



Post Graduate Year 1 Community-Based Residency Program



Become a PharmCat!!

James. L. Winkle College of Pharmacy
3225 Eden Avenue
Cincinnati, OH 45267-0004

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

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

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

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

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

St Vincent de Paul
Lydia Bailey PharmD. BCACP

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

Five Rivers Health Centers
Anne Metzger PharmD, BCPS

ASHP/APhA Community-Based Residency Program Universal Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

The University of Cincinnati Community-Based Pharmacy Residency Program

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

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

University of Cincinnati PGY1 Community and PYG2 Ambulatory Care Pharmacy Practice Residency Program Policies 2022-2023

Requirements for Completion of Residency:

The University of Cincinnati Residency Programs require one year (12 months) of full-time training that will generally commence on July 1 and finish on June 30 of the subsequent year. Residents are expected to pursue the achievement of all the goals of the residency program as established in their development plans through an enthusiastic and timely completion of all activities and assignments.

The residency program director and preceptors will actively encourage and assist residents in the satisfactory completion of the residency. A residency certificate will be awarded upon successful completion of the program. Successful completion requires the following (see Appendix A and B for PGY1 program and Appendix C and D for PGY2 program):

1. Successful completion of all required and elective (if applicable) learning experiences.
 - a. A designation of “Achieved” on a minimum of 85% of the required goals identified in the program plan.
 - b. A designation of “Satisfactory Progress” on all remaining goals identified in the development plan (but no more than 15% of required goals).
 - c. A resident will not complete the program if any objective is rated as Needs Improvement (NI).
2. Satisfactory completion of all Requirements to Complete the Residency.
 - a. PGY1: See Appendix A and B
 - b. PGY2: See Appendix C and D
3. Completion of end of year meeting with RPD to verify and document successful completion of the program requirements.:

Licensure:

Residents should be licensed in Ohio by the by start of their residency when practical to do so. Failure to obtain licensure will necessitate customization of the resident’s training program and may result in termination from the program. Termination will occur if the resident is unable to become licensed in the State of Ohio by August 31st for the PGY2 Ambulatory Care program and September 30th for the PGY1 Community-Based programs in the year the training occurs. This licensure requirement is consistent with ASHP PGY2 Ambulatory Care (1.6: Consequences of residents’ failure to obtain appropriate licensure either prior to or within 90 days of the state date of residency are addressed in written policy of the residency program) and PGY1 Community –Based Accreditation Standard for Post Graduate Training (1.4: Requirements for Resident Selection and Resident Completion of the Program). If NAPLEX or MPJE exams cannot be scheduled prior to the start of the residency year, the resident should schedule the exam(s) on a Saturday in July. Vacation time is not permitted to be used for exam taking purposes and any time away from the practice site must be made up during Orientation.

PGY2 only- documentation of completion of accredited PGY1 program:

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

1. Truthfully answer the following question in SuccessFactors (an internal UC HR program) “I have completed or will complete by 7/1 an ASHP accredited PGY1 residency program”.
2. Submit a copy of their PGY1 certificate of completion and verification letter from RPD as proof of completion. These documents will be uploaded into the HR system (SuccessFactors) by 7/1 of the residency year.

Development Plans and Required/Elective Experiences:

The residency program is committed to maintaining a customized program that meets the needs of individual residents. All residents will be expected to meet the performance requirements of the residency as established in the University of Cincinnati PGY1 Community-Based and PGY2 Ambulatory Care Residency Programs. However, in order to meet each resident's individual needs, aspects of residency including elective goals and objectives, orientation, program structure, teaching strategies (modeling, coaching and facilitation) and evaluation strategies may be modified, or customized, to help the resident be successful and obtain the maximum value from the residency. The resident's development plan will be re-evaluated and updated at least once each quarter of the program.

Components of Development Plan

1. Entering Self-Evaluation and Self-Reflection – residents will be asked to both self-evaluate (taking a critical view of skills/abilities based on given standard) and self-reflect (global view of your learning and professional growth) by completing assigned activities prior to the start of the residency training year. Directions will be sent via email by the RPD with expected return date. Completed documentation will be distributed to program preceptors.
2. Residents will be asked to answer entering interest questions as part of the Self-Evaluation and Self-Reflection form. These questions will provide preceptors background on the residents training, desired preceptor interaction, organizational involvement and teaching interests. Responses will be sent to preceptors who will then use this information to customized orientation experiences.
3. PharmAcademic Self-Evaluation: Residents will also be asked to review current ASHP/APhA Competency Statements/Goals/Objectives of the residency program and complete a self-evaluation in PharmAcademic (Entering Objective-Based Self-Evaluation) during orientation. Each resident will determine level of experience and ability to achieve the educational objectives of the residency program. For each goal, residents will review the criteria provided and select one of the following level of skills (and associated level of preceptor interaction). Comments are required for each objective and will be discussed at length during orientation.

Level of Skill	Preceptor Interaction
Fundamental Awareness	Teaching/Role Modeling
Novice	Coaching
Intermediate	Experience with Coaching
Independent	Independent
Achieved	None needed

4. Initial orientation activities – The RPD and primary preceptor will prepare the initial customized training for orientation based on the above collected information. Throughout orientation, the primary preceptor will also evaluate the resident based on the same criteria in the self-evaluation and adjust the plan as needed.
5. Initial development plan will be created with RPD during orientation month (late July). This plan will include: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development and learning interests, To help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc.
6. Each quarter, the resident will meet with the RAC to evaluate progress and review/updated development plans including: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development, learning interests, modifications to residency, readiness for independent learning and assessment strategies. Meeting will take place in October, January, and April.

Required Learning Experiences/Design of the Program:

All residents will complete unique learning experiences as part of the residency year. Details for each experience can be found in the learning experience documents within the residency handbook. The majority of experiences are longitudinal with the exception of Orientation, which lasts 4 to 8 weeks. The PGY1 resident must successfully complete each of the following experiences*:

- 1 Orientation- 40 to 50 hours per week for the 4-to-6-week experience
 - 2 Patient Centered Dispensing:
 - a. St Vincent de Paul: 16 hours per week
 - b. Five Rivers Health Centers: 8 hours per week
 - 3 Leadership and Management:
 - a. St Vincent De Paul: 4 hours per week
 - b. Five Rivers Health Centers: 4 hours per week
 - 4 Patient Centered Dispensing + Leadership and Management
 - a. Medication Mangers/LifeLine: 12 hours per week
 - 5 Direct Patient Care- 24 hours per week*
 - 6 Academic - 4 hours per week
 - 7 Business Plan- 2 hours per week*
 - 8 Research Project- 2 hours per week*
 - 9 Quality Improvement Project– 2 hours per week*
- *Approximate average per week, each week will vary based on project

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

1. Orientation- 40 to 50 hours per week for the 4-to-6-week experience
2. Direct Patient care- 30 to 32 hours per week
3. Practice Management- 4 to 8 hours per week
4. Advancing Practice and Improving Patient Care- 4 hours per week
5. Academic and Teaching Learning Experience – 4 hours per week
6. Community-Based Practice – 16 hours per month for 6 months.

Elective options experiences:

Based on the resident's interests and areas for improvement, elective experiences may be created based on the resident's development plan. These experiences ideally will take place during the residency year and time of offering will vary based on practice partner. All elective experiences will be discussed/decided upon collaboratively by the RAC. It is the responsibility of the RPD to then organize/manage these experiences in conjunction with preceptor(s).

MM/LL: electives for December will be offered. Residents will be allowed to choose opportunities based on areas of interest or deficiencies. Planning will begin after Q1 RAC meeting each year.

SVdP: Q2 RAC meeting- team (preceptors + resident) and will decide if resident is able to pursue an elective experience with a target of May/June for creation/institution.

FRHC: Q4 will be reserved for elective experiences in either MAT or Women's Health.

Assessment of Performance:

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

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

Examples of formative feedback include:

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

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

Examples of summative feedback include:

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

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

1. Bi-weekly, residents will be asked to identify a strength/struggle to evaluate. This self-reflection is found in the weekly activity log. How to accurately self-reflect will be reviewed in orientation.
2. PGY1 programs: Quarterly residents will self-evaluate their performance compared to the criteria based goals/objective statements for each learning experience.
 - a. This evaluation is found in Pharmacademic
 - b. Each evaluation must be completed by the due date or within 7 days.
 - c. For detailed information on how to complete these evaluations-see assessment strategy found on OneDrive
 - i. Failure to either complete the evaluations on time or failure to complete evaluations as detailed in the assessment strategy will result in disciplinary action as described in the remediation/disciplinary/performance policy found below.
3. PGY2: residents will self-evaluate during formal quarterly summative Pharmacademic evaluations with primary preceptor for each learning experience.

