

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

		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		
R3.3.3: Accurately assess the impact of the practice-related project including sustainability, if applicable.	Evaluating	Analyze data collected appropriately based on project team input		TE: Q2/3
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	Presentations at APhA/ASCP, OPA, and OPRC Manuscript submission to appropriate journal as defined by project team.	Review by peers and project team	TE: Q4

Additional Information:

Resident to utilize resources found in BOX.

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/ContentDisplay.



University of Cincinnati Community Based Pharmacy
Residency Program

Cincinnati Health Department

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations ORIENTATION- CINCINNATI HEALTH DEPARTMENT

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.

Week 1 COP Orientation Part 1: The residents will be scheduled for the 3 days of orientation activities at the College including:

1. Required University of Cincinnati new employee orientation
2. Expectations of the residency program including:
 - a. Policies and Procedures
 - b. Competency statements, goals, objectives
 - c. Pharmacademic
 - d. Weekly activity logs/community service requirement/monthly meetings
 - e. Travel Authorizations, reimbursement procedures
3. Pharmacy Leadership: giving and receiving feedback, conflict management, training opportunities
4. Business Plan and IT training
5. Skills Review including: reflection, pharmacist patient care process (PPCP) and Motivational Interviewing
6. Research Seminar: Part I (nuts and bolts of community-based research)

Weeks 2 to 7: The resident will be scheduled to orient at the practice site

This will include the following:

1. Operation of daily pharmacy workflow at each of the Health Department sites
2. Epic/QS1 training
3. Introduction to clinic staff at home base site- Northside Health Center
4. Completion of orientation activities as detailed below
5. Teaching certificate program seminars: see calendar for dates
6. Health Educator appointment training at various clinics
7. Complete competency checklist prior to independent practice/be checked off on competency skills.

COP Orientation Part 2: Monday 7/23/18 from 7:30am to noon with the coverage of the following topics:

1. Cultural Competence
2. Self-Assessment of Strengths (Strengths Finder)
3. Teaching Overview
4. Research Seminar Part 2

Type: Concentrated

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptor/Site Coordinator: Jon Burns PharmD– Northside

Training Pharmacists: Holly Blackley PharmD- Director of Pharmacy

Quentin Norman PharmD- Elm

Lori Sublett JD, PharmD- Millvale

Jerry Schneider RPh- Price Hill

Paul Abeln RPh- Cann

Jeff Buka RPh- Float

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/2:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to Box
2. IHI Open School Basic Certificate. Upload certificates to Box
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation part 2.

Activities completed as part of Residency Orientation during week 1 (7/2 to 7/6):

1. Participate in discussion around the expectations of the residency program.
 - a. Documentation of review and resident understanding signature page to be completed
2. Participate in skill set review around reflection
 - a. Upload “homework” to Box.
3. Learn how to give and receive constructive feedback and handle conflict management
 - a. Upload assignment to Box
4. Actively participate in research, motivational interviewing, business plan, IT and travel reimbursement training
 - a. Submit draft of research proposal changes to teams by end of July.
5. Participate in orientation at Northside

Activities to be completed outside of the training day by end of Orientation (7/31 unless otherwise noted):

1. Collaborative Practice Agreements:
 - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
 - b. Collaborative Practice Agreement Pilot at Elm- found on Box
 - c. Ohio State Board of Pharmacy Guidance Document as of 8/8/2016 found at:
<https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on immunizations provided during vaccination days as well as Pneumococcal, Hep B and Influenza.
 - b. Upload the following to Box (Orientation Folder, Licensure Documentation):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Site
 - a. Review CHD Policy and Procedure Manual posted to BOX
Resident must document completion of the above review and upload signed document to Box **no later than 7/13/18.**
4. Review most recent guidelines the following disease states (all found on Box):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2018 and Nutrition Recommendations for Patients with Diabetes
 - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
 - c. Psychiatric Disorders including: Depression, Anxiety
 - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
5. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
6. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Click to use your central log-in (top bar)
 - a. Complete: Blood Borne Pathogens (faculty, staff, medicine..) AND HIPAA Privacy Introduction
 - b. Once completed, upload certificates to Box. **Must be completed by 7/13/18.**

7. Complete OutcomesMTM/Mirixa training and add CHD pharmacies (ALL) to account
 - a. See OutcomesMTM information sheet found on Box
 - b. See Quentin Norman to be added to Mirixa- then complete training once gain access to platform. Upload any quiz/documentation related to platform to Box
8. Review CLIA waiver requirements to understand the requirements for Cincinnati Health Department 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>
9. Complete the Medicare Part D: Controlling Fraud, Waste and Abuse 2012 CE from Pharmacists Letter (directions on how to log in are posted to Box). Upload quiz to Box.
10. Register for Pharmacists Letter- Directions can be found on Box. (completed by Andrea Estell at CHD already)

Activities to be completed during the training day by 8/17:

1. Complete 1 case discussions per CHD pharmacy location. The pharmacist will help identify appropriate patients.
 - i. Contact the patient for either an on-site or over the phone interview
 1. Using the SOAP note format, work up the patient providing recommendations for treatment changes/educational points. Keeping in mind a patient-centered, culturally appropriate plan.
 - a. Disease states included: Diabetes, Depression, Smoking, CV Risk Reduction (HTN, Hyperlipidemia),
 - b. Complete a topic discussion around one of the above disease states with the pharmacist during the patient case discussion
 - ii. Upload HIPAA compliant patient case documents to Box in the Weekly Case Discussion folder.
2. “Be a Patient” activity: To be completed between weeks of 7/24 to 8/11 only
At one of the clinics, ask permission from a patient identified by site coordinator to shadow this patient during their time at the clinic. Follow this patient from registration to completion of the visit. Write a one-page reflection on the experience and upload to the Orientation folder: Be a Patient
3. Attend meetings as appropriate- including but not limited to Pharmacy and Therapeutics committee, Ethics Board, Safety Committee. Include these meetings as part of your weekly reflections.
 - a. Read article by ASHP on Guidelines for P&T found on BOX
 - b. Meeting dates will be provided to resident upon scheduling by CHD staff

Activities to be completed during the training day by 10/18:

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

Upload certificate to BOX-once completed both on-line and live skills review. Dates are 9/24 and 10/1 from 1 to 4:30pm.

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

Expectations of the Resident:

This experience will help prepare 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.

Please note: Prior to independent practice, all competency skills will be checked off by preceptors...See Orientation Folder Practice Site Orientation, Competency Checklist.

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 and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

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

Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Orientation at each CHD practice site for patient centered dispensing	Formative feedback provided by each preceptor/training pharmacist	T
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying			
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying			
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing			

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

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

Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.

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

Additional Information:

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

ACADEMIC LEARNING EXPERIENCE

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

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

Type: Longitudinal Learning Experience

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);
Mike Hegener PharmD BCACP (primary preceptor),
Karissa Kim PharmD BCACP, BCPS and Andrea Wall, RPh

Orientation Activities: The residents will attend the orientation during the first week of the residency at the college of pharmacy; activities covered will apply to the teaching orientation. Additionally, the resident will attend the teaching certificate program seminar, a 2 day seminar in August (2018 dates are 8/8 and 8/14). The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11 month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met: Approval by the course coordinator; approval by the Academic Learning Experience Coordinator; and 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 on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program
5. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and practice site coordinator for either pharmacists or technicians.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Monthly residency meeting participation: 30 minutes of this meeting on select months will be focused on resident lead teaching topic discussions. Details found in monthly resident meeting description.
5. Participate in evaluation of poster presentations (IPPE or Capstone)

Minimum Continuing Education Requirements:

The CE program should:

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

Evaluation Strategy:

Evaluation	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback include: frequent, accurate, specific and timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

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

Achieved (ACH) after all rounds of teaching materials have been created and deployed;
Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

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

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<p>COP</p> <ol style="list-style-type: none"> 1. Update or edit small group/team type learning activity. 2. Design/update a lecture for the appropriate assigned course 3. Write appropriate exam questions that correlate to the assigned teaching activity. 4. Create Continuing Education (CE) programming for Pharmacists/technicians 	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process . Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2/4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the	Applying	1. Deliver 1 lecture to a large group.	The course coordinator/primary preceptor/assigned	T: Q1 TE:Q2/4

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

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations Direct Patient Care- Cincinnati Health Department

General Description:

Provide individualized and evidence-based patient care services in collaboration with the Cincinnati Health Department staff, including primary care health education, disease state management, medication therapy management, as well as immunizations following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse patient population with unique socioeconomic backgrounds in different areas around the city of Cincinnati.

