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

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

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

Type: Concentrated

Duration: 4 weeks, Resident will spend 40 hours per week in this experience

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

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:
Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to the Resident Credentials Folder.
1. Read the following articles (emailed in May):
   a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
   b. Potter et al: Addressing Burnout in Pharmacy Residency Programs

2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. IHI Open School Basic Certificate (s)
4. Read and Complete Strength Finders, participate in review during orientation week.
5. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

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

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

Activities to be completed as part of orientation to practice site:

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

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

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

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

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

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

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

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

2. Practice Site Related:
   a. Collaborative Practice Agreements:
      i. Review CPA policies and procedures for CHD
      ii. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: Pharmacist Consult Agreements with Providers.pdf (ohio.gov)
      iii. Consult agreement with physicians: Section 4729.39 - Ohio Revised Code | Ohio Laws.

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

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

d. Policy and Procedures: Practice Site
    i. Review CHD Pharmacy Policy and Procedures and sign document of understanding
    ii. Review CCPC FQHC Sliding Fee and Billing Policy and current pharmacy medication formulary
    iii. Complete online trainings for HIPAA, bloodborne pathogens, FWA and active shooter. Complete CHD on-boarding process with administrative assistant.
    iv. Attend new hire orientation
    v. Upload copies of signed forms to OneDrive no later than 7/15

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

f. Complete 340B on demand Apexus training; save completion certificate and upload to OneDrive when complete.
    i. Register and access the modules here: [340B University | Online Learning (340bpvp.com)](https://340bpvp.com), Click on PVP Login, click Need help signing in? Request a Login, register as a covered entity, FQHC
    ii. Complete all modules:
        1. Intro to 340b drug pricing
        2. 340b pricing
        3. Compliance cornerstones
        4. 340b and Medicaid
        5. HRSA Medicaid exclusion file
        6. Contract pharmacy
        7. Entity owned pharmacy
        8. Audit process and preparedness
    Upload completed documentation to OneDrive- Practice Site Requirements

g. Communication Skill Review:
    i. Motivational Interviewing
        1. 1. To review this essential communication technique, see information found on this web site: http://www.ncbi.nlm.nih.gov/books/NBK64964/. This document covers the skills needed

2. Once complete, watch the video on youtube located at: https://www.youtube.com/watch?v=s3MCJZ7OGRk. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.

ii. Health Literacy
1. Review how health literacy can affect communication: Understanding Health Literacy | Health Literacy | CDC

iii. Social Determinants of Health
2. 1. Understanding barriers to healthcare and how to overcome them is essential to providing patient care. Review article: Review how health literacy can affect communication: Overcoming Obstacles to Social Determinants of Health | HIMSS
Click on Social Determinants of Health Guide located at end of article and review.

h. Pharmacists' Patient Care Process
i. To review watch the video on YouTube located at: Pharmacists' Patient Care Process PPCP - Bing video
ii. Once complete, read article: The Pharmacists' Patient Care Process - JCPP

i. Review updates to guidelines covered under the CPA:
i. Hypertension: A Review of the JNC 8 Blood Pressure Guideline - PMC (nih.gov)
ii. Hyperlipidemia: ACC/AHA lipid guidelines: Personalized care to prevent cardiovascular disease (ccjm.org)
iii. Diabetes: ADA Diabetes Standards of Care 2022 Guideline Summary (guidelinecentral.com)
iv. Asthma: Asthma Care Quick Reference: Diagnosing and Managing Asthma (nih.gov)
v. COPD: rccm200703456so 532..555 (copdfoundation.org)
vi. Smoking Cessation: National guidelines for smoking cessation in primary care: a literature review and evidence analysis - PMC (nih.gov)

Expectations of the Resident:

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

Progression of the Resident:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	For learning experiences >12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience with a maximum of 12 weeks between evaluations
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Preceptor Evaluation	Resident	Preceptor	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

Competency Area: R2: Leadership and Management				
Goal: R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method	TE: Orientation
R2.2.1: Manage one's self effectively and efficiently	Valuing and Applying	Demonstrates ability to meet deadlines set by preceptor. Completes all orientation activities by due date.	Formative feedback by preceptor	T Q1
R.2.2.2: Apply a process of on-going self-evaluation and personal performance improvement	Valuing and Applying	Accepts feedback from preceptor and incorporates into daily activities.	Formative feedback by preceptor. Written reflection by resident at end	T Q1