Residency Grievance

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

Resident Evaluation Concerns:

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

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

Remediation/Disciplinary/Performance Policy:

The resident is expected to fulfill all the learning objectives of required experiences and to satisfactorily complete all other requirements outlined in the residency handbook. Professionalism, submission of high-quality work and timeliness are expected. The residency takes precedence over all other professional activities (ie moonlighting). The goal is for the resident to successfully meet the expectations and to grow professionally.

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

1. Preceptors will notify residency program director immediately once a situation of concern has been identified. Examples include concerns revolving around patient care, professional/ethical

behavior, educational requirements, failure to meet deadlines or conducting personal business during work hours.

2. A meeting with the residency program director, all preceptors at the site and the resident will be held to discuss the concerns identified.
3. If deemed necessary, a performance improvement plan (PIP) will be initiated in accordance with the University of Cincinnati Performance Improvement Policies.

This PIP plan will contain the following:

- a. Describes the behavior(s) or performance that is falling short of expectations.
- b. Describes the impact on the team/organization of this shortfall.
- c. Expected Performance Behavior- details provided.
- d. Follow-up frequency
- e. Signatures of all involved parties
- f. Documentation of follow-up discussions
- g. A copy will be provided to all for editing within 48 hours of the initial meeting. All comments will be sent to the residency program director and the final document will be emailed to all involved within 1 week of the initial meeting.
- h. Follow-up meetings will be scheduled as needed to ensure resident is meeting the goals set within the action plan.

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

4. Any failure to meet any part of the performance improvement plan will result in the issuance of a formal, written reprimand. This reprimand will be issued by the residency program director in collaboration with UC HR and presented to the resident in a face-to-face meeting. The reprimand contains the following:
 - a. Specific procedures violated.
 - b. Describe situation/issue.
 - c. Future performance expectations.
 - d. All involved parties will sign the document.
 - e. The document will be placed in the resident's human resources file and is considered public record- viewable by any who request a copy.
 - f. Action plan will be updated based on new evidence of concerning behavior.
5. If a resident receives MORE THAN ONE formal reprimand, dismissal procedures may be set in action. This step must require approval of RPD and site coordinator.
6. In cases of serious misconduct, regardless of the whether it is the resident's first offense, the College of Pharmacy reserves the right to initiate discipline at any of the aforementioned levels, up to and including termination.

Dismissal Policy:

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

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

Time Away from Work:

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

If the resident is unable to fulfil the training duties for a time period of 30 days or more, the program reserves the right to terminate the residents subject to University policies in effect at the time of employment and in collaboration with the residency practice partner.

Resident Vacation:

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

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

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

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

Unpaid time off: residents are permitted to take days off without pay. However, ALL days off (paid or unpaid) may not exceed the total vacation time accrued (10 days per residency year).

To enter unpaid vacation into the UCFlex Employee Self Service(ESS system)- you must include 2 entries:

1. Time off with pay: can you used to include all hours accrued to date
2. Time off without pay: should be used for all remaining time off that is not covered with your current accrued vacation time. The category is “authorized leave- unpaid”.

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

Resident Vacation per practice partner:

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

Please note, as of 4/22, the following policies are in place:

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

Resident Holidays:

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

Please note: UC is closed the following holidays for 2022-2023: July 4th, September 5th, November 11th, November 24th and 25th, December 22nd and 23rd, January 2nd, January 9th and May 29th

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

- October 10th and Tuesday November 8th: Reading Day/Fall Break
- December: 22nd to 30th: Winter Break, UC Closed
- March 13th to 19th: Spring Break

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

Sick Leave:*

Residents accrue sick time at a rate of 6.67 hours/month for each month worked (10 days/year). Upon the end of the residency and will not be paid for any unused days. For sick time greater than 5 days taken consecutively, a doctor's note will be required.

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

Professional Leave:

UC supports attendance at professional meetings as required by the UC PGY1 Community-Based Pharmacy and PYG2 Ambulatory Care Residencies. Specific days of travel will be approved based on the resident's expected participation and responsibilities at each conference. If the needed professional leave falls on a day or days when the resident has staffing obligations, the resident must work with the primary site coordinator in order to reschedule the missed hours. Approximate professional leave dates will be decided during Residency Orientation. Any additional request for professional leave must be submitted to the Residency Program Director. The final decision for all professional leave is made by the Residency Program Director and Preceptor team.

Conference (live or virtual) Guidelines:

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

1. List of conference(s) required to attend, present or participate in can be found in the advancing community-based practice- research project learning experience document and associated research timeline.
2. You must attend the conference on day 1 (ie be there by the start of the first session).
3. The expectation for the length of stay for each conference will vary and must be approved by the site coordinators and RPD
 - a. IE: for OPA conference- Friday and Saturday are mandatory. Sunday is optional
4. Recruiting is a key part of conference attendance- you will be required to attend all recruiting events as determined by RPD.
5. At least 1 week prior to the conference, residents will meet with site coordinators to review the schedule of educational learning sessions and other professional development activities
6. A minimum of 3 educational sessions per day (in addition to poster presentations or recruiting events) will be jointly identified for the resident to attend. This will be based on the time the resident is participating in conference related activities.
7. For virtual conferences: residents will create a written summary of each educational session attended and email a completed document to the site coordinator and RPD no later than 1-week post conference.
 - Written summary shall include the following in ½ page or less
 - i. Summarization of overall learning from the session
 - ii. Clinical pearls learned

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

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

Interviews:

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

Unpaid Leave:

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

Inclement Weather:

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

Professional Travel:

Residents are expected to attend and participate in professional meetings as part of the requirements of the residency program. Residents will be reimbursed for travel expenses for up to six meetings/recruitment events each year (up to a max of \$1000 total for the year for PYG1 and \$3000 total for PGY2 programs). Additional travel/training may be reimbursed on an individual basis after approval from RPD/Preceptors.

The required meetings/recruitment events may be:

- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- American Society of Consultant Pharmacist Regional Meeting (MM only)
- American Society of Health Systems Pharmacists Annual Meeting*
- American College of Clinical Pharmacy Annual Meeting*
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase

- Ohio Pharmacists Association Advocacy Events (fall or spring events)
 - Ohio Pharmacy Residency Conference Showcase (OPRC)
- *PGY2 Program only

Reimbursable expenses generally include the following:

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

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

1. Submit for time off for authorized travel via BearCat Landing, Tools, UCFLex Employee Self Service (ESS). Once approved
2. Submit travel authorization form via Concur, the Universities on-line travel reimbursement system. Completion of training occurred during orientation

All requests for travel must be submitted a **minimum of one month prior to your trip.**

3. Once approved in Concur- submit for expenses
 - a. prior to travel- includes registration/airline tickets or
 - b. after travel completed- hotel, meals, transportation etc.
4. For expenses paid after travel has been completed, receipts must be submitted no later than **ONE WEEK** from the date of return from your required travel.
 - a. If the ONE WEEK deadline is missed, the resident may be responsible for the entire cost of the travel. It is at the discretion of the residency program to accept or deny reimbursement for travel expenses submitted late.
5. Reimbursement is generally provided within 2 weeks of submission of expense with receipts.
6. Concur can be accessed via BearCat Landing, Tools Tab, Concur.

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

Key Tentative Dates:

- ASCP Midwest Regional Meeting: 7/29 and 7/30, 2022 (MM/LL residents only)
- ASCP Annual Meeting 2022: 11/3 to 11/6 , 2022 San Antonio, TX(MM/LL residents only)
- APhA Annual Meeting 2023: 3/24 to 3/27, 2023, Phoenix AZ (FRHC, SVdP and PHS residents only)
- Ohio Pharmacist Association: 4/14 and 4/15; Columbus, OH
- Ohio Pharmacy Residency Conference: 5/19/23 (tentative), Ada, Ohio
- OSHP residency showcase 10/22/2022 (tentative) Columbus, Ohio
- OPA advocacy events (November, February- PGY1 residents only -TBD)

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

Documentation of Vacation/Sick/Travel Leave:

Once approved, all time off from work (TOFW) must be documented and submitted to the College business office. Time off requests must be submitted via the UCFLEX Employee Self-Service (ESS) portal via instructions listed below. Once submitted, the College business office will verify via email to the RPD that the time is approved, and the time will then be processed on the following payroll cycle. Access to ESS will be available on the first date of employment.