Type: Longitudinal

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: Jonathan Burns, PharmD (site coordinator and primary preceptor)
Quentin Norman PharmD
Bethanne Brown, PharmD

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

1. Resident will average a 50-hour work week between practice and home
2. Resident will spend 2-3 days of Orientation at each of the five different pharmacies
3. Resident will shadow multiple Health Educators during patient appointments to learn the general process for one-one patient appointments as well as the style of each health educator.
4. Resident will shadow provider at North Side to begin to develop a relationship with each primary care provider within the clinic.
5. Resident will read/review Pharmacists Letter on How to Mentor APPE students and participate in topic discussion at monthly residents meeting.

Prior to independent practice: resident must complete all activities related to the readiness for independent practice checklist and have them signed off by a preceptor.

Expectations of the Resident: Resident will progress from knowledge, application to evaluation during one-one patient or group appointments. The resident will develop into an independent practitioner through processes of:

1. Lead and conduct Comprehensive Medication Reviews (CMR) through effective communication and development of accurate, culturally appropriate individualize clinical plan.
2. Engage in collaboration with other health care professionals in order to deliver individualized clinical services to the patient population
3. Practice disease state management in a primary care setting for a variety of disease states.
4. Attend daily provider team huddles for all direct patient care scheduled days
5. Administer immunizations and provide accurate education
6. Become a proficient leader and advocate of the Pharmacy profession
7. Aid patients identified as experiencing a transition of care-typically from hospital to home by conducting medication review/reconciliation.
8. Mentor APPE students for the months of March, May and June
9. Participate as an active team member for the North Side Group Medical Appointments (start date TBD).

Expectations for Patient Care

	CMRs	TIPs	Immunizations	Transition of Care	Documented encounters (inclusive of OutcomesMTM)
Q1	2/month	6/month	5/month	1 Q 2 weeks	1-2/day
Q2	5/month	12/month	5/month	1 Q week	2-4/day
Q3	10/month	25/month	5-10/month	1-2 Q week	4-6/day
Q4	10/month	25/month	5-10/month	1-2 Q week	6-8/day

Q1 (August/September): 2 CMRs/month, 6 TIPs/month, recommend/administer 5 flu or other vaccinations /month; documented appointments and patient interactions 1-2/day; 1 TOC Q2wks

Q2: 5 CMRs/month, 12 TIPs/month, recommend/administer 5 flu or other vaccinations/month, documented 2-4 patient interactions per day; 1 TOC Q week

Q3 and Q4: Benchmark on immunizations, CMRs (10/month), TIPs (25/month), TOC: 1-2 Q week. Documented patient interactions Q3= 4 to 6/day, Q4= 6 to 8/day.

Resident must complete monthly tracking document located on Box to document meeting the above goals for patient care for TOC, immunizations and CMR/TIPS. All HE appointments (both face/face and telephonic) will be pulled from monthly Epic reports.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Interacts face-to-face with provider (huddles); Conducts self in positive and professional light	Survey health care team for feedback on resident's performance	T- Q1 E- Q1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Follow patients longitudinally throughout the year.	Preceptor observation and assessment	T-Q1 E- Q2/4
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Collect pertinent data for patient assessment and use evidence-based guidelines to investigate questions from other HCPs.	Preceptor observation and assessment	T-Q1 E-Q2/4
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Screen for medication-related problems. Attend morning huddles and present patient cases to health care team.	Preceptor observation and assessment	T-Q1 E-Q2
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	Work up FNP's patients before huddles and customize each patient care plan. Refer to expectations for patient care	Preceptor observation and assessment	T-Q1 E-Q2

R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Present patient cases and make drug regimen recommendations to the medical team. Refer to expectations for patient care	Preceptor's review of intervention in EPIC	T-Q1 E-Q2
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	Utilize EPIC to track and follow-up with patients via Health Educator appointments or phone calls. Report any lab value or drug regimen changes to preceptor.	Preceptor reviews Interim Notes and other documentation posted in EPIC by resident	T-Q1 E-Q2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Utilize empathy and deliver health care plans	Feedback from HE preceptor of resident showcasing motivational interviewing skills	T-Q1 E-Q2/4
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Effective communication through face-to-face EPIC notes and huddles	Discuss interactions with team	T-Q1 E-Q3/4
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Document any and all face-to-face or telephonic interactions via EPIC	Preceptor will review and provide feedback for Health Educator appointments/notes to provider	TE-Q1
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	Ascertain list of new CHD patients, screen and identify drug-related problems.	Preceptor direct observation and assessment	T-Q1 E-Q2/4
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Navigate "Care Everywhere" in EPIC to help identify and solve medication-related	Preceptor's review of interventions in EPIC	T-Q1 E-Q2/4

		problems and to find information about recent hospitalizations and/or lab results. Solve medication-related problems with FNP and present accepted interventions to preceptor.		
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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
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Serve as a fully functional pharmacist according to Ohio Law and CHD policies	Feedback from other pharmacists, technicians, and health care team	T-Q1 E-Q4
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Self-reflections conducted into a weekly log. Track and document self-improvement goals for end of residency	Feedback from preceptors	T-Q1 E-Q4

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	Students: Participate and plan learning activities for APPE students as appropriate including: HE appointment shadowing, patient follow-up phone calls, topic discussions, journal clubs and DI questions. Patients:	Planning of APPE student calendar and activities in collaboration with preceptors initially , then independently.	T: Q1 TE: Q2-4

		Participation as a team member for the NS Group Medical Visits		
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	Deliver one group class for the Living Well with Diabetes program or group medical visit at Northside.	Participant and team feedback	T: Q1 TE:Q2-4
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Develop one group medical visit program. Create educational materials as needed for patients during HE appointments	Preceptor feedback	T: Q1 TE:Q2-4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
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	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	TQ3 EQ3/4

R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Deliver MidPoint and Final APPE student evaluations	Shadow preceptor (March), Then complete midpoint and final by reviewing with preceptor first (May). Complete full evaluations on own (June)	TQ3 EQ4
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Additional Information: See BOX for documentation related to APPE student mentoring.

**University of Cincinnati Community –Based Pharmacy Practice Residency
Program in Underserved Populations
Patient Centered Dispensing/Leadership and Management
Cincinnati Health Department**

General Description:

Utilizing leadership and management skills in order to proficiently run and operate a pharmacy through proper dispensing and counseling services. Drug utilization review, accurate dispensing, and educating will all be put into practice while staffing.

Type: Longitudinal

Duration: 11 months

The resident will spend an average of 8 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Jonathan Burns, PharmD (Site Coordinator and Primary Preceptor)

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

1. Operation of daily pharmacy workflow at each of the Health Department sites
2. Epic/QS1 training
3. Introduction to clinic staff at home base site- Northside Health Center
4. Completion of orientation activities as detailed below
5. Teaching certificate program seminars: see calendar for dates
6. Health Educator appointment training at various clinics
7. Complete competency checklist prior to independent practice/be checked off on competency skills.

Expectations of the Resident: The expectation of this residency is for the pharmacy resident to serve as a pharmacy advocate while working at the Cincinnati Health Department. The resident will work collaborating with the pharmacy staff, medical staff and supportive staff in order to prioritize the patients' needs and address them in an appropriate manner. The goal of Patient Centered Dispensing is to cultivate leadership and management skills that will prepare the resident for a future role or position as a pharmacy manager and/or clinical pharmacist, serving as an independent practitioner.

By the end of the residency the resident will demonstrate:

1. Safe and effective use of QS/1 to enter and fill prescriptions, edit patient profiles, request refills, manage drug inventory, bill insurances, verify, and dispense medications
2. Verification of 340B pharmacy eligibility via EPIC
3. Evaluation of patients' allergies and health conditions, via patient communication or EPIC records, in relation to safe drug dispensing
4. Communicate appropriately with other pharmacies, physicians, and providers as needed
5. Communicate with patients at an appropriate level for counseling on all medications dispensed and refilled medications as indicated
6. Effective leadership as the responsible pharmacist of dispensing team including managing technicians and workflow

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.

- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they 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: 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	Interacts face-to-face with provider (huddles); Conducts self in positive and professional light	Survey health care team for feedback on resident's performance	T- Q1 E- Q1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Lead health education appointments	Preceptor observation and assessment	T-Q1 E- Q2/4
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Screen for necessary lab tests, immunizations, and medications based on patients' health conditions and control.	Preceptor observation and assessment	T-Q1 E-Q2/4
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Screen for medication-related problems for each patient during dispensing activities	Preceptor observation and assessment	T-Q1 E-Q2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Utilize empathy and deliver health care plans	Monitor and provide feedback for Health Educator appointments with resident showcasing motivational interviewing skills	T-Q1 E-Q2/4

R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Effective communication through face-to-face or EPIC notes	Discuss interactions with team	T-Q1 E-Q3/4
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	All 5 staffing pharmacists will utilize 4 preceptor roles during orientation of the DUR process	Assess performance of common DURs that the resident encounters with preceptor's approval	T/E- Q1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Utilize all 4 preceptor roles with 5 staffing pharmacists via accurate product dispensing	Complete accurate and safe dispensing without assistance via direct preceptor observation	T/E-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	Screen and perform Outcomes MTM/Mirixa TIPs at outpatient window.	Preceptor's review of claims submitted	T-Q1 E-Q2
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	Utilize all 4 preceptor roles with staffing pharmacists with the accurate counseling of dispensed medications, as well as any appropriate referral. Complete accurate and safe dispensing without assistance and referral of patients to Health Education.	Direct observation by preceptor	T-Q1 E-Q1

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	Utilize all 4 preceptor roles with 5 staffing pharmacists with the leading and running of pharmacy operations	Observation of preceptors until resident can run daily pharmacy operations without assistance	T-Q1 E-Q2/4
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Attend and engage in monthly staff meetings by making regular contributions	Observation of preceptors	T-All E- Q2/3
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Review the CHD's medication use process and identify areas of weakness. Attendance at one OPA advocacy day during the residency year (either fall or spring).	Discuss suggestions for improvements with Pharmacy Director Write reflection on the experience and upload to BOX (separate from weekly reflection)	T- Q1 E-Q3
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	Assist with implementation of pilot CPA and possible expansion of CPA to Northside Health Center	Discussions led by resident with preceptor and Pharmacy Director	T-Q1 E-Q3

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	Serve as a fully functional pharmacist according to Ohio Law and CHD policies	Feedback from other pharmacists, technicians, and health care team	T-Q1 E-Q2/4
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Self-reflections conducted into a weekly log. Track and document self-improvement goals for end of residency	Feedback from preceptors	T-Q1 E-Q2/4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Manage and operate staffing responsibilities, as well as any personnel issues	Technician feedback and preceptor observation	T- All E-Q4
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 of this organization. Attend OPA advocacy day in the Fall.	Discussions with preceptor. Reflection on Advocacy event (may use weekly activity log to document learning)	T-Q1 E-All
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Participate in community service activities as approved by preceptor/RPD. See guidelines posted to BOX	Reports to preceptor	T-Q1 E-All

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 nursing/staff educational programs for NS health center based on clinic manager/nursing staff needs and interests	Preceptor observation and feedback	TQ1 EQ1-4
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	Create and deliver 1 to 2 nursing/staff educational programs for NS health center	Preceptor observation and feedback	TQ1 EQ1-4
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	Working with Pharmacy Director, write, edit and submit articles for monthly publication: Health Matters News Letter	Preceptor feedback	TQ1 EQ1-4

Additional Information: none at this time.

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

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

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

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

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

Type: Longitudinal

Duration: up to 6 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Jon Burns- CHD

?????- MM

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

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

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

Expectations of the Resident:

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

Time Line:

	June/July (Orientation- Q1)	Aug- Oct (Q1)	Nov (Q2)	Dec (Q2)	Jan- 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			
Institute new service on a limited basis to test business plan					XX	XX	
Evaluate the success of the pilot new service						XX	
Present results to business plan teams in resident competition and create plan for widely instituting new service (Shark Tank 2.0)							XX
Complete reflective activity around business plan project							XX
Final Business Plan Complete and uploaded to BOX							XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

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

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

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

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

Type: Longitudinal

Duration: up to 6 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Bethanne Brown, Jon Burns- CHD

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

Orientation Activities:

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

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to BOX.
2. Read ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
3. Conduct the Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31/17. Found at: http://www.ismp.org/selfassessments/community/2017/2017_ISMP_CommunityAmbulatory_Pharmacy_Self_Assessment.pdf.
4. Review quality improvement concepts during monthly residency meetings in Fall 2018.

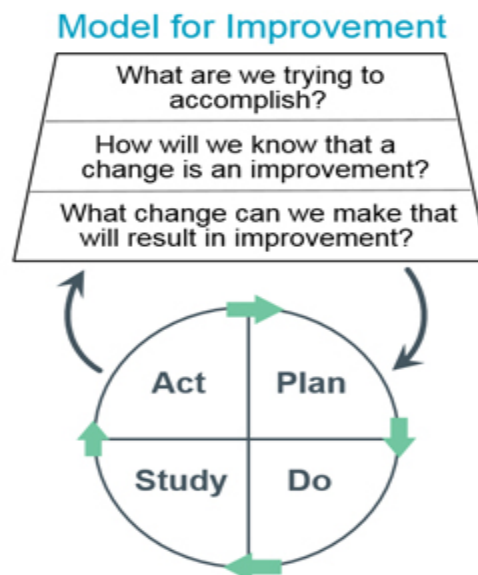
Expectations of the Resident:

Residents will progress from knowledge to application of health care quality improvement concepts.

This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at a pharmacy team meeting.
5. Participate in self-reflection around QI process

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



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete ISMP self-assessment and brain storm changes		XX	XX		
Apply QI tools to implement change in system			XX	XX	
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete reflective activity around QI project			XX		XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Complete ISMP Medication Safety Self-Assessment	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to Box and appropriate site specific cloud storage	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools, implement project based on ISMP self-assessment	Documentation related to QI tools uploaded to Box and appropriate site specific cloud storage Discussion with preceptors	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	Documentation of outcome measures with creation of written report presented to appropriate committees	TEQ4

Additional Information: none

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

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

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

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

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.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.

Type: Longitudinal

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

SVdP: Lydia Bailey, Mike Espel + UC Faculty

CHD: Jon Burns + Bethanne Brown + UCAcademic Fellow

MedManagers: Joshua Postoski, Kaylee Adams, Norb Kinross, Craig Stiens
Brad Hein, Dan Healy, Patricia Wigle, + UC faculty based on
areas of expertise.

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

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

Expectations of the Resident:

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

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

Expectations of Project Team:

Members of the project team are responsible for the following:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Project Team	Resident	After project team meetings and as needed
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Project Team	Resident	Quarterly
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 the experience

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-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

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

		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		
R3.3.3: Accurately assess the impact of the practice-related project including sustainability, if applicable.	Evaluating	Analyze data collected appropriately based on project team input		TE: Q2/3
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	Presentations at APhA/ASCP, OPA, and OPRC Manuscript submission to appropriate journal as defined by project team.	Review by peers and project team	TE: Q4

Additional Information:

Resident to utilize resources found in BOX.

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/ContentDisplay.



Five Rivers Health Centers

University of Cincinnati Community Based Pharmacy
Residency Program

Five Rivers Health Centers

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

Week 1: The residents will be scheduled for the 3 days of orientation activities at the College including:

1. Required University of Cincinnati new employee orientation
2. Expectations of the residency program including:
 - a. Policies and Procedures
 - b. Competency statements, goals, objectives
 - c. Pharmacademic
 - d. Weekly activity logs
 - e. Travel Authorizations, reimbursement procedures
3. Pharmacy Leadership: giving and receiving feedback, training opportunities
4. Business Plan and IT training
5. Pharmacy Practice Skills Review including: cultural competence, reflection, self-assessment, and pharmacist patient care process (PPCP)

Week 2 to 4: The resident will be scheduled to orient at the practice site for the next 3 weeks. This will include the following:

1. Operation of daily pharmacy workflow
2. Epic/QS1 training
3. Introduction to clinic staff
4. Completion of orientation activities as detailed below

Week 5 to 7: Resident will be continuing training

1. Teaching certificate program seminars
2. Shadow CDTM appointments

Type: Concentrated

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP
Preceptor/Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS
Training Pharmacists: Nicole Crase, PharmD; Nick Borchers, PharmD

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/3/17:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to Box
2. IHI Open School Basic Certificate. Upload certificates to Box
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation week.