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

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

Additional Information:

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

General Description:

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

Role of the Pharmacist:

The pharmacists at these practice sites are responsible for:

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

patient drug disposal bin management
pharmacy supply ordering

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

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

<u>Mentors:</u>

        Residency Preceptor Director: Bethanne Brown PharmD, BCACP
        Site Coordinator: Dave Miller
        Primary Preceptor: Lori Sublett, PharmD, JD
        Supporting Preceptors: Taylor Ellis, PharmD
                                Brynn Hodges, PharmD

<u>Orientation Activities</u>:

Residents will complete the following:
1. Attend a formal CHD Orientation Course
2. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
3. Review of all CHD pharmacy-related policies
4. EPIC and QS1 Computer training (not necessary if resident has previous experience)
5. Shadowing a pharmacy technician and staff pharmacist
6. Complete CE and review of supplementary training information on 340B rules/guidelines
7. Act in the role of pharmacy technician for seven days
8. OutcomesMTM training (if not already part of academic/APPE requirements)
9. Create accounts for different MTM platforms (ie OutcomesMTM, MTM Pathways- CSS Health)
10. Create OH/ID account (if not done previously) to access Ohio Medicaid PNM platform

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

The resident will ultimately be expected to act in the role of staff pharmacist and direct the daily workflow of the pharmacy in dispensing medications and handling patient and provider interactions. The resident will further be expected to coordinate with the pharmacy technician(s) assigned to that location and delegate appropriate tasks where necessary to ensure the smooth operation of the pharmacy. When managing the pharmacy alone, the resident will be responsible for ensuring the necessary daily tasks of the pharmacy are completed, including completion of prescription verification and labeling queues, resolution of dispensing errors, end-

of-day reports, temperature checks for temperature-controlled medications, and preparing the pharmacy for the next business day. The resident will also be expected to be able to assess the need for and execute more intermittent or periodic tasks, such as identifying pharmacy supply needs, outdated medication returns, drug disposal bin returns, and inventory adjustments.

Progression of the Resident:

1st Quarter:

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

2nd Quarter:

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

3rd Quarter:

The resident will be expected to handle pharmacy operations with minimal assistance from the preceptor. The preceptor will be available to the resident within the health center, but may not be within the physical pharmacy environs at all times. The resident will be able to demonstrate appropriate time management in the completion of pharmacy workflow tasks, will generally be able to open and close the pharmacy, and increasingly engage in prioritization of needed tasks including incoming calls and interactions with the medical team. The resident will be able to further demonstrate appropriate delegation of tasks to technician staff as needed to ensure smooth pharmacy operations.

4th Quarter:

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

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	For learning experiences >12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience with a maximum of 12 weeks between evaluations
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Preceptor Evaluation	Resident	Preceptor	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience

- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.

- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.

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

Competency Area/Goals/Objective Related to Learning Experience:

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

R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: • Accurate prescription entry within QS/1 system for electronic, written, faxed or transferred prescriptions • Check voicemails for refill requests, patient calls for refills • Appropriately select correct medication for dispensing within QS/1 • Address billing issues and assist patient in receiving most affordable medication for the patient Prescription check-out counseling using PPCP	Verbal feedback through direct preceptor observation	Q1-2
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Shadow then perform check-out window: • Face-to-face clinical intervention review and counseling using PPCP • Identifying need for delivery services or weekly pill box • Prescription check-out using certified interpreter for non-English speaking patients using Propio Language Services Refer patients to additional services as needed (ie MD/NP,	Verbal feedback through direct preceptor observation	Q1-2

		social services, community health worker)		
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Shadow then perform check-out window: • For each new medication- educate patient using appropriate counseling techniques in patient friendly language ○ How to use, side effects, how it works, missed doses • Use motivational interviewing for adherence issues and/or smoking cessation	Verbal feedback through direct preceptor observation	Q2-3