1. Vacation request should be completed once the time away has been approved by the site coordinators and residency program director and prior to travel based on number of days off
 - a. No later than one month for a full week and 2 weeks for individual days
2. All required professional travel documentation should be submitted no later than two weeks prior to travel
3. For sick time, the form must be completed within one week of returning to full time work.

Detailed instructions for submitting TOFW requests can be found in the Help menu for UCFLEX: [Knowledge Search - Knowledge Portal \(service-now.com\)](#). Here you can search a variety of topics related to UC Flex (ie [IT@UC Knowledge Base - ESS - Request Time Off From Work \(service-now.com\)](#)).

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

Other Benefits:

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

<https://mailuc.sharepoint.com/sites/HR-Benefits/Benefits Folder/Forms/AllItems.aspx?id=%2Fsites%2FHR-Benefits%2FBenefits Folder%2Fben-sum-post-doc-aa-intern-st-fac-sp-fellow-8-20%2Epdf&parent=%2Fsites%2FHR-Benefits%2FBenefits Folder>.

Resident Calendar:

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

Resident Health

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

1. Influenza vaccine- yearly, provided by the College at no charge
2. Tdap- physician documentation of the last dose within 10 years.
3. PPD- yearly screening, documented by physician. This is provided by the College at no charge. See [Overview \(uc.edu\)](#) to find hours and to schedule an appointment at the UC Health Employee Health and Wellness Clinic, 3200 Burnett Ave. Call 513-585-6600 to schedule.

- a. Please let them know you are a new employee and this is the ONLY test required by the College.
 - b. Please request the IGRA blood test also known as Quantiferon-TB (not the PPD skin test)
4. Hepatitis B vaccine series- physician documented.
5. PGY2 program only: documentation of immunization status for HepA, HepB, MMR and Varicella.
6. MedManagers: Covid19 test (as applicable)
7. Covid19 Vaccine- proof of vaccination is required.
8. Covid19 Vaccine Booster- by December 2022

Duty Hours Requirement:

The residency is a full-time obligation; hence the resident shall manage activities external to the residency so as to not interfere with the goals, objectives and obligations of the program.

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

Under certain circumstances, a limited amount of outside work may compliment and enrich the residency experience. Therefore, it is the policy of the residency program to allow a resident to work outside the residency program (either internal or external) under the following conditions (termed Moonlighting which is defined as any voluntary, compensated hours beyond the residency requirement that are not part of the scheduled duty periods of the residency program).

1. The resident will communicate their intention to seek or continue outside employment and request permission from both the site coordinator(s) AND residency program director before an outside work commitment is made. This communication must include a justification for the outside work, type and commitment. This must be communicated as soon as possible prior to or at the start of the residency year.
2. The outside work schedule and number of hours do not compromise any component of the residency.
3. While this program does not set a limit on the number of moonlighting hours worked. Those hours cannot cause the resident to exceed the ASHP duty hour requirement.
4. Work outside of the residency may be continued as long as the resident’s performance is satisfactory as determined by the site coordinator and residency program director.
5. All duty hours must be documented on the weekly activity log. All hours worked moonlighting must be placed in the “other” column and include hours and location/employer.
6. The resident will be required to follow ASHP standards for maximum duty hours and duty free times found at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>.

7. If a resident chooses not to moonlight- they must attest to the fact that they have not participated in outside employment using the weekly logs by initialing the following statement (located under the hours log table- page 1)
_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

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

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

Resident Portfolio:

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

See Appendix B for (For PGY1 program) and Appendix D (for PGY2 program).

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

Residents must..

1. successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACH). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI).
2. satisfactory complete of all requirements listed below (Appendix A and B)
 - a. Track progress towards completion by completing the requirements to complete the residency document prior to each quarter and end of the year residency RPD meeting.
 - b. Present during development plan meetings the progress towards meeting the requirements by sharing the above document and reviewing status
3. meet with RPD at the end of the residency year to verify and document successful completion of program requirements (signatures on Final Requirements to Complete the Residency document required)
4. The resident must **complete** the following **activities** as part of the program:

Competency Area R1: Patient Care

- Engaged in direct patient care related activities an average of 65% of the residency
- Engaged in patient centered dispensing activities a minimum of 8 hours/week
- Participate in patient transitions of care services
- Collaborative Practice Agreement (CPA): evidence of new or enhanced CPA, standard order or statewide protocol being created or implemented by resident (can be combined with R3).

Competency Area R2: Leadership and Management

- Leadership:
 - Be actively engaged in and eventually lead pharmacy planning
 - Be actively engaged in pharmacy work groups/committees
 - Complete leadership development activities as determined by program
- Professional Involvement: join and actively participate in local, state or national pharmacy organization of your choice

- Community Service Requirements – see provided information for details
- Professional Activities Within Residency
 - Weekly logs- completed in accordance with guidelines provided and in a timely manner
 - Meetings- attend scheduled RPD/preceptor meetings
 - Complete Pharmacademic Evaluations +/- 7 days of due date and by the end of JUNE prior to the end of the residency year.
 - Attend recruitment activities as dictated by program
 - Participate in Ohio Pharmacists Association (OPA) Advocacy event (dependent upon based experiences)

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

- Quality Improvement project – design, documentation, completion, implementation and evaluation
- Business plan – creation, implementation, evaluation and presentation at Shark Tank event
- Research - Institutional review board approved or exempt project- completion and presentation at local, regional, state and national meetings. Submit publishable manuscript following the timeline and guidelines provided

Competency Area R4: Teaching, Education and Dissemination of Knowledge

- Teaching activities to the following learners:
 - Patients/Caregivers (minimum 1)
 - Members of the Community (minimum 1)
 - Health Care Professionals (minimum 1)
 - Pharmacists/Technicians (minimum 1)
 - Pharmacy/Health Professions students (See teaching responsibilities)
- Precept APPE and potentially IPPE students- with guidance from site coordinators
- Teaching certificate program events and maintenance of teaching portfolio

Other Requirements

- Completion of practice site training requirements and uploading of critical residency related documentation.
- Quarterly- complete the Requirements to Complete the Residency and present at the beginning of each RAC meeting.
- End of residency year, review requirements to complete the residency document with RPD, verify Appendix B and sign form

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

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

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

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

Folder Name	Description	Associated Activity
Competency Area R1: Patient Care		
1: Patient Care Documentation	<p>Documented completion of readiness for independent practice check-list (signed version) practice site specific</p> <p>At least five samples of de-identified patient healthcare records for all required services completed during the residency year:</p> <ol style="list-style-type: none"> 1. medication management, 2. immunizations 3. disease state management 4. health promotion/wellness and 5. transitions of care. <p><u>Label these files using the names above</u></p> <p>Records should demonstrate the ability of the resident to assess patients, collection information, identify medication-related problems, prioritize problems, establish therapeutic goals, and design evidence-based treatment plans (PPCP).</p> <p><u>MM/LL-</u> please also include the recommendations submitted as part of your monthly topic discussions (label by disease state)</p> <p>Use screen shots from RxPertise for all patient samples</p>	Direct Patient Care and Patient Centered Dispensing
2: Communication to HCP	<p>Documentation of communication of information to health care professionals when <u>transferring a patient from one health care setting to another.</u></p>	Transitions of Care

Folder Name	Description	Associated Activity
	<p>Transitions of care is defined as the movement of patients between health care practitioners, settings, and home as their condition and care needs change.</p> <p>Provide examples (2 minimum) of your ability to identify care transitions and incorporate medication reconciliation and medication management.</p> <p><u>MM/LL</u>- please use the new admit form from LifeLine as well as screen shots of notes from RxPertise.</p>	
3: Collaborative Practice Agreement	<p>Collaborative practice agreement, standing order or implementation process for a state-based protocol</p> <p>To meet Objective 2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.</p> <p>Upload any documents related to a CPA- such as your business plan etc.. See 2.1.4 for clarification.</p>	Patient Care OR QI, Research or Business Plan
Competency Area R2 : Leadership and Management		
4: Pharmacy Planning and Leading Work Groups	<p>1. Evidence of contributions to the Pharmacy planning process. (email communications, strategic planning documents, goal setting documents, etc.) Any evidence that demonstrates your involvement in planning processes.</p> <p>2. Evidence of the contribution from leading or working as a member of a committee or informal work group. (Pharmacy meeting notes, MM notes, etc.)</p> <p>3. . Leadership Development activities (all reflections and PPT from leadership series)</p>	Leadership
5: Professional involvement	List of residents' activities at a national, state and/or local professional association during the residency including proof of participation (ie minutes, agenda's, emails etc)	Professional Involvement
6: Community Service	<p>Documentation of community service during the residency.</p> <p>Please upload the reflections from your service activities found in your weekly logs as one file- you can use screen shots etc.. to create.</p>	Community Service
7: Resident Evaluations and	<p>Self-reflection (beginning of residency)</p> <p>Weekly Logs</p> <p>Requirements to complete the residency- updated quarterly</p>	Professional Activities within Residency