Activities completed as part of Residency Orientation during week 1

1. Participate in discussion around the expectations of the residency program.
 - a. Documentation of review and resident understanding must be uploaded to Box
2. Participate in skill set review around cultural competence, reflection, self-assessment
 - a. Upload "homework" to Box.
3. Learn how to give and receive constructive feedback
4. Actively participate in business plan, IT and travel reimbursement training

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

1. Collaborative Practice Agreements:
 - a. Review CPA policy and procedures for FRHC
 - b. Review Ohio State Board of Pharmacy Guidance Document for CPA's:
<https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on immunizations provided during vaccination days as well as Pneumococcal, Hep B and Influenza.
 - b. Upload the following to Box:
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Site
 - a. Review FRHC Policy and Procedures and sign document of understanding
 - b. Sign HIPAA forms at Practice Site
 - c. Upload copies of signed forms to Box prior to giving to FRHC Compliance Officer
4. Review most recent guidelines the following disease states (all found on Box):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2017 and Nutrition Recommendations for Patients with Diabetes

- b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
 - c. Asthma/COPD- GOLD guidelines, Asthma Guidelines
5. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
 6. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Once completed, upload certificates to Box and email a copy to FRHC Compliance Officer Ramona Langston Ramona.Langston@frhc.org. **Must be completed by 7/14/17.**
 7. Complete OutcomesMTM/Mirixa training and add FRHC pharmacy
 - a. Complete required OutcomesMTM modules (necessary for account registration) if not previously completed
 - b. See Pharmacy Manager for Mirixa account
 8. Complete the Medicare Part D: Controlling Fraud, Waste and Abuse Training at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining.html>
 - a. Complete the following Provider Compliance Modules:
 1. Combating Medicare Parts C and D Fraud, Waste, and Abuse
 2. Medicare Parts C and D General Compliance Training
 3. Upload completed quizzes to BOX.
 9. Complete 340B on demand modules; save completion certificate and upload to box when complete.
 - a. Register and access the modules here: <https://www.340bpvp.com/education/340b-u-ondemand/modules/> Register as a covered entity, Five Rivers Health Centers
 - b. Complete the full curriculum listed here: <https://www.340bpvp.com/education/340b-u-ondemand/modules/>
 - c. Upload completed quizzes to BOX
 10. Communication Skill Review:
 - a. Motivational Interviewing
 - i. To review this essential communication technique, see information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>. This document covers the skills needed
 - ii. Once complete, watch the video on youtube located at: <https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.

Activities to be completed during the training day by 9/30/17:

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

Expectations of the Resident:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor Training Pharmacist	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Weekly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
Learning Experience Evaluation	Resident	Learning Experience	Quarterly
Preceptor Evaluation	Resident	Preceptor	Quarterly

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. 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			
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Competency Area: R2 Leadership and Management

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

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

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

Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.

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

Additional Information:

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

ACADEMIC LEARNING EXPERIENCE

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

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

Type: Longitudinal Learning Experience

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
Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);
Mike Hegener PharmD BCACP (primary preceptor),
Karissa Kim PharmD BCACP, BCPS and Andrea Wall, RPh

Orientation Activities: The residents will attend the orientation during the first week of the residency at the college of pharmacy; activities covered will apply to the teaching orientation. Additionally, the resident will attend the teaching certificate program seminar, a 2 day seminar in late July and/or early August. The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11 month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met: Approval by the course coordinator; approval by the Academic Learning Experience Coordinator; and 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 on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program
5. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and practice site coordinator.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills lab: Both fall and spring semesters, up to 4 labs each in rotation I, II, and III
3. Non-skills lab recitation: 2 sessions Fall and Spring Semester
4. Monthly residency meeting participation: 20 to 30 minutes of this meeting each month will be focused on resident lead teaching topic discussions. Details found in monthly resident meeting description.

Minimum Continuing Education Requirements:

The CE program should:

- i. Contain all the components of an effective adult learning experience
- ii. Contain a minimum of one (preferably two) active learning activities
- iii. Designed at the Applying or Analyzing level of Bloom’s Taxonomy
- iv. Follow the guidelines provided on Box for creating/receiving feedback and registering the CE program with the University of Cincinnati College of Pharmacy Office of Continuing Education

Evaluation Strategy:

Evaluation	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback include: frequent, accurate, specific and timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<ol style="list-style-type: none"> 1. Update or edit small group/team type learning activity. 2. Design/update a lecture for the appropriate assigned course 3. Write appropriate exam questions that correlate to the assigned teaching activity. 4. Create Continuing Education (CE) programming for Pharmacists 	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process . Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2-4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the	Applying	<ol style="list-style-type: none"> 1. Deliver 1 lecture to a large group. 	The course coordinator/primary preceptor/assigned	T: Q1 TE:Q2-4

community; health profession students; pharmacists; and other health care professionals.		<ol style="list-style-type: none"> 2. Moderate Skills Labs as assigned. 3. Moderate small group learning as assigned. 4. Deliver CE presentation (either face/face or with the use of technology) 	faculty will evaluate the residents teaching skills	
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	<ol style="list-style-type: none"> 1. Create appropriate written materials to educate audience (students/pharmacists) 	Materials presented to the students/pharmacists is effective, up to date, and appropriate for the given course/CE and audience.	T: Q1 TE:Q2-4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide appropriate and timely feedback to students during teaching activities using “sandwich” method	Preceptor observation during training for teaching activities	TQ1 EQ2-4

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations 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 in the community pharmacy setting.

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

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

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

Type: Longitudinal

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors: Anne Metzger, PharmD, BCPS, BCACP (site coordinator)

Orientation Activities: {Insert how the resident will be oriented to the experience here- even if the orientation activities took place during the formal orientation period of July}

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

Expectations of the Resident:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the 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.	Primary preceptor will observe and provide feedback.	TE Q1-4
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Interacts with patients in a professional manner.	Primary preceptor will observe and provide feedback.	TE Q1-4
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Present patients to the primary preceptor with relevant subjective and objective information.	Preceptor will listen to presentations of patients.	TE Q1-4
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.	TE Q1-4
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Create a comprehensive plan for CDTM patients.	Preceptor will listen to presentations of patients.	TE Q1-4
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Write orders as appropriate for patient; discuss with PCP as appropriate (not necessary for all patients in CDTM as operating under a CPA)	Preceptor will read and evaluate patient notes.	TE Q1-4

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

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.	TE Q1-4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Participate in OPA MTM task force	Direct observation by preceptor. Verbal and written feedback provided.	TE Q1-4

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ4
R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ4

R4.1.3 Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide at least 1 talk to medicine residents and nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	TQ1, EQ4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)	Analyzing	Create APPE student calendar based on student interests and needs of the practice site. Review with preceptors. Using the 4 preceptor roles: instructing, 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 in Underserved Populations

LEADERSHIP AND MANAGEMENT- FIVE RIVERS HEALTH CENTERS

General Description:

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

Type: Extended

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptor: John Tomblin RPh, MBA (pharmacy manager/primary preceptor)

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

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

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

- 1 Participate in inventory control
- 2 Complete weekly 340B Audits
- 3 Attend monthly C-Suite/Pharmacy Team meetings
- 4 Manage all MTM activities
- 5 Attend quarterly P&T Committee meeting in September and December and chair quarterly P&T Committee meeting in March and June
- 6 Attend monthly FRHC staff meetings
- 7 Attend monthly PCMH meeting

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the 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	Complete 1-2 months of shadowing and participation in managing staffing team until independent as determined by preceptors	Independently manage staffing team with preceptor approval via direct observation, feedback provided throughout residency	TQ1/EQ3
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Participate (and present if assigned) at the monthly staff meetings. Attend the quarterly P&T Committee meeting for the organization in September and December and chair the meeting in March and June.	Accurate information relayed for assigned meetings. Takes ownership. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Attend the monthly PCMH meeting Attend OPA advocacy day either fall or spring of residency year	Upload a synopsis of the meeting or meeting minutes to BOX. Write separate reflection on the experience and upload to Box (leadership/management folder)	TQ2/EQ4

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.1: 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/EQ4
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. Demonstrate leadership by effectively managing assigned projects	Verbal and written feedback by preceptor.	TQ3/EQ4
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join and attend OPA MTM Task Force Meetings with Anne Metzger as they occur. Join another national organization based on interest and actively participate in a committee/working group	Completion of professional involvement	TQ1/EQ4

R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Choose a service activity and complete 3 hours of community service per month in the same organization that serves Montgomery County. Include this in weekly activity log	Written reflection of community service activity read by preceptor; brief discussion of experience with resident after each session.	TQ2/EQ3
Goal R4.1: Provide Effective Education and or/training				
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	Submit content for the monthly newsletter.	Written/verbal feedback from preceptor	T1/E4

Additional Information: none at this time

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations 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 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, and counsel and educate patients regarding the safe and appropriate use of each medication dispensed.