Competency Area R2: Leadership and Management				
Goal R2.1: Manage operations and services of the practice				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	Complete modeling, coaching, and facilitating of managing staffing team until independent. • Adhere to legal, regulatory and accreditation requirements for dispensing medications	Verbal feedback through direct preceptor observation	Q2-3

		• Demonstrate knowledge and understanding of QS/1 Pharmacy Software, Cardinal purchasing website and in-house error reporting processes • Independently manage staffing team • Oversee effective, efficient, and safe delivery of patient care and dispensing services		

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

Objective:	Cognitive or Affective Domain		Objective:	Cognitive or Affective Domain
R2.2.1: Manage one's self effectively and efficiently	Valuing and Applying	Complete modeling, coaching, and facilitating of independent actions of pharmacist-in-charge • Access CHD policies and procedures when process questions arise • Reach out appropriately for preceptor or leadership direction when unable to resolve issues independently utilizing appropriate P&P • Demonstrate ability to manage order verification queue, physical prescription verification, and patient check-out in	Verbal feedback through direct preceptor observation	Q4

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

Additional Information:

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

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

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

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

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

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

Type: Longitudinal, required

Duration: 11 months
The resident will spend an average of 16 to 24 hours per week engaged in activities related to this learning experience

Mentors:
Residency Program Director: Bethanne Brown, PharmD, BCACP
Site Coordinator: Jonathan Burns, PharmD
Preceptors: David Miller, RPh
Lauren Sowder, PharmD, BCACP
Quentin Norman, PharmD
Lori Sublett, PharmD
Brynn Hodges, PharmD

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

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

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

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

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	For learning experiences >12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience with a maximum of 12 weeks between evaluations
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Preceptor Evaluation	Resident	Preceptor	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

Commented [1]: Pick the objective you feel fit into this learning experience from the 2016 CAGO's document

Commented [3]: Think of everything you do that would help a resident meet this objective and write it down- then compare the verbs to the Bloom's resource (actionveribsforobjectives files).. to be sure it is at the "right level"

Commented [4]: How are you going to assess this activity to be sure the resident is meeting the objective? See the PNG file or slide set- slide 50

Commented [2]: Include the Blooms level- both Cognitive and Affective (found next to the objective in paratheses)

In this example: Responding- Affective Blooms and Applying (Cognitive Blooms) levels

Commented [5]: Which quarter do you feel the resident should be evaluated? Each objective must be evaluated at least 1 time during the residency year.

R1.1.5: Design a safe and effective individualized patient-centered plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	Constructs and documents individualized patient-care plan with recommendations. Shares plan with primary care provider and requests input as necessary.	Preceptor will review patient-care plan and provide feedback	Q1
R1.1.6: Implement the care plan in collaboration with other healthcare professionals, the patient, and caregivers.	Applying	Executes written orders in collaboration with the healthcare team.	Preceptor will review and provide feedback	Q1
R1.1.7: Evaluate and monitor effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Assess effectiveness of patient-care plan through follow up with patient either in person or via telephone. Shares results with healthcare team. Implements changes accordingly in patient-care plan in collaboration with healthcare team.	Preceptor will review and provide feedback	Q1
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Interacts with patients in a friendly manner. Educates patients and caregivers and attempts to ensure understanding of information provided. Utilizes available translation services when necessary.	Preceptor will observe patient visits and other patient interactions. Preceptor will read and evaluate patient notes.	Q1
R1.1.9: Collaborate and communicate effectively with other healthcare team members.	Valuing and Applying	Discusses plan with PCP and shares all documentation	Preceptor will read and evaluate patient notes.	Q1

		electronically after each completed visit.		
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Writes chart notes and orders for all patients seen within 24 hours of appointment.	Preceptor will read, evaluate patient notes, and provide feedback.	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:
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Monitors queue for patients recently discharged from hospital to conduct follow up.	Preceptor will monitor and provide feedback	Q2
R1.3.2: Manage and facilitate care transitions between patient care settings	Applying	Facilitates scheduling of joint appointment with PCP within 7-14 days of discharge. Performs medication reconciliation and ensures patient has access to all necessary medications and other supplies.	Preceptor will observe and provide feedback	Q2

| Competency Area R2: Leadership and Management |
|---|
| **Goal 2.1: Manage operations and services of the practice.** |