Folder Name	Description	Associated Activity
Professional Activities	Development plans- updated quarterly Participation in OPA Advocacy Day - reflection Self-reflection (end of the residency)	
Competency Area R3: Advancement of Community-Based Practice and Improving Patient Care		
8: Quality Improvement Project Plan	WORD documents: Key Driver Diagram (2 drafts)	QI
9: QI Project Implementation	WORD documents: Cause and Effect (1 draft), Flow Cart (2 drafts), Failure Mode Effect Analysis (1 draft), PDSA cycles- minimum of 3 completed and documented cycles	QI
10: QI Project Evaluation	QI Executive Summary Document: Final Report presented to key stakeholders (2 drafts). + Email documentation of preceptor's final approval	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Business Plan
12: Implementation of Business Plan	Evidence of the implementation of a new or enhanced service. Upload any documentation related to implementation such as excel documents, financial analysis etc..	Business Plan
13: Evaluation of Business Plan	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. Shark Tank Presentation (drafts + final) + Email documentation of preceptor's final approval	Business Plan
14: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final)	Research
15 Research project evaluation	Evaluation of the practice-related project: Data collection tools	Research
16 Research project report	Completed final written project report; Publishable manuscript and ALL presentations (posters, slides etc- drafts and final) +	Research

Folder Name	Description	Associated Activity
Email documentation of preceptor's final approval		
Competency Area R4: Teaching, Education and Dissemination of Knowledge		
17: Presentations	<p>Presentations for each of the following learners (slides and/or handouts need to be uploaded and <u>include a table of contents</u> – see provided template</p> <ul style="list-style-type: none"> <input type="checkbox"/> patients/caregivers (minimum of 1) <input type="checkbox"/> members of the community ((minimum of 1) <input type="checkbox"/> health care professionals (physicians/nurses etc) (minimum of 1) <input type="checkbox"/> pharmacists and technicians (minimum of 1) <input type="checkbox"/> pharmacy/health professions students (see teaching requirements of program for details) <p>Please include summary document of evaluations from participants and preceptors as available</p>	Teaching Activities
18: Written materials	<p>Written materials (do not include presentations submitted in 17) of educational information to multiple levels of learners <u>including a table of contents</u>- see provided template</p> <ul style="list-style-type: none"> <input type="checkbox"/> patients/caregivers <input type="checkbox"/> members of the community <input type="checkbox"/> health care professionals (physicians/nurses etc) <input type="checkbox"/> pharmacists and technicians <input type="checkbox"/> pharmacy/health professions students 	Teaching Activities
19: Written feedback to learners	<p>Two least examples of both formative and summative feedback provided to an APPE or IPPE learner.</p> <p>Formative- written feedback from a project completed by the APPE/IPPE learner Summative- copy of 2- APPE students Mid-Point and/or Final Evaluations in CORE</p>	Precept APPE/IPPE Students
20. Teaching Certificate Program	<p>Electronic TCP portfolio</p> <p>Entire portfolio needs to be uploaded/maintained here</p>	Teaching Certificate Program
Other Requirements		
21. Practice Site Requirements	<p>Blood Borne Pathogen Certificate</p> <p>HIPAA training documentation</p> <p>Health Maintenance Records: PPD/Flu Shot etc.</p> <p>Policy and Procedure signature page</p> <p>UC Onboarding requirements- Successfactors learnings</p> <p>Any other site specific training documents- see learning experience documents</p> <p>Philosophy of Practice</p>	Practice Site Training

Folder Name	Description	Associated Activity
22: Resident Credentials	Pharmacy intern/technician license Pharmacist license APhA Immunization certificate BLS certification APhA and other training completion certificates <input type="checkbox"/> Diabetes Certificate Program <input type="checkbox"/> Others IHI basic certificate in Health Care Quality Improvement CITI training certificate	Professional Documentation

Appendix C: Requirements for Completion of PGY2 Ambulatory Care Residency

Residents must..

1. successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACH). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI).
2. satisfactory complete of all requirements listed below (Appendix C and D)
 - a. Track progress towards completion by completing the requirements to complete the residency document prior to each quarter and end of the year residency RPD meeting.
 - b. Present during development plan meetings the progress towards meeting the requirements by sharing the above document and reviewing status
3. meet with RPD at the end of the residency year to verify and document successful completion of program requirements (signatures on Final Requirements to Complete the Residency document required)
4. The resident must **complete** the following **activities** as part of the program:
 - Competency Area R1: Patient Care**
 - Direct Patient Care
 - Engaged in direct patient care related activities an average of 65% of the residency
 - Maintain Disease State Appendix and Tracking Logs by updating the document weekly and quarterly in preparation for the RAC meeting.
 - Completion of QI chart reviews: Q1: 5 per month, Q2-4: 5 per quarter
 - Upload required chart documentation- 8 samples of de-identified patient charts demonstrating management of 8 different disease states.
 - Complete training as dictated by engagement in CPA.
 - Community Based Pharmacy Learning Experience
 - Engaged in Community-Based Practice Learning Experience Q1-2
 - Maintenance of longitudinal patient tracking log
 - Competency Area R2: Advancing Practice and Improving Patient Care**
 - Advancing Practice and Improving Care
 - Complete CITI training as dictated by UC IRB
 - Complete literature search with summary paragraphs
 - Obtain Approval for IRB proposal
 - Presentation at local, regional, state and national meetings
 - Competency Area R3: Leadership and Management**
 - Practice Management

- CPA- complete
 - Baseline data collection
 - Literature search including summary paragraphs
 - Revise CPA
- Quality Improvement
 - Complete IHI Basic Certificate
 - Write QI executive summary
 - Create QI Key Driver Diagram
 - Complete 3 PDSA cycles and collect associated data
 - Develop sustainability plan (if not included in executive summary)
- Business Plan
 - Executive Summary
 - Shark Tank Presentation
- Managing Operations of Clinical Service:
 - Run reports and analyze data related to tracking of patient appointments
 - Participate in leadership training activities.
- Self-Evaluation
 - Maintain weekly logs
 - Complete assigned reflections
 - Participate in Quarterly Development Plans
- Orientation
 - Practice Site Related Activities
 - Sign appropriate documentation (P&P, HIPPA)
 - Complete training requirements: 340b, cultural competence and MI
 - UC related
 - Complete training: HIPPA, BBP, SuccessFactors, StrengthFinders
 - Upload documentation/credentials: P&P review, e-verification page, APhA and BLS certificates
 - Professional Responsibilities
 - Complete Pharmacademic evaluations completed +/- 7 days
 - Attend all recruiting events

Competency Area R4: Teaching Education and Dissemination of Knowledge

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

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

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

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

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

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

Aug: _____, Sept: _____, Oct: _____, Nov: _____, Dec: _____, Jan: _____

Competency Area R2: Advancing Practice and Improving Patient Care

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

Competency Area R3: Leadership and Management

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

	Presentation Shark Tank (slide set)
Practice Management- Pharmacy Planning and Leading	Practice Management Learning Experience- Managing Operations of the Clinical Service
	Reports related to tracking patient appointments
	Data Analysis report to management – summary documents and any presentation related materials
	Participate in Leadership Training activities completing all pre/post activities
Practice Management - Resident Evaluations	Practice Management Learning Experience- Self-Evaluation
	Weekly activity tracking log (timely submission)
	Completion of assigned reflections – biweekly and as assigned
	Quarterly Development Plans Initial: _____/Q1_____/Q2_____/Q3_____
Orientation	Orientation Learning Experience – Practice Site Related Activities
	<input type="checkbox"/> Signed PHS- HIPPA and P&P review <input type="checkbox"/> 340b on demand module quizzes <input type="checkbox"/> Motivational Interviewing Activities
Orientation	Orientation Learning Experience – Employment Related Activities & Required Documentation
	<input type="checkbox"/> E-verification page from Ohio Board of Pharmacy <input type="checkbox"/> Signed P&P review <input type="checkbox"/> Certificates for HIPAA and BBP training <input type="checkbox"/> Screen shot for UC Success Factor training <input type="checkbox"/> Strength Finders Credentials: <input type="checkbox"/> APhA Immunization Certificate <input type="checkbox"/> BLS Certificate <input type="checkbox"/> APhA Diabetes Certificate <input type="checkbox"/> Others
<i>*NOT within OneDrive*</i>	Professional Responsibilities
	Completion of PharmAcademic evaluations within +/- 7days and completion of final evaluation by 6/30 of residency year
	Attendance at all required residency recruiting events
Competency Area R4: Teaching Education and Dissemination of Knowledge	
Residency OneDrive Folder	Requirement