Type:

Longitudinal – residents will spend an average of 8 hours per week staffing in the pharmacy. 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 hours blocks.

Duration: Year-long,

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
Preceptors: Nick Borchers PharmD

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 QS1
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.

Expectations of the Resident:

The resident will move from dependents to independent practitioner who is able to fully and competently perform and manage the dispensing functions of the pharmacy. Independent competency in dispensing services is defined as:

1. Safe and effective use of QS1 to enter and fill prescriptions, edit patient profiles, request refills, manage drug inventory, bill insurances, verify, and dispense medications
2. Verification of 340B pharmacy eligibility via Epic or other records
3. Evaluation of patients' allergies and health conditions, via patient communication or EPIC records, in relation to safe drug dispensing
4. Communicate appropriately with other pharmacies, physicians, and providers as needed
5. Communicate with patients at an appropriate level for counseling on all new medications dispensed and refilled medications as indicated.
6. Effective leadership as the responsible pharmacist of dispensing team including managing technicians and workflow
7. Use of pharmacy quality assurance program (Pharmacy Quality Commitment) to track errors that may occur.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the learning experiences. 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 modeling, coaching, and facilitating of DUR with staffing pharmacists until independent. Interview patients effectively to gather, organize, and analyze patient specific information during dispensing and counseling activities. Identify medication related problems. Recommend solutions to problems to patient and/or physician Prioritize problems	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	Complete modeling, coaching, and facilitating of dispensing with staffing pharmacists until independent	Verbal feedback through direct preceptor observation	TQ1/EQ1-4

<p>R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.</p>	<p>Applying</p>	<p>Complete modeling, coaching, and facilitating of providing additional information during dispensing with staffing pharmacists until independent Independently refer patients to additional services (MD, specialist, social services, community resources, etc.)</p>	<p>Verbal feedback through direct preceptor observation</p>	<p>TQ1/EQ1-4</p>
<p>R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.</p>	<p>Analyzing</p>	<p>Complete modeling, coaching, and facilitating of counseling with staffing pharmacists until independent. Counsel patients on all dispensed medications. Identify adherence issues and create patient specific solutions for these problems.</p>	<p>Verbal feedback through direct preceptor observation</p>	<p>TQ1/EQ1-4</p>

Competency Area: R2 Leadership and Management				
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 Independently manage staffing team with preceptor approval	Verbal feedback through direct preceptor observation	TQ2/EQ2-4

Additional Information: none

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

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

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

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

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

Type: Longitudinal

Duration: up to 6 months,

Resident will spend an average of 2 hours/week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Rusty Curington- SVdP

Jon Burns- CHD

Craig Steing/Chad Worz- MM

Bethanne Brown, John Tomlin- FRHC

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

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

1. Read: How to Start and MTM Practice: A Guidebook for Pharmacists by APhA.
2. Participated in a 2.5-hour introductory lecture on Business Plan creation during residency orientation week
3. Review ideas for business plan creation with site coordinator or preceptor in Fall 2017

Expectations of the Resident:

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

Time Line:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
TR2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Present business plan to pharmacy team and end of year residency competition	Feedback from business plan team	TQ1-3 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	As part of business plan, thoroughly conduct SWOT analysis	Feedback as part of business plan review	TQ1-2 EQ3
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists** Only applies if part of business plan service	Creating	See R3.2 if CPA is part of business plan	Feedback as part of business plan review	TQ1-2 EQ2
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	Submission of work that is of high quality and meets project deadlines`	Review of materials by QI preceptor team. Formative feedback provided to resident	TEQ1
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Periodic reflections within weekly activity log and mid-	Reflections on QI project	T1 EQ2/4

		point/final project reflection		
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Leading business plan team discussions	Feedback from team	TQ2 EQ3

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

Additional Information:

A list of other resources that can be helpful when preparing a business plan can be found in the guidebook on page 5. Refer to slides from training held during residency orientation as well as examples provided on BOX.

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

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

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

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

Type: Longitudinal

Duration: up to 6 months,

Resident will spend an average of 2 hours/week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Quentin Norman- CHD

Jodi Hoffman- LL

Anne Metzger- FRHC

Orientation Activities:

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

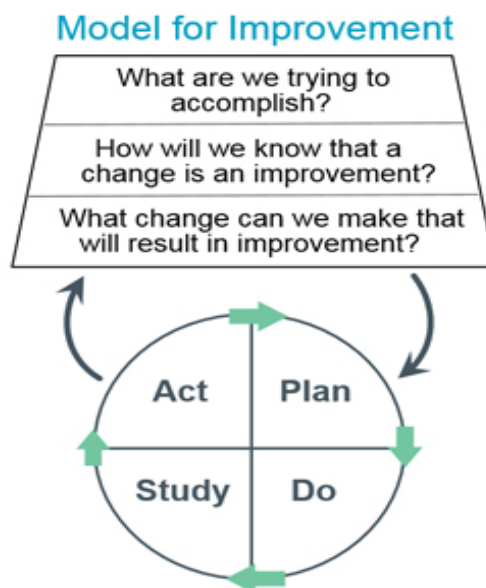
1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to BOX.
2. Read ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
3. Conduct the Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31/17. Found at: http://www.ismp.org/selfassessments/community/2017/2017_ISMP_CommunityAmbulatory_Pharmacy_Self_Assessment.pdf.
4. Review quality improvement concepts during monthly residency meetings in Fall 2017.

Expectations of the Resident:

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

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at a pharmacy team meeting.
5. Participate in self-reflection around QI process

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



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete ISMP self-assessment and brain storm changes		XX			
Apply QI tools to implement change in system			XX		
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete reflective activity around QI project			XX		XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Engages all stakeholders in phases of QI process from identification to presentation.	Monitoring of regular communication with QI team- both verbal and written	TQ1/EQ1, 3
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Maintains BOX account with appropriate required documentation related to QI project	Maintenance of critical documentation within BOX	TQ1/EQ1,3

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Present results of QI project to pharmacy team and P&T committee	Presentation and appropriate maintenance of documentation with BOX	TQ1 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	During Identification of QI project- resident will review	Discussion with preceptors	TQ1/2 EQ1/2

		current literature around factors related to proposed improvement	Topic discussion at residency monthly meeting	
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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	Complete ISMP Medication Safety Self-Assessment	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to Box	TEQ1
R3.1.2: Implement a quality improvement project.	Applying	Using QI tools, implement project based on ISMP self-assessment	Documentation related to QI tools uploaded to Box. Discussion with preceptors	TQ2-3, EQ2-3
R3.1.3: Evaluate the impact of a quality improvement project.	Evaluating	Using QI tools, evaluate impact of change using appropriate outcome measurements	Documentation of outcome measures Creation of written report presented to P&T Committee	TEQ4

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 CE presentation to educate staff involved on changes in work flow/processes	Teaching mentor to review and provide written/verbal feedback on presentation	TEQ4
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	Present CE to pharmacy staff on changes in work flow/processes using both oral and written skills	Pharmacy staff to complete evaluation of CE presentation	TEQ4
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			

Additional Information: none

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

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

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

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

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.¹ 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.

Type: Longitudinal

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

Preceptors:

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

CHD: Jon Burns PharmD + Bethanne Brown + Greg Sneed

FRHC: Anne Metzger PharmD + Karissa Kim

MedManagers: Chad Worz PharmD, Craig Steins PharmD, Sue Paul PharmD,
Brad Hein PharmD, Dan Healy PharmD, + UC faculty based on
areas of expertise.