Objective:	Cognitive or Affective Domain		Assessment Method	TE: quarter to be evaluated
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Explains social determinants of health and how they impact care. Provides solutions to improve access or minimize barriers to care.	Preceptor will evaluate and provide feedback	Q1
R2.1.4: Evaluate existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	Creating	Evaluates existing collaborative practice agreement and proposes improvements	Preceptor will evaluate and provide feedback	Q1
Goal 2.2: Demonstrate personal and professional leadership skills.				
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	Participates in an OPA committee or meeting.	Resident will take notes and present verbal summary of meeting to preceptor. Preceptor will ask questions and provide feedback.	Q2

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

Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain		Objective:	TE: quarter to be evaluated
R4.4.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Provide a monthly presentation to a variety of forums (pharmacists, clinic staff, medical residents) over disease states covered under CPA and other topics chosen by resident/preceptor.	Preceptor will attend and observe presentations and provide verbal and written feedback.	Q2
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Provide a monthly presentation to a variety of forums (pharmacists, clinic staff, medical residents) over disease states covered under CPA and other topics chosen by resident/preceptor.	Preceptor will attend and observe presentations and provide written and verbal feedback.	Q2
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 a monthly presentation to a variety of forums (pharmacists, clinic staff, medical residents) over disease states covered under CPA and other topics chosen by resident/preceptor.	Preceptor will attend and observe presentations and provide written and verbal feedback.	Q2

Goal R4.2 Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g. students, pharmacy technicians, or other healthcare professionals.				
Objective:	Cognitive or Affective Domain		Objective:	TE: quarter to be evaluated
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	Create and assign learning activities for pharmacy students based on the students' interests and the needs of the practice site. Uses the 4 preceptor roles: instructing, modeling, coaching, and facilitating.	Preceptor will review and provide feedback.	Q3
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during the experiential learning.	Analyzing	Provides regular feedback through verbal and written communication. Contributes to midpoint and final evaluations for students by discussing performance with preceptor.	Preceptor will observe and provide written and verbal feedback.	Q3

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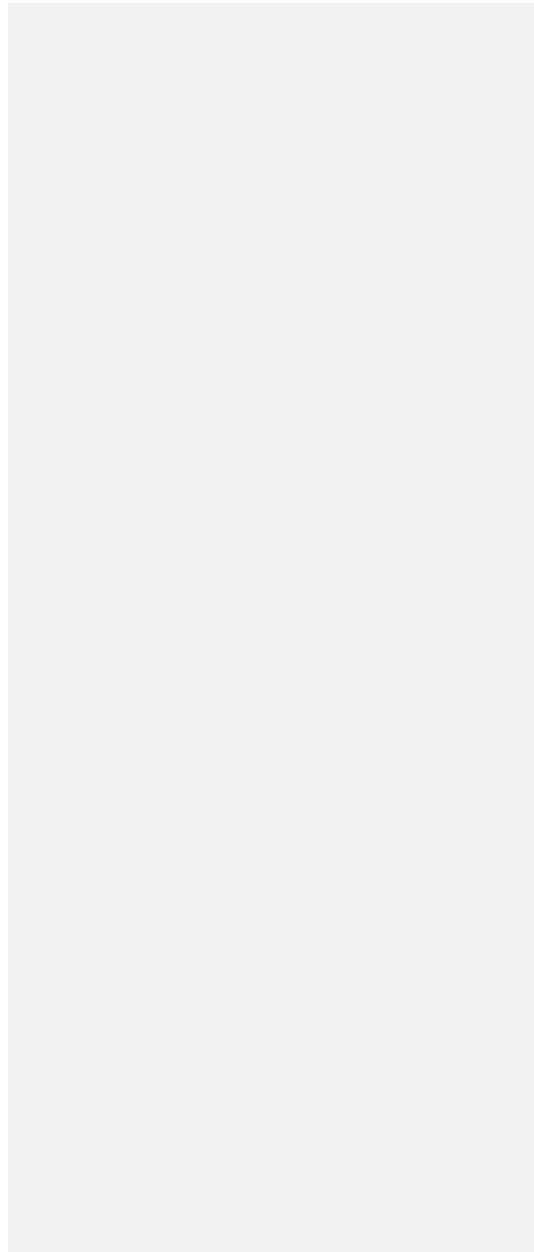
University of Cincinnati PGY1 Community –Based
Pharmacy Practice Residency
Leadership And Management-Cincinnati Health Department