Academic and Teaching- Academic Presentations	Academic & Teaching Learning Experience – Academic Learners
	Pharmacy/Health Professions Students: <ul style="list-style-type: none"> <input type="checkbox"/> Skills Lab Fall <input type="checkbox"/> Skills Lab Spring <input type="checkbox"/> OTC Therapeutics Spring <input type="checkbox"/> Poster Evaluations (Capstone/PREP) <input type="checkbox"/> On-line Elective Course (co-coordinate) <p style="margin-left: 40px;">**All drafts, final presentation, handouts, feedback for all above activities**</p> <p style="margin-left: 40px;">**Maintain Table of Contents within OneDrive (see template provided)**</p>
Academic and Teaching- Health Professions Learners Presentations	Academic & Teaching Learning Experience – Health Professions Learners
	<u>Health Care Professionals:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Provider education (6 per year) All one-page overviews from topic discussions
	<u>PHS Pharmacists:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Topic discussions minimum of 6 – split between resident and APPE student (mentored) Related materials (handouts, etc.)
	<u>Formal Pharmacist/Provider Training</u> <ul style="list-style-type: none"> <input type="checkbox"/> ACPE approved or equivalent pharmacist/technician/provider program- all documentation related to this activity All associated documentation including feedback
Academic and Teaching- Written Feedback to Learners (APPE students)	Academic & Teaching Learning Experience – APPE Student Preceptor
	<ul style="list-style-type: none"> <input type="checkbox"/> Precept up to 3 students <input type="checkbox"/> All preceptor evaluations from APPE Student <u>1 example of each per month:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Formative (document with comments) <input type="checkbox"/> Summative (completed CORE final evaluation)
Population Health	Academic & Teaching Learning Experience – Outreach
	Create content for and participate in outreach activities at PHS (i.e., health screenings) – include all drafts and final materials
	Create patient education materials for PHS website (2 total for year) – include all drafts and final materials

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

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

Folder Name	Description	Associated Activity
Competency Area R1: Patient Care		
1: Patient Care Documentation	<p>Documented completion of readiness for independent practice check-list (signed version) practice site specific</p> <p>At least five samples of de-identified patient healthcare records for all required services completed during the residency year:</p> <ol style="list-style-type: none"> 1. medication management, 2. immunizations 3. disease state management 4. health promotion/wellness and 5. transitions of care. <p><u>Label these files using the names above</u></p> <p>Records should demonstrate the ability of the resident to assess patients, collection information, identify medication-related problems, prioritize problems, establish therapeutic goals, and design evidence-based treatment plans (PPCP).</p> <p><u>MM/LL-</u> please also include the recommendations submitted as part of your monthly topic discussions (label by disease state)</p> <p>Use screen shots from RxPertise for all patient samples</p>	Direct Patient Care and Patient Centered Dispensing
2: Communication to HCP	<p>Documentation of communication of information to health care professionals when <u>transferring a patient from one health care setting to another.</u></p> <p>Transitions of care is defined as the movement of patients between health care practitioners, settings, and home as their condition and care needs change.</p> <p>Provide examples (2 minimum) of your ability to identify care transitions and incorporate medication reconciliation and medication management.</p> <p><u>MM/LL-</u> please use the new admit form from LifeLine as well as screen shots of notes from RxPertise.</p>	Transitions of Care

Folder Name	Description	Associated Activity
3: Collaborative Practice Agreement	<p>Collaborative practice agreement, standing order or implementation process for a state-based protocol</p> <p>To meet Objective 2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.</p> <p>Upload any documents related to a CPA- such as your business plan etc.. See 2.1.4 for clarification.</p>	Patient Care OR QI, Research or Business Plan

Competency Area R2 : Leadership and Management

4: Pharmacy Planning and Leading Work Groups	<p>1. Evidence of contributions to the Pharmacy planning process. (email communications, strategic planning documents, goal setting documents, etc.) Any evidence that demonstrates your involvement in planning processes.</p> <p>2. Evidence of the contribution from leading or working as a member of a committee or informal work group. (Pharmacy meeting notes, MM notes, etc.)</p> <p>3. . Leadership Development activities (all reflections and PPT from leadership series)</p>	Leadership
5: Professional involvement	List of residents' activities at a national, state and/or local professional association during the residency including proof of participation (ie minutes, agenda's, emails etc)	Professional Involvement
6: Community Service	<p>Documentation of community service during the residency.</p> <p>Please upload the reflections from your service activities found in your weekly logs as one file- you can use screen shots etc.. to create.</p>	Community Service
7: Resident Evaluations and Professional Activities	<p>Self-reflection (beginning of residency)</p> <p>Weekly Logs</p> <p>Requirements to complete the residency- updated quarterly</p> <p>Development plans- updated quarterly</p> <p>Participation in OPA Advocacy Day - reflection</p> <p>Self-reflection (end of the residency)</p>	Professional Activities within Residency

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

8: Quality Improvement Project Plan	WORD documents: Key Driver Diagram (2 drafts)	QI
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Folder Name	Description	Associated Activity
9: QI Project Implementation	WORD documents: Cause and Effect (1 draft), Flow Cart (2 drafts), Failure Mode Effect Analysis (1 draft), PDSA cycles- minimum of 3 completed and documented cycles	QI
10: QI Project Evaluation	QI Executive Summary Document: Final Report presented to key stakeholders (2 drafts). + Email documentation of preceptor's final approval	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Business Plan
12: Implementation of Business Plan	Evidence of the implementation of a new or enhanced service. Upload any documentation related to implementation such as excel documents, financial analysis etc..	Business Plan
13: Evaluation of Business Plan	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. Shark Tank Presentation (drafts + final) + Email documentation of preceptor's final approval	Business Plan
14: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final)	Research
15 Research project evaluation	Evaluation of the practice-related project: Data collection tools	Research
16 Research project report	Completed final written project report; Publishable manuscript and ALL presentations (posters, slides etc- drafts and final) + Email documentation of preceptor's final approval	Research
Competency Area R4: Teaching, Education and Dissemination of Knowledge		
17: Presentations	Presentations for each of the following learners (slides and/or handouts need to be uploaded and <u>include a table of contents</u> – see provided template <input type="checkbox"/> patients/caregivers (minimum of 1) <input type="checkbox"/> members of the community ((minimum of 1) <input type="checkbox"/> health care professionals (physicians/nurses etc) (minimum of 1) <input type="checkbox"/> pharmacists and technicians (minimum of 1)	Teaching Activities

Folder Name	Description	Associated Activity
	<input type="checkbox"/> pharmacy/health professions students (see teaching requirements of program for details) Include summary document of evaluations from participants and preceptors as available	
18: Written materials	Written materials (do not include presentations submitted in 17) of educational information to multiple levels of learners <u>including a table of contents-</u> see provided template <input type="checkbox"/> patients/caregivers <input type="checkbox"/> members of the community <input type="checkbox"/> health care professionals (physicians/nurses etc) <input type="checkbox"/> pharmacists and technicians <input type="checkbox"/> pharmacy/health professions students	Teaching Activities
19: Written feedback to learners	Two least examples of both formative and summative feedback provided to an APPE or IPPE learner. Formative- written feedback from a project completed by the APPE/IPPE learner Summative- copy of 2- APPE students Mid-Point and/or Final Evaluations in CORE	Precept APPE/IPPE Students
20. Teaching Certificate Program	Electronic TCP portfolio Entire portfolio needs to be uploaded/maintained here	Teaching Certificate Program
Other Requirements		
21. Practice Site Requirements	Blood Borne Pathogen Certificate HIPAA training documentation Health Maintenance Records: PPD/Flu Shot etc. Policy and Procedure signature page UC Onboarding requirements- Successfactors learnings Any other site specific training documents- see learning experience documents Philosophy of Practice	Practice Site Training
22: Resident Credentials	Pharmacy intern/technician license Pharmacist license APhA Immunization certificate BLS certification APhA and other training completion certificates <input type="checkbox"/> Diabetes Certificate Program <input type="checkbox"/> Others IHI basic certificate in Health Care Quality Improvement CITI training certificate	Professional Documentation