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

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

Expectations of the Resident:

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

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

Expectations of Project Team:

Members of the project team are responsible for the following:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Project Team	Resident	After project team meetings and as needed
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Project Team	Resident	Quarterly
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 the experience

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-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments

should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.2: 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	Submission of work that is of high quality and meets project deadlines`	Review of materials by QI team. Formative feedback provided to resident	TEQ1
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Maintenance of research project within weekly activity log	Review of residents weekly activity log for research reports	TQ1 EQ3/4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Leading project team meetings	Feedback from project team	TQ1 EQ2/4

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	Formative and Summative Feedback from Project team	TEQ1

		<p>develop research question(s), objectives, methods, and evaluation strategy</p> <p>4. Determine time table for development, implementation and evaluation</p> <p>5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team</p> <p>6. Effectively organize and lead meetings with project team to ensure established deadlines are met</p>		
R3.3.2: Implement a practice-related project significant to community-based practice.	Applying	<p>1. Work closely with project team to implement project</p> <p>2. Effectively organize and lead meetings with project team to ensure established deadlines are met</p> <p>3. Prepare and submit APhA or other grant application if applicable</p> <p>4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis</p>		TE: Q2, 3, 4
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, Q3, Q4
R3.3.4: Effectively develop and present, orally and in writing, a final project report.	Responding and Creating	<p>Presentations at ASHP, APhA/ASCP, OPA, and OPRC</p> <p>Manuscript submission to</p>	Review by peers	TE: Q2, Q3, Q4

		appropriate journal as defined by project team.		
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Additional Information:

Resident to utilize resources found in BOX.

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/ContentDisplay.



University of Cincinnati Community Based Pharmacy
Residency program
Medication Managers/Lifeline

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

Week 1:

COP Orientation Part 1: The residents will be scheduled for the 3 days of orientation activities at the College including:

1. Required University of Cincinnati new employee orientation
2. Expectations of the residency program including:
 - a. Policies and Procedures
 - b. Competency statements, goals, objectives
 - c. Pharmacademic
 - d. Weekly activity logs/community service requirement/monthly meetings
 - e. Travel Authorizations, reimbursement procedures
3. Pharmacy Leadership: giving and receiving feedback, conflict management, training opportunities
4. Business Plan and IT training
5. Skills Review including: reflection, pharmacist patient care process (PPCP) and Motivational Interviewing
6. Research Seminar: Part I (nuts and bolts of community-based research)

Week 2 and 3: The residents will be scheduled to orient at LifeLine for the next 2 weeks. This will include the following:

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

Week 4: COP Orientation Part 2: Monday 7/23/18 from 7:30am to noon with the coverage of the following topics:

1. Cultural Competence
2. Self-Assessment of Strengths (Strengths Finder)
3. Teaching Overview
4. Research Seminar Part 2

Week 4 to 8: Resident will begin training with Medication Managers consultants and have staffing responsibilities at Lifeline.

1. Attend teaching certificate program seminars: Thursday 8/8/18 and 8/16/2018.
2. Work with consultants to complete the activities listed below

Type: Concentrated

Duration: up to 2 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors/Site Coordinator:

Jodi Hoffman PharmD- LifeLine (site coordinator)

Joshua Postolski PharmD- (site coordinator)

Craig Stiens PharmD- Medication Managers - preceptor

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/2:

1. University of Cincinnati Institutional Review Board/CITI training. Upload certificates to Box
2. IHI Open School Basic Certificate. Upload certificates to Box
3. How to Start and MTM Practice; A Guidebook for Pharmacists by APhA
4. Read and Complete Strength Finders, participate in review during orientation part 2

Activities completed as part of Residency Orientation during week 1 (7/2 to 7/6):

1. Participate in discussion around the expectations of the residency program.
 - a. Documentation of review and resident understanding signature page to be completed
2. Participate in skill set review around reflection
 - a. Upload "homework" to Box.
3. Learn how to give and receive constructive feedback and handle conflict management
 - a. Upload assignment to Box
4. Actively participate in research, motivational interviewing, business plan, IT and travel reimbursement training
 - a. Submit draft of research proposal changes to teams by end of July.
5. Participate in orientation at Medication Managers

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

1. Review Collaborative Practice Agreements:
 - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
 - b. Ohio State Board of Pharmacy Guidance Document as of 8/8/2016 found at: <https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
2. Review ACIP guidelines for chronic disease state immunizations.
 - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
 - i. Focus on immunizations for the following targeted populations:
 1. Seniors: Zoster, Shingrex, pneumococcal, influenza
 2. Diabetes/Smokers: influenza, pneumococcal
 - b. Upload the following to Box (Orientation Folder, Licensure Documentation):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
3. Policy and Procedures: Practice Sites
 - a. Review Policy and Procedure Manual for both LifeLine and Medication Managers found at the sites/see site coordinators.Resident must document completion of the above review and upload signed document to Box **no later than 7/13.**
4. Review most recent guidelines the following disease states (all found on Box):
 - a. Diabetes- Standards of Care for Patients with Diabetes 2018 and Nutrition Recommendations for Patients with Diabetes
 - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
 - c. Psychiatric Disorders including: Depression, BiPolar and Schizophrenia
 - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
 - e. Beers Criteria
 - f. Clinical Practice Guidelines for Quality Palliative Care
 - g. Alzheimer Disease
 - h. Stopp/Start Criteria
5. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
 - a. Review current medication error system and begin analyzing errors and near misses.

6. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: https://webcentral.uc.edu/cpd_online2/. Click on Compliance Training and Competency Training, then New User/Register! Click to use your central log-in (top bar)
 - a. Complete: Blood Borne Pathogens (faculty, staff, medicine..) AND HIPAA Privacy Introduction
 - b. Once completed, upload certificates to Box. **Must be completed by 7/13/18.**

7. Read State Operations Manual for Long Term Care Pharmacy- from CMS in preparation for review/discussion with Consultant
 - a. Found on Box
 - b. Focusing on F329 tag

Activities to be completed during the training day with consultants by 8/31:

1. Introductions to key management/providers within each assigned home
2. Work with consultants on process of patient chart reviews and written/verbal recommendations to providers
 - a. Work side by side with consultant preceptor for 2 weeks (7/23 to 8/3).
 - b. Work in tandem with consultant preceptor for up to 2 months (gradually given more independence).
 - i. Goal independently managing 450 to 600 beds by 12/18.
3. Training on technology used in assigned skilled nursing facilities
 - a. Reconcile (discharge software)
 - i. RxConcile call log and call script
 - b. HC1 (consulting software)
 - c. Point-Click-Care (electronic medical record)
4. Audit training
 - a. Controlled Substance Audits-perform with **Mary Price** at LL
 - b. Attend mock audit or State inspection (if available)
 - c. Review MedPass audit form
 - d. Train with **Bruce Burns** at LL on Cart Audits
5. QI/QAPI meetings at assigned home(s)
 - a. Review process and reports generated with consultants
 - b. Attend meeting at home (if available)
6. Review consultant clinical skills check list with primary preceptor
7. Review of State Operating Manual (SOM)
 - a. Focusing on F329 tag numbers

Activities to be completed during the training day by 10/18:

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

Upload certificate to BOX-once completed both on-line and live skills review. Dates are 9/24 and 10/1 from 1 to 4:30pm.

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

Expectations of the Resident:

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

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
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- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: 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
		Under the guidance of preceptor at practice location:		
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Identifies and accesses the appropriate sources of information using the Electronic Resources from each site;	Formative feedback from preceptors.	T
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Begins to establish proficiency in collecting accurate and complete relevant patient information; Organizes and systematically records information thoroughly, efficiently and effectively; begin to gain the skills needed to analyze		

		the information and assess the clinical effects of the 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	Establish evidence based and cost effective care plan for an acute stay patient in a SNF;	Feedback from preceptors.	
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Learn how to implement the care plan effectively engaging the patient through education, empowerment and self-management; Determine most effective means of communication with care team.		
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 adjust 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	Uses clear and concise language at the appropriate literacy level; Uses most appropriate communication techniques to engage the patient and elicit accurate and meaningful data and to provide education; Identifies appropriate communication support services; Uses appropriate interviewing techniques; Uses appropriate motivational techniques; Verifies accurately patient understanding; Provides appropriate supplemental written communication materials.	Formative feedback from preceptors	TE Orientation

R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Adheres consistently and appropriately to the Core Principles and Values for Effective Team Based Health Care; Makes recommendations clearly, concisely, persuasively and in a timely manner; Communicates assertively, but not aggressively; Advocates effectively on behalf of patients		
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Begin to: Select appropriate information to document in a clear and timely manner to support coding and billing; 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	Based on practice location: 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 preceptors	TE Orientation
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).		