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

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

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

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

<u>Duration</u>: 11 months

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

<u>Orientation Activities</u>:
1. Learn about the History of the CHD with preceptor review and readings
2. Meet CHD Leadership team and review organizational hierarchy that includes the Health Commissioner, CEO, COO, CFO, Medical Director, Nursing director, and administrative assistants

3. Educate the resident about the three CHD boards, its members, and its function
4. Attend CCPC, Finance and Board of Health Meetings
5. Preceptor to show resident current CHD 340B inventory practices and for auditing by reviewing HRSA rules and regulations to prevent diversion in the 340B program

Expectations of the Resident:

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

Progression of the Resident: (In quarters)

Orientation(shadowing): Complete activities listed above

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

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	For learning experiences >12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience with a maximum of 12 weeks between evaluations
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Preceptor Evaluation	Resident	Preceptor	For learning experiences greater than 12 weeks, a learning experience evaluation is completed at the midpoint and at the end.
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency

year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency **Area** R2: Leadership and Management				
Goal				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	applying	Carrying out the functions of leading a pharmacy team as the Person in Charge (PIC) Perform reviews on technician and be reviewed by preceptor	Feedback from business plan team	Q2- Q4
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	applying	Attend Board meetings with end goal to present a business plan at the end of 11-month training at the CCPC, Finance and Board of health meetings	Feedback from business plan team	Q1-Q4
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists	Creating	Initiate 340B auditing plan and modify as data is collected Meet established timelines for diversion prevention. Review current 340B process and gather information from clinic staff pharmacies, and clinical	Data review by business plan team	Q2 &Q4

		nurses and improve policy, procedures and SOP.		

Competency Area: R2: Leadership and Management				
Goal:R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R2.2.1: Manage oneself effectively and efficiently.	Valuing and applying	Learn to be strategic developing an ability to see the big picture and take a longer range, broader business perspective. Learn to step back from the day-to-day tactical details of business and focus on the "why" not just the "what" and "how."	Preceptor review and feedback	Q1-Q4
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and applying)	Use strategic planning leadership development goal and create a succession plan.	Preceptor review and feedback	Q1-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 and actively participate in a local, state or national organization of your choice.	Preceptor review and feedback	Q2-Q-4

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

Information:

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

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

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

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

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

Type: Longitudinal Learning Experience, required

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

Mentors:
Residency Preceptor Director: Bethanne Brown PharmD, BCACP

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

Orientation Activities:

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

Expectations of the Resident:

The resident is expected to

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

Minimum Specific Teaching Requirements:

Assigned in both Academic Learning Experience I and II

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

Assigned in either Academic Learning Experience I or II

3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participate in one OSCE – fall or spring

Progression of the Resident:

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

Assessment Strategy:

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

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

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

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

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

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Based on target audience: Conduct background literature search and appropriately cite all content Create a minimum of 3 learning objectives for each presentation at appropriate Bloom's level for each audience Outline content based on learning objectives and submit for feedback from appropriate mentor	Faculty teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to	TE Q1/2

			Create appropriate assessments for each objective.	create a useful final product.	
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying		Based on target audience: Create appropriate visual aids/handouts based on content Practice presentation with appropriate mentor to incorporate transitions, non-verbal and summarizations of key points. Incorporate various active learning strategies to engage audience Provide audience the appropriate evaluation tool at the end of each presentation	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	TE Q1/2
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying		Based on target audience: Conduct background literature search and appropriately cite all content Create handouts that concisely and effectively display key points of presentation using guidelines provided Submit all documents for review and feedback to the appropriate mentor	Materials presented to the students/pharmacists is effective, up to date, and appropriate for the given course/CE and audience.	TE Q1/2