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

Requirements to Complete Residency Checklist

Quarterly: Resident to complete prior to and present at each development plan meeting

Quarter	Date completed by resident	Initials	Date Reviewed by RAC	Initials of RPD
1				
2				
3				

Final: complete prior to end of year meeting and review with RPD

Final Review	Date	Resident Signature	Date	RPD Signature

Requirement: Residency Program Competency Areas (In order to graduate: 85% ACHR, 15% SP)		Progress to Date Percentage Goals/Objectives Achieved (ACH)	Timeline for Completion/Completion Date
Tracking goals and objectives	Outcome R1: Patient Care		
	Outcome R2: Leadership and Management		
	Outcome R3: Advancement of Community-based Practice and Improving Patient Care		
	Outcome R4: Teaching, Education and Dissemination of Knowledge.		
Requirement/Documentation Location on OneDrive		Progress to Date Include brief description here	Timeline for Completion/Completion Date
Competency Area R1: Patient Care			
Engaged in Direct Patient Care activities >65% of time Calculated average from weekly logs: _____			
Engaged in Patient Centered Dispensing on average 8 hours per week Calculated average from weekly logs: _____			
Documented Participation in (uploaded to OneDrive): <ol style="list-style-type: none"> 1. Required services (MedMgmt, immunizations, disease state mgmt., health/wellness, TOC) and 2. Transitions of Care Services- health care provider communication 			

Collaborative Practice Agreement Evidence of resident creating or implementing CPA, standard order or statewide protocol.		
--	--	--

Competency Area R2 : Leadership and Management

Leadership		
-------------------	--	--

	Be engaged in and lead pharmacy planning meetings		
--	---	--	--

	Be actively engaged in pharmacy work groups/committees		
--	--	--	--

	Completion of the activities related to leadership at orientation and throughout year		
--	---	--	--

Professional Involvement: Join and participate in local, state or national pharmacy organization		
--	--	--

Community Service Requirement – meets quarterly requirement Calculated hours _____/6 per quarter starting in July		
--	--	--

Professional Activities within Residency:		
--	--	--

	Weekly electronic activity log- timely submission		
--	---	--	--

	Participation in RPD/Preceptor meetings		
--	---	--	--

	Completion of Pharmacademic evaluations within +/- 7days and completion of final evaluation by 6/30 of residency year.		
--	--	--	--

	Attendance at all required residency recruiting events including: UC and OSHP showcases		
--	---	--	--

	Attendance and participation at Ohio Pharmacists Association advocacy day (either fall or spring)- if applicable and dependent on practice site/residents past experiences		
--	--	--	--

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

Quality Improvement Project – Design (with appropriate documentation and drafts- see learning experience), completion, implementation, and evaluation		
---	--	--

Business Plan- Creation, Implementation, Evaluation and Presentation		
--	--	--

(Shark Tank)		
Research- completion of IRB approved/exempt project Presentations at: APhA/ASCP, OPA and OPRC		
Submission of Manuscript by meeting the following deadlines: By the time frames listed- submit the following _____By 10/31: Journal selection, Background and Methods _____By 4/30: Results and tables/figures _____By 5/15: Discussion, Conclusion, Abstract _____By 6/23: Final manuscript		
Competency Area R4: Teaching, Education and Dissemination of Knowledge		
Teaching Activities: Appropriate documentation (both presentations and written materials found in OneDrive)		
Patients and Caregivers (minimum = 1) (Exclusive of DPC learning experience)		
Members of the Community (minimum=1)		
Health Care Professionals (minimum =1)		
Pharmacists/Technicians (minimum = 1)		
Pharmacy/Health Professions Students (see teaching schedule).		
Precepting APPE/IPPE students Insert number precepted this quarter here: _____		
Completion of all teaching certificate program events and submission of teaching portfolio		

University of Cincinnati Pharmacy Practice Residency Assessment Strategy

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

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

PGY1 program:

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

PGY2 program:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, biweekly, monthly and situational
Learning Experience Evaluation	Resident	Learning Experience	1, 2, 3 or 4 times during the residency year depending on the learning experience.
Preceptor Evaluation	Resident	Preceptor	1, 2, 3 or 4 times during residency year depending on the learning experience.
Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

Formative Feedback:

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

Examples of formative feedback include:

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

Summative Feedback:

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

Examples of summative feedback include:

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

Summative evaluation schedule: Quarterly, all preceptors will be required to complete summative evaluations based on the learning experiences they are involved in for the residency program. Completion will be required +/- 1 week based of the due dates within Pharmacademic and should only address those goals/objectives listed on the T/TE Grid for that specific quarter/time period.

PGY1 Community- Based Summative Evaluation Process:

The process to complete summative evaluations is as follows:

Prior to the quarterly RAC meeting,

1. Preceptors will review the T/TE Grid to determine which objectives should be evaluated.
2. Preceptors will review the criteria for each objective to determine the residents progress towards achievement.
3. Preceptors will add in qualitative written comments for each objective that is to be evaluated at this time period by using the following guidelines:
 - a. Use criteria provided within the Required Competency Areas, Goals and Objective document for PGY1 Community-Based Pharmacy Residencies (this information is also available in Pharmacademic) as a basis for your comments.
 - b. Include information that is specific and actionable.
 - c. Include comments about the resident's strengths and areas for improvement related to the objective being assessed.
 - d. Recognize the resident's skill development and progression towards achievement.

- e. Include specific comments for each objective given a score of SP on HOW the resident can move towards achievement (action steps)
4. Preceptor and resident will independently complete the summative evaluations.
 - a. If more than 1 preceptor is assigned to a learning experience- Team-Based Summative evaluation function in Pharmacadmic will be used and all preceptors will provide input to the primary preceptor 1 week prior to due date of the summative evaluation.
 - b. Primary preceptor will review the comments of the other preceptors and include these comments in their quarterly evaluation.
 5. Preceptor and resident will meet to discuss and compare the evaluations as well as the resident's progress towards achievement. This meeting should take place prior to the quarterly RAC meetings.
 6. All other objectives not being evaluated will be given an SP unless otherwise noted by the preceptor. If preceptor feels comments are necessary, these will follow the guidelines listed above.
 7. In addition, twice per year the preceptor shall facilitate and create a safe space for the resident to provide feedback on the preceptor's performance as well as the learning experience as part of the quarterly self-evaluation process (which quarter this occurs will vary by learning experience and is set up in Pharmacademic).

PGY2 Ambulatory Care Summative Evaluation Process:

The process to complete summative evaluations is as follows:

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

Definitions:

To help preceptors provide feedback for learning experience summative evaluations, please refer to the following definitions of Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH)

Satisfactory Progress (SP):

1. Resident is working to meet the criteria specific for each objective by performing most activities with guidance but can complete the requirements without significant input from preceptors/RPD.
2. There is evidence of improvement since last evaluation even in it is not complete mastery of the task
3. Resident is emerging in their skill and knowledge base development.
4. Resident needs occasional preceptor intervention.
5. Demonstrates good, but not comprehensive, knowledge base.
6. Resident takes good initiative in seeking, critically evaluating and applying new knowledge and often asks good questions.
7. Resident will be able to achieve goal or objective if feedback for improvements provided by preceptor is adopted by the resident.

Needs Improvement (NI):

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

Achieved (ACH):

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

Not Applicable (NA):

1. Reserved for objectives that will never be evaluated within a given learning experience. If a preceptor feels NA should be used within a summative evaluation, please notify the RPD to re-assign this objective to a different learning experience.

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

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

Submit Home Page 1 - PGY2 Transplant F Next

PGY2 Transplant Required (2007)

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

ACHR: Yes

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

ACHR: Yes Critical Activities

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

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

ACHR: No

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

ACHR: No Critical Activities

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

In the example above, the preceptor is required to evaluate the resident on Objective R1.2.1 but it is optional to provide an evaluation or feedback on Objective R1.1.1 (since ACHR status is indicated in green). Once all the objectives have been achieved (ACH) for a specific goal, the ACHR button for the GOAL will automatically turn green.