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	Review available services and identify, recommend, assist patient in receiving services		
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 need medication counseling/ education and maintains compliance with state laws and regulations.		

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

Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Train on the Rxconcile system with consultant to learn how to recognize those experiencing care transitions; Identify/manage the individual needs of patient in care transition.	Formative feedback from preceptors	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	Formative feedback by preceptor	TE Orientation

		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	Written feedback on weekly reflections	
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Begins to uses 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 R3.1: 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: 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	Review current medication error tracking system and begin analyzing data	Reports generated and feedback from preceptors	T
Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.3.1: Identify and design a practice-related project significant to community-based practice.	Creating	Complete CITI training and actively participate in research seminar	Participation in research seminar and engagement in research projects	T

Additional Information: none

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

ACADEMIC LEARNING EXPERIENCE

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

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

Type: Longitudinal Learning Experience

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors: Anne Metzger, PharmD, BCPS, BCACP (coordinator);
Mike Hegener PharmD BCACP (primary preceptor),
Karissa Kim PharmD BCACP, BCPS and Andrea Wall, RPh

Orientation Activities: The residents will attend the orientation during the first week of the residency at the college of pharmacy; activities covered will apply to the teaching orientation. Additionally, the resident will attend the teaching certificate program seminar, a 2 day seminar in August (2018 dates are 8/8 and 8/14). The didactic seminar will prepare the resident to teach within the college of pharmacy. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident during their 11 month rotation.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met: Approval by the

course coordinator; approval by the Academic Learning Experience Coordinator; and 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 on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program
5. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and practice site coordinator for either pharmacists or technicians.

Minimum Specific Teaching Requirements:

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Monthly residency meeting participation: 30 minutes of this meeting on select months will be focused on resident lead teaching topic discussions. Details found in monthly resident meeting description.
5. Participate in evaluation of poster presentations (IPPE or Capstone)

Minimum Continuing Education Requirements:

The CE program should:

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

Evaluation Strategy:

Evaluation	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback include: frequent, accurate, specific and timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:
 Achieved (ACH) after all rounds of teaching materials have been created and deployed;
 Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

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

Competency Area/Goals/Objective Related to Learning Experience:

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Ability to manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	TEQ1-4
Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	<p>COP</p> <ol style="list-style-type: none"> 1. Update or edit small group/team type learning activity. 2. Design/update a lecture for the appropriate assigned course 3. Write appropriate exam questions that correlate to the assigned teaching activity. 4. Create Continuing Education (CE) programming for Pharmacists/technicians 	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process . Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.	T: Q1 TE: Q2/4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the	Applying	1. Deliver 1 lecture to a large group.	The course coordinator/primary preceptor/assigned	T: Q1 TE:Q2/4

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

Additional Information: none

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

General Description: Medication Managers/University of Cincinnati Long Term Care Residency – The resident will be incorporated into the clinical team in their respective Long Term Care facilities as well as into Lifeline Pharmacy for dispensing insight and experience. While working in the LTC facility the role can be as simple as the MRR requirements of CMS but it is expected that each resident bring their personality and the Medication Managers toolbox to the facility to expand services. Some of those services in the toolbox include a therapeutic interchange medication formulary, antibiotic stewardship and discharge medication reconciliation via the RxConcile.com product (see preceptor; Joshua Postolski for details).

Type: Longitudinal

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: Craig Stiens (Primary/Site Coordinator) Rick Hytree, Danielle Ibrahim, and Joshua Postolski

Orientation Activities: University of Cincinnati will provide much of the orientation. Medication Managers orientation will be directed by Joshua Postolski and/or Craig Stiens. Orientation at Lifeline Pharmacy will be directed by Jodi Hoffman and Joshua Postolski with Matt Willoughby (preceptor-in-training).

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a every other weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they 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 at the end and midpoint of each 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	Review SOM with preceptor	Formative: Resident to discuss SOM with preceptor for key regulatory guidance (psychotropic GDR requirements)	TQ1 EQ2-4
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Introduce yourself at a care conference/IDT meeting and discuss RxConcile platform, set up and follow up.	Formative: Preceptor to review meetings with the resident. Attend 2 to 3 care conference/IDT meetings minimum.	TQ1 EQ2-4
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Gain access to PCC, facility charts and demonstrate where to find orders, labs and where to look for previous recommendations.	Summative: Preceptor to witness resident's ability to navigate through the EHR or the medical chart. 10 patient minimum.	TQ1 EQ2-4
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	RxConciliation prep	Summative: Review RxConciliation prep and key talking points with the preceptor. 5 patient minimum	TQ1 EQ2-4
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	Review and discuss a plan for a skilled nursing stay in a LTC facility. Review	Summative: Preceptor to review with resident. 5 patient minimum.	TQ1 EQ2-4

		all R1.1.3 data and discuss with patient and their nurse to find their perceived goals and develop a plan.		
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	After making recommendations for changes and obtaining outcomes resident is to ensure the recommendations have been implemented.	Summative: Review approved recommendations to ensure they have been implemented by the facility/patient. 10 recommendation minimum.	TQ1 EQ2-4
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Once recommendations have been implemented resident should continue to monitor that patient is moving toward the desired outcome/goal.	Summative: Review recommendation for appropriate outcomes. Preceptor to demonstrate understanding of outcome and decide if there is a need for further action and follow up. 10 recommendation minimum	TQ1 EQ2-4
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Perform RxConciliation upon discharge from Facility. Using RxConcile resident should complete 5 RxConciliations minimum.	Summative: Preceptor to review RxConciliation videos with the resident and discuss. 5 RxConciliation minimum.	TQ1 EQ2-4
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Resident is to make appropriate recommendations for irregularities found during MRR. Forward to the appropriate person at the facility and ensure the recommendations are received appropriately.	Summative: Discuss challenges to recommendation acceptance/outcomes. Discussing approach to difficult providers. Review recommendations from 3 different facilities minimum.	TQ1 EQ2-4

R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Adding appropriate notes/resources to the patient portal on RxConcile	Learning experience: Review a minimum of 5 patients with notes/resources added into RxConcile with the preceptor.	TQ1 EQ2-4
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	RxConcile reviews.	Rxconcile reviews performed by Med man preceptor. 5 videos minimum.	TQ1, EQ2-4
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	RxConciliation: using the RxConcile app perform and watch the recordings of at least 4 reconciliations per quarter.	Summative: RxConciliation is a recorded discussion with the patient being transitioned to home regarding their home medications and their discharge medications to ensure there are no conflicts. The sessions are recorded and can be reviewed later.	TQ1 EQ1/2
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	RxConciliation. Follow up at one week and one month with patient. Ensuring patient kept appointment with PCP and that they were not readmitted	Summative: Resident to review outcomes with Preceptor.	TQ1 EQ1/2

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Discuss legislative issues within ASCP that are relevant. (IE provider status)	Learning experience: Discuss with preceptor at least one law/regulation that will impact the practice and understand the ramifications.	TQ2 EQ4
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		.	TQ1 EQ2/3
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	Managing the monthly work load as well as working in a schedule for RxConcile	Self assessment: Discuss with preceptor as needed.	TEQ1
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Develop a list of disease states and topics for discussion. Can become formulary updates as well- To be discussed with/presented to preceptor or designee.	Self assessment: To be discussed with/presented to preceptor or designee.	TQ1 EQ3/4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Join a care team at a facility (e.g. falls committee,	Review experience with preceptor.	TQ1 EQ2/4

		antibiotic stewardship, formulary) and/or attend CQI/QAPI meeting at one assigned home		
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join one organization of your choice and participate in a committee or working group as the local, state or national level.	Reflection as part of weekly activity log.	TQ1 EQ3/4
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	See guidelines provided for completing community service	Review of weekly activity log documenting monthly community service activities	T0 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	1. Develop plan for APPE students 2. Working with preceptors- determine location, audience and topic for community presentation. topic. 3. Working with preceptors- determine audience and topic for group patient education session.	Identify a disease state or regulation update for the APPE students. 1 disease state or regulation update during the residency. Preceptor to evaluate prior to implementation.	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	1. Use current Medication Managers protocol for APPE onboarding and bring them into the fold for the month.	Preceptor to oversee the onboarding process. 1 student to be evaluated during the residency. Preceptor to evaluate prior to implementation.	TQ3 EQ4

		2. Deliver educational activities to both community and group of patients.		
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 resources for the RxConcile product as well as handout for community/patient group education session. to be used by the patients and pharmacists providing the service. An example would be proper use of a dry powder inhaler.	Resources to be placed on the resources google sheet for use by the pharmacists and sent to the patients via the patient portal. Minimum of 3 resources to be evaluated by preceptor.	T- Q1 TE Q2-4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
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	Participate and plan learning activities for IPPE and APPE students as appropriate including topic discussions and DI questions	Formative: 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	Create and deliver midpoint and final evaluations for IPPE and APPE students as appropriate	Summative: discuss evaluations with preceptor prior to delivering to the APPE students.	TQ3 EQ4

Additional Information:

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

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. Residents will spend an average of 12 hours per week in this capacity. The resident will manage the overall operation and services of the practice while gaining skills related to professional leadership.