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

R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method. Type of feedback will vary based on delivery of the material.	Preceptor observation during training for teaching activities	TE Q1/2

Additional Information: none

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

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

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

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

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

Type: Longitudinal Learning Experience, required

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

Mentors:
  Residency Preceptor Director: Bethanne Brown PharmD, BCACP

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

Orientation Activities:
See Academic Learning Experience I for details

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

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

Minimum Specific Teaching Requirements:
Assigned in both Academic Learning Experience I and II
1. Skills Lab Module Teaching- each week as applicable based on practice site
2. Non-Skills Lab recitations: 1 or 2 as applicable to teaching
Assigned in either Academic Learning Experience I or II
3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participate in one OSCE – fall or spring
New to Academic Learning Experience II
5. Participate in evaluation of poster presentations (PREP or Capstone)
6. Create one CE program (live or virtual) for pharmacists and/or technicians

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 and upload all documents related to teaching to OneDrive.

Progression of the Resident:

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

Assessment Strategy:

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

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

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

meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

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

Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Based on target audience: Conduct background literature search and appropriately cite all content Create a minimum of 3 learning objectives for each presentation at appropriate Bloom's level for each audience Outline content based on learning objectives and submit for feedback from appropriate mentor Create appropriate assessments for each objective.	Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to	TE Q2/3

			create a useful final product.	
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Based on target audience: Create appropriate visual aids/handouts based on content Practice presentation with appropriate mentor to incorporate transitions, non-verbal and summarizations of key points. Incorporate various active learning strategies to engage audience Provide audience the appropriate evaluation tool at the end of each presentation	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	TE Q2/3
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Based on target audience: Conduct background literature search and appropriately cite all content Create handouts that concisely and effectively display key points of presentation using guidelines provided Submit all documents for review and feedback to the appropriate mentor	Materials presented to the students and or pharmacists is effective, up to date, and appropriate for the given course/CE and audience.	TEQ2/3
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				

R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Based on audience: Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method. Type of feedback will vary based on delivery of the material.	Preceptor observation during training for teaching activities	TEQ2/3

Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency
Advancing Community Based Practice- 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.
   > Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.
   > Please go to: http://www.equator-network.org/ for additional details.

Type: Longitudinal, Required

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

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

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

<u>Mentors:</u>

        Residency Preceptor Director: Bethanne Brown PharmD, BCACP

        Preceptors:

                CHD: Jon Burns PharmD + UC faculty based on areas of expertise

                SVdP: Lydia Bailey, + UC Faculty based on areas of expertise

                FRHC: Anne Metzger + Megan Rasch

                MedManagers: Casondra Kleven MM

                                + UC faculty based on areas of expertise.

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

1. Complete Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed.
2. Attend research seminar (s) during residency orientation sponsored by the University of Cincinnati.
3. Read the following chapters from the APhA Library Pharmacy Research: a how to guide for students, residents and new practitioners. This reference can be found within the APhA Library (Health Sciences Library website).
    a. Chapter 1: Where do I begin
    b. Chapter 2: What do I need to do to get started
    c. Chapter 4: How do I collect, organize and analyze data
4. Meet with representatives from Colleges internal IRB review committee on as needed basis.
5. Connect with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project.

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

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

1. Completing one 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. Completing manuscript based on the following schedule
    a. By 10/31: Select journal, review instructions to the author and complete Background and Methods sections (approved by team)
    b. By 4/30: Complete Results, Tables and Figures
    c. By 5/15: Complete Discussion, Conclusion and Abstract sections and submit final manuscript to research team.
    d. By 6/23: Submit final manuscript and close out IRB protocol in RAP portal
8. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive

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

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

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

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

Please follow these guidelines when submitting a protocol to the IRB (after Step A above). This will ensure timely approval of your research project:

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

   to alert them to the time sensitive nature of your submission.
   You must include the following information in the email:
   a. Title,
   b. Protocol number and a reminder that you are a UC Resident and you have 1 year to complete your research.
3. Review the IRB process flow diagram (on the RAP portal) on a regular basis to determine and keep track of the status of your protocol
4. Submit any requested changes within 2 days to the IRB. Once the updated protocol is submitted via the RAP portal, email the above again alerting everyone to the change.
5. If you do not receive a response from IRB within 5 business days, please email a professional reminder to all.