Determining Achieved for the Residency (ACHR) for Objectives:

Beginning in Quarter 2, the primary preceptor for each learning experience may determine with the resident if an objective can be marked as ACHIEVED for the residency or ACHR.

To determine achieved for the residency – the following process will be followed:

PGY1 Community-Based Program:

R1's: For each quarter- both the resident and preceptor must agree the resident has met the criteria for achieved for the residency.

R2's and R4's: At the time of the evaluation- the resident and preceptor can determine if resident has met the criteria based on experiences completed.

R3's: As resident completes and preceptors approve deliverables- the goal and objective can be marked as achieved for residency.

PGY2 Community-Based Program:

R1's: For 2 consecutive quarters- both the resident and primary preceptor agree the resident has met the criteria for achieved for the residency.

R2's: As resident completes and primary preceptors approve deliverables- the goal and objective can be marked as achieved for residency.

R3's and R4's: At the time of the evaluation- the resident and primary preceptor can determine if resident has met the criteria for achieved for residency based on experiences completed.

If this determination is made at a quarterly evaluation, the preceptor may change the radio button from RED to GREEN using the following process:

1. Click on the ACHR: NO button located under the objective

The screenshot shows three objectives with their respective ACHR status buttons and radio options:

- Objective R3.3.2 (Applying).** Implement a practice-related project significant to community-based practice. ACHR: Yes (green), Criteria, Activities. Radio options: Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), Not Applicable (NA).
- Objective R3.3.3 (Evaluating).** Accurately assess the impact of the practice-related project including sustainability, if applicable. ACHR: No (red), Criteria, Activities. Radio options: Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), Not Applicable (NA). A red arrow points to the 'No' button.
- Objective R3.3.4 (Creating).** Effectively develop and present, orally and in writing, a final project report. ACHR: No (red), Criteria, Activities. Radio options: Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), Not Applicable (NA).

Comments sections are visible to the right of each objective.

2. Change the ACHR? From No to Yes

The screenshot shows a modal window for Objective R3.3.3 (Evaluating). The ACHR? section has radio buttons for Yes and No. A red arrow points to the 'No' button. Below the radio buttons is a 'Comment' text box. The 'Select Option to View Details on this Goal or Objective:' section has radio buttons for Criteria, Evaluations, Feedback, Evidence, Reflections, Activities, and ACHR History. The 'Criteria' section lists the following details:

- Analyzes data and information collected to assess the success of the project.
- Determines and discusses the impact of the project in terms of quality, safety, cost-effectiveness, significance, and sustainability, if applicable.
- Identifies limitations of the project and potential modifications or changes.
- Draws appropriate conclusions from the analyzed data.

A 'Cancel' button is located at the bottom right of the modal.

3. Include comments in the comments section that meet the requirements listed in the Summative Evaluation Process (page 2)

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

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

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

Resident Evaluations:

Self-Reflection and Self-Evaluation

The key professional skills of self-evaluation and self- reflection will be honed during the residency year. Each is defined as:

Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time.

Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria.

The Process:

1. Entering residency self-evaluation and self-reflection
 - a. Self-Evaluation will contain 2 components: Pharmacademic Objective Based Self-Evaluation and narrative self-evaluation based on prompting questions provided
 - b. Self-Reflection will be completed in narrative form based on prompting questions provided.
 - a. Both will be completed prior to or during orientation
2. Continued self-reflection:
 - a. Biweekly residents will be asked to identify a strength/struggle to self-reflect within the weekly activity log. How to accurately self-reflect will be reviewed in orientation.
 - b. For unique experiences, residents will be asked to reflection upon the experience and the impact on their growth as a professional. These reflections will be uploaded to One-Drive based on the learning experience and will be reviewed by either preceptor or RPD. An example of such an activity would be self-reflecting on a teaching experience or participating in advocacy days.
3. Continued Self-Evaluation
 - a. Residents will be required to complete summative self-evaluations either at the end of a learning experience (Orientation) or each quarter (all longitudinal learning experiences).

Completion will be required +/- 1 week based of the due dates within Pharmacademic and should only address those goals/objectives listed on the T/TE Grid for that specific quarter/time period.

b. PGY1 Community-Based Program Summative Evaluation Process:

The process to complete summative self- evaluations is as follows:

Prior to the quarterly RAC meeting,

1. Review the T/TE Grid and check with preceptors to determine which goals/objectives should be evaluated.
2. Review the criteria for each goal/objective to determine their progress (NI, SP, ACH or NA). The criteria are found within the Competency Areas, Goals and Objective document for PGY1 Community-Based Pharmacy Residencies (this information is also available in Pharmacademic using the criteria button)
3. Determine where you are in the process towards achievement of a specific objective by indicating one of the following: NI, SP, ACH or NI for each objective being evaluated in PharmAcademic. Comments for each objective must be included and are based on the following guidelines:
 - a. Justification of your choice of: NI, SP, ACH or NA. These comments must include details on the HOW not the WHAT you did to meet the chosen level. Detailed definitions of NI, SP and ACH are provided below.
 - b. Strengths and areas for improvement related to the objective being self-evaluated.
 - c. Details that are specific and actionable and recognize your progression towards achievement of a specific objective
4. For each objective ranked as SP, include specific comments on HOW you can move towards achievement (action items)Resident and preceptor will independently complete the summative evaluations
5. Resident will discuss self-evaluation with preceptor and compare progress towards achievement.
6. All other objectives not being evaluated will be given an SP unless otherwise noted by the preceptor. All comments will follow the guidelines listed above.
7. Twice per year, the resident will discuss both the preceptor and learning experience evaluations completed. The preceptor will create a safe space for this interaction and will bring any learning experience concerns identified to the next RAC meeting for discussion (which quarter this occurs will vary by learning experience and is set up in Pharmacademic).

c. PGY2 Ambulatory Care Program Summative Evaluation Process

The process to complete summative self- evaluations is as follows:

1. Quarterly, preceptors will contact you to set up a time to meet discuss progress towards achieving goals and objectives for each learning experience they are responsible.
2. Pharmacademic will be used to provide guidance as to the goals/objectives/criteria to be reviewed.

3. At the meeting, review objective and criteria with the preceptor, self-assess based on the information provided, and discuss your thoughts on progress using SP, NI and ACH definitions provided.
 4. Listen and respond to the feedback provided by the preceptor
 5. Only objectives that have not yet been achieved for the residency (ACHR) need to be reviewed each quarter.
4. Final residency self-reflection:
- a. Residents will complete a final self-reflection during the last month of the residency. This reflection will be completed prior to the end of the residency meeting with the RPD and will be based on prompting questions provided.

To help each resident determine their progress for learning experience summative self-evaluations, please refer to the following definitions of Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH).

Satisfactory Progress (SP):

1. Resident is working to meet the criteria specific for each objective by performing most activities with guidance but can complete the requirements without significant input from preceptors/RPD.
2. There is evidence of improvement since last evaluation even in it is not complete mastery of the task
3. Resident is emerging in their skill and knowledge base development.
4. Resident needs occasional preceptor intervention.
5. Demonstrates good, but not comprehensive, knowledge base.
6. Resident takes good initiative in seeking, critically evaluating and applying new knowledge and often asks good questions.
7. Resident will be able to achieve goal or objective if feedback for improvements provided by preceptor is adopted by the resident.

Needs Improvement (NI):

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

Achieved (ACH):

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

Not Applicable (NA):

1. Reserved for objectives that will never be evaluated within a given learning experience. If a resident feels NA should be used within a summative evaluation, please notify the RPD to re-assign this objective to a different learning experience.

Evaluation of Learning Experience: PGY1 program: At the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences, the resident will be asked to evaluate the learning experience. The number of evaluations will depend on the program: PGY1 end of a defined learning experience (orientation) or twice a year for longitudinal experiences, PGY2 will depend on the learning experience and is pre-set in PharmAcademic. This evaluation allows the resident to provide the following feedback using a scale of Consistently to Partially True to False:

1. Communication of objectives for experience
2. Learning opportunities
3. Resources
4. Assessment of performance
5. Development of ability
6. Patient-Care
7. Orientation to experience

Free response questions cover: strengths, weaknesses and suggestions for improvements

Residents should provide honest feedback as it pertains to each learning experience using the guided prompts. Comments within the free response sections should be constructive and include SPECIFIC examples on how the experience can be improved. This should be reviewed with your primary preceptor for the learning experience twice per year.

Evaluation of Preceptors: The resident's evaluation of the preceptor is an important part of the quality assurance process. This type of feedback evaluates the preceptor's performance within a given learning experience. Timing is dependent on the program: PYG1 at end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching- twice at mid-point and end), PGY2 will depend on the learning experience and is pre-set within PharmAcademic. For feedback to be effective it must be honest, professional and provide SPECIFIC comments for what has gone well and what can be improved upon.

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

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

You are required to discuss your evaluation of your preceptor twice per year to review your comments/suggestions for improvement. If a resident is uncomfortable providing feedback, the resident should contact the RPD for assistance, support, and guidance. Preceptor will review your comments, sign and send to the RPD for review. These comments are then included in the preceptor expectations, self-assessment and professional development plan.

Evaluation of RPD: As with the evaluation of the preceptors, the evaluation of the RPD is an important part of the quality assurance process. This evaluation will take place twice during the residency year- at mid-point and final. For feedback to be effective it must be honest, professional and provide SPECIFIC comments for what has gone well and what can be improved upon.

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

1. Provide qualitative comments that are specific and constructive
2. Looking at the role of the RPD, include potential changes that could be made to improve the management of the residency program
3. Reflect on your needs and address how the RPD can improve to help meet your needs as a learner and individual.

University of Cincinnati Community –Based Pharmacy Practice Residency
Program in Underserved Populations
Community Service Guidelines- FRHC/SVdP

Competency Area R2: Leadership and Management

Goal: Demonstrate Personal and Professional Leadership

Objective: Demonstrate commitment to the community through service.

Criteria:

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

Residency Program Guidance to meet Objective:

- 1 Must complete 6 hours per quarter starting in July of the residency year for a total of 24 hours.
- 2 Resident is responsible for finding a non-profit organization in which to complete service and emailing this list for approval to both preceptors and RPD (by the end of July).
 - a. Include in the email the following:
 - i. Organization name and volunteer coordinator contact information
 - ii. Population served
 - iii. Brief description of the volunteer activities you would like to be engaged in to meet your personal goals.
- 3 Service must be completed with a population similar to the one you serve at the practice site and involving humans (for example: walking dogs at the SPCA would **not** count).
- 4 Consistency and relationship building are important part of service to the community, so the hours need to be completed at no more than two (preferably one) non-profit agency during the residency year.
- 5 The hours need to be in direct contact with the individuals served by the non-profit. For example- packing boxes or organizing a warehouse would not be acceptable.
- 6 Any required training or orientation would count towards hours served for that quarter.
- 7 Service may be completed at your practice site, as long as the activities you are engaged meet your personal goals for this experience.
- 8 Tracking/Documentation of the community service will be completed thru the weekly activity log: Community Service Report and uploading completed reflections to OneDrive Residency Portfolio: Community Service.

Resident Activity Report

Resident Name: _____

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

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

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

Community Service Report

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

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

	Successes	Struggles
What?		
So What?		
Now What?		

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

Background:	
Question:	
Answer:	
References:	

Advancing Community Based Practice Weekly Update

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

Well-Being Index (WHO5): Carry forward the last 3 months of information

Table 1

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

Once TAO Course completed (within 2 weeks) insert the following:

Table 2

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

Weekly Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed

University of Cincinnati Community –Based Pharmacy Practice Residency Program in Underserved Populations Community Service/Presentation Guidelines MM/LL

Community Service:

Competency Area R2: Leadership and Management

Goal: Demonstrate Personal and Professional Leadership

Objective: Demonstrate commitment to the community through service.

Criteria:

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

Residency Program Guidance to meet Objective:

- 1 Must complete 6-8 hours per quarter starting in July of the residency year for a total of 24-32 hours.
- 2 Resident is responsible for working with the assisted living communities at Berkeley to plan, deliver and evaluate monthly health and wellness screenings and a community presentation.
- 3 Tracking/Documentation of the community service will be completed thru the weekly activity log: Community Service Report and uploading completed reflections to OneDrive Residency Portfolio: Community Service.
- 4 The process is as follows:

Health and Wellness Screenings:

- a. Establish relationship with Activities Director at Berkeley, Pharmacy Director at Community First Pharmacy and Wellness Specialist and Director of Resident Lifestyle
Berkeley: Rica Heflin
rheflin@community-first.org
(513) 856-8600
Westover-Katie Crank
kcrank@community-first.org
(513) 844-8004
Community First Pharmacy: Lyndsay Howell
lhowell@community-first.org
937-830-9928
Wellness Specialist/Director of Resident Lifestyle: Jonathan Frost
jfrost@community-first.org
513-824-5470
- b. Introduce self (email is fine) to establish a connection for the upcoming year
- c. Schedule for year:
 1. Monthly on the 3rd Wednesday from 8:45 to noon- initial will be held on 7/20.
 - a. 8:45 to 9:45- Westover – Elements Gym
 - b. 10 to 12pm Berkeley Square in the Cards and Q's Room at Berkeley Square.
- d. Pick up health and wellness screening items from Community First Pharmacy
 1. Print off and bring the following with you
 - a. Patient friendly information related to diabetes and hypertension

- b. Screening tools needed (see ADA and AHA websites)
- c. Patient take-away: to record results of the screening activities
- e. Arrive 15 minutes prior to event start to allow time for check in, set up, and residents that arrive early
- f. Complete event
- g. Clean up your space and sign out of facility
- h. Email director to say thank you and set up the next event for approximately 4 weeks later

Screenings requested include:

Monthly: Weight, Blood Pressure and Blood Sugar Checks as well as Medication Reviews (MTM)
 Add on based on population served: Osteoporosis screening and Parkinson's complications

Community Health and Wellness Presentations:

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

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

Objective: R4.1.1- Design effective education activities based on the learners level and needs

R4.1.2- Use effective presentation skills to deliver programs to targeted audiences
 (members of the community)

R4.1.3- Develop effective written communication skills to provide educational
 information to multiple levels of learners

Community Presentations:

- a. Contact Jonathan Frost, Director of Resident Lifestyle via email (jfrost@community-first.org) by 8/15 for Fall and 2/1 for Spring presentations
- b. Determine date/time of events- September AND Spring 2023
- c. Topic should be approximately 30 to 45 minutes
 - 1. Participation is best achieved when activities are included: ie Bingo etc..
 - 2. Topics
 - a. September Topic: Falls Prevention (with an emphasis on home safety)
 - b. Spring: TBD
- d. Technology is not provided
 - 1. Any handouts should be printed and brought to the event
 - a. A one-page info sheet must be provided for participants
 - b. Remember this population may have trouble seeing. Keep this in mind when it comes to fonts, colors, etc.
 - 2. May bring your own computer for additional needs
- e. Arrive 15 minutes prior to event start to allow time for check in, set up, and residents that arrive early
- f. Complete event
- g. Clean up your space and sign out of facility
- h. Email director to say thank you and set up the next event



Common Learning Experiences for all programs



Become a PharmCat!!

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

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

The research process consists of the following steps:

- a. Identifying a topic based on the needs of the practice site and the interest of the resident
- b. Establishing a timeline based on the residency year (see page X)
- c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- d. Developing a research question in collaboration with the research team
- e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. Designing a solid research project which protects the rights of the participants
- g. Evaluating the project using appropriate statistical analyses
- h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.

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.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

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.

Orientation Activities: 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.

Expectations of the Resident:

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

1. Completing one to two research projects over the course of the residency year.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating on a regular basis with the entire project team to obtain both formative and summative feedback.
7. 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.

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
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	<ol style="list-style-type: none"> 1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 4. Determine time table for development, implementation and evaluation 5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 6. Effectively organize and lead meetings with project team to ensure established deadlines are met 	Formative and Summative Feedback from Project team	TEQ1
R3.3.2: Implement a practice-related project significant to community-based practice.	Applying	<ol style="list-style-type: none"> 1. Work closely with project team to implement project 2. Effectively organize and lead meetings with project team to 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	<p>Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC</p> <p>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:</p> <p>10/31: journal selection, background and methods</p> <p>4/30: results, tables and figures</p> <p>5/15: discussion, conclusion and abstract</p> <p>6/23: Final manuscript submitted.</p> <p>Complete 3 rounds of edits (2- preceptor team, 1- peer) on the manuscript</p> <p>Submit final version to preceptor team for approval.</p>	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/ContentDisplay.

University of Cincinnati Community –Based Pharmacy Practice Residency