Type: Longitudinal

Duration: 12 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

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

Orientation Activities:

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

Expectations of the Resident:

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

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

Time Line:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Communicate effectively with pharmacy staff, physicians and other health care professionals involved with the care of the patient during dispensing services.	Direct observation by preceptors.	TQ1 EQ2/4
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Documenting interventions made and outcome of the intervention.	Review monthly with preceptors.	TQ1 EQ2/4
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 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 Q2/4

R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures.	Direct observation by preceptors.	TQ1 TE Q2/4
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	Provide any pertinent information necessary for the safe and effective use of medications to the care giver or patient as needed.	Direct observation by preceptors.	TQ1 TE Q2/4
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	Provide patient with counseling upon discharge utilizing the Rxconcile app.	Direct observation by preceptors.	TQ1 TE Q2/4
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 orientation/quarter}
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Answer patient questions using the Rxconcile app and direct appropriately to patient care services that may be available to them.	Direct observation by preceptors.	TQ1 TE Q2/4
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Effectively communicate the needs of patients being discharged from a LTF to the staff at the	Direct observation by preceptors.	TQ1 TE Q2/4

		LFT in order to put a plan for home care in place.		
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Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Efficiently lead daily operations of the pharmacy by applying policies and procedures, State Law and available technology	Direct observation by preceptors.	TQ1 EQ2/4
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	Attend and contribute to pharmacy management meetings	Direct observation by preceptors.	TQ1 EQ2/4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Evaluate external factors impacting workflow, accuracy and efficiency while staffing. Report observations to preceptor. Attend OPA legislative day either in fall/spring of residency year	Review of observations presented. Write separate reflection on the experience and upload to Box (leadership/management folder)	TQ1 EQ2/4
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based	Creating	Develop and implement internal process for error reporting. Work	Direct observation by preceptors.	TQ1 EQ2/4

protocol to expand the scope of practice for community-based pharmacists.		with preceptors to develop a plan.		
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Efficiently lead daily operations of the pharmacy by applying policies and procedures, State Law and available technology	Number of phone calls to preceptors Number of errors and near misses based on QI reports	TQ1 EQ2/4
QI R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Maintenance of weekly activity log	Number of skill development activities completed during residency year	TQ1 EQ2/4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Efficiently leading daily operations of staffing, resolution of conflicts as they arise	Average hours worked >12/week Number of staffing issues which need upper management intervention	TQ1 EQ2/Q4
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 2 nursing/staff educational programs	Preceptor observation and feedback	TQ1 EQ1-4
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	Applying			TQ1 EQ1-4

students; pharmacists; and other health care professionals.				
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Working with Jodi, Pharmacy Director, write, edit and submit 2 articles for pharmacy newsletter	Preceptor feedback on drafts	TQ1 EQ1-4

Additional Information:

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

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

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

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

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

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

Type: Longitudinal

Duration: up to 6 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Jon Burns- CHD

?????- MM

Alex Lin- COP, Resource for residents/preceptors

Orientation Activities:

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

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

Expectations of the Resident:

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

Time Line:

	June/July (Orientation- Q1)	Aug- Oct (Q1)	Nov (Q2)	Dec (Q2)	Jan- 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			
Institute new service on a limited basis to test business plan					XX	XX	
Evaluate the success of the pilot new service						XX	
Present results to business plan teams in resident competition and create plan for widely instituting new service (Shark Tank 2.0)							XX
Complete reflective activity around business plan project							XX
Final Business Plan Complete and uploaded to BOX							XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

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

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT

General Description:

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

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

Type: Longitudinal

Duration: up to 6 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

Lydia Bailey- SVdP

Bethanne Brown, Jon Burns- CHD

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

Orientation Activities:

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

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to BOX.
2. Read ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
3. Conduct the Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31/17. Found at: http://www.ismp.org/selfassessments/community/2017/2017_ISMP_CommunityAmbulatory_Pharmacy_Self_Assessment.pdf.
4. Review quality improvement concepts during monthly residency meetings in Fall 2018.

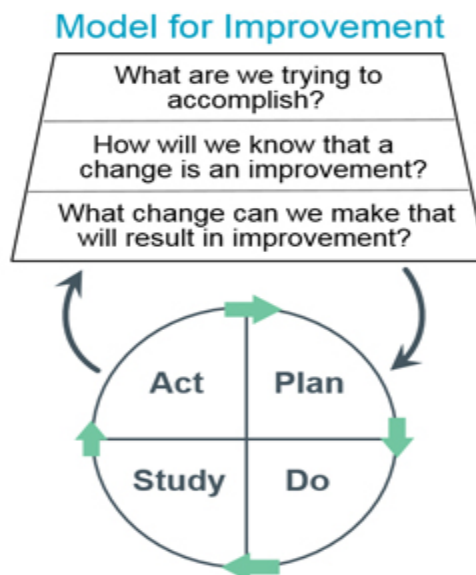
Expectations of the Resident:

Residents will progress from knowledge to application of health care quality improvement concepts.

This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at a pharmacy team meeting.
5. Participate in self-reflection around QI process

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



TimeLine:

	June/July (Orientation)	Aug-Oct (Q1)	Nov-Mar (Q2-3)	April/May (Q3-4)	June (Q4)
Gain baseline knowledge	XX				
Work with preceptor to Identify project, study current system, Complete ISMP self-assessment and brain storm changes		XX	XX		
Apply QI tools to implement change in system			XX	XX	
Evaluate the success of the change				XX	
Present results and create plan for spread					XX
Complete reflective activity around QI project			XX		XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily and weekly
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Preceptor	Resident	Quarterly
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 the experience

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 daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care				
Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R3.1.1: Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Creating	Complete ISMP Medication Safety Self-Assessment	Discuss results with preceptor team. Based on discussion: create outline of proposed QI project with time line. Self-Assessment of skills. Upload all of the above to Box and appropriate site specific cloud storage	TEQ1/2
R3.1.2: Implement a quality improvement project with a minimum of three PDSA cycles	Applying	Using QI tools, implement project based on ISMP self-assessment	Documentation related to QI tools uploaded to Box and appropriate site specific cloud storage Discussion with preceptors	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	Documentation of outcome measures with creation of written report presented to appropriate committees	TEQ4

Additional Information: none

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

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

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

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

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system.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.

Type: Longitudinal

Duration: 11 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

SVdP: Lydia Bailey, Mike Espel + UC Faculty

CHD: Jon Burns + Bethanne Brown + UCAcademic Fellow

MedManagers: Joshua Postoski, Kaylee Adams, Norb Kinross, Craig Stiens
Brad Hein, Dan Healy, Patricia Wigle, + UC faculty based on
areas of expertise.

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

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

Expectations of the Resident:

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

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

Expectations of Project Team:

Members of the project team are responsible for the following:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Project Team	Resident	After project team meetings and as needed
Self- Assessment	Resident	Resident	Will vary from: Weekly, Bimonthly, Monthly and Quarterly
Summative Assessment	Project Team	Resident	Quarterly
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 the experience

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-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident’s performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

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

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

Additional Information:

Resident to utilize resources found in BOX.

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/ContentDisplay.