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

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

<u>Progression of the Resident:</u>
Residents will learn the process of conducting clinical research over the course of the residency year. Timeline for activities will be dictated by the practice site. See timeline provided on One-Drive.

<u>Assessment Strategy:</u>

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

Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience

- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.

- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.

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

Competency Area/Goals/Objective Related to Learning Experience:

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

		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	Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC Write a manuscript based on instructions to the authors from an appropriate journal (target audience) using the time-line provided and meet the following deadlines: 10/31: journal selection, background and methods 4/30: results, tables and figures 5/15: discussion, conclusion and abstract 6/23: Final manuscript submitted. Complete 3 rounds of edits (2- preceptor team, 1- peer) on the manuscript Submit final version to preceptor team for approval.	Review by peers, faculty and others	TE: Q4

Additional Information:

Resident to utilize resources found in OneDrive.

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

University of Cincinnati Community –Based Pharmacy Practice Residency
Advancing Community Based Practice- 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.
> Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.
> Please go to: http://www.equator-network.org/ for additional details.

Type: Longitudinal, Required

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

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

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

<u>Mentors:</u>
        Residency Preceptor Director: Bethanne Brown PharmD, BCACP
        Preceptors:
                CHD: Jon Burns PharmD + UC faculty based on areas of expertise
                SVdP: Lydia Bailey, + UC Faculty based on areas of expertise
                FRHC: Anne Metzger + Megan Rasch
                MedManagers: Casondra Kleven MM
                            + UC faculty based on areas of expertise.

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

1. Complete Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed.
2. Attend research seminar (s) during residency orientation sponsored by the University of Cincinnati.
3. Read the following chapters from the APhA Library Pharmacy Research: a how to guide for students, residents and new practitioners. This reference can be found within the APhA Library (Health Sciences Library website).
   a. Chapter 1: Where do I begin
   b. Chapter 2: What do I need to do to get started
   c. Chapter 4: How do I collect, organize and analyze data
4. Meet with representatives from Colleges internal IRB review committee on as needed basis.
5. Connect with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project.

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

1. Completing one 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. Completing manuscript based on the following schedule
   a. By 10/31: Select journal, review instructions to the author and complete Background and Methods sections (approved by team)
   b. By 4/30: Complete Results, Tables and Figures
   c. By 5/15: Complete Discussion, Conclusion and Abstract sections and submit final manuscript to research team.
   d. By 6/23: Submit final manuscript and close out IRB protocol in RAP portal
8. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive

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

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

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

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

Please follow these guidelines when submitting a protocol to the IRB (after Step A above). This will ensure timely approval of your research project:

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

to alert them to the time sensitive nature of your submission.

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

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

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

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

Progression of the Resident:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
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Learning Experience Evaluation	Resident	Learning Experience	Twice- at the midpoint and end of the experience
Preceptor Evaluation	Resident	Preceptor	Twice- at the midpoint and end of the experience

Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time. Residents will be asked to complete a bi-weekly (on strength/struggle) and on-demand reflections on a unique experience

- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.

- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency. Specific CRITERIA BASED comments should be included with information the resident can use to improve their performance as the learning experience progresses.

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

Competency Area/Goals/Objective Related to Learning Experience:

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

		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	Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC Write a manuscript based on instructions to the authors from an appropriate journal (target audience) using the time-line provided and meet the following deadlines: 10/31: journal selection, background and methods 4/30: results, tables and figures 5/15: discussion, conclusion and abstract 6/23: Final manuscript submitted. Complete 3 rounds of edits (2-preceptor team, 1- peer) on the manuscript Submit final version to preceptor team for approval.	Review by peers, faculty and others	TE: Q4

Additional Information:

Resident to utilize resources found in OneDrive.

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

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

General Description:

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

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

Role of the Pharmacist:

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

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

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

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

<u>Mentors:</u>

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors: Dave Miller RPh, Brynn Hodges PharmD, Jerry Schneider PharmD

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

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

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

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

Progression of the Resident:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly and situational

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

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Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

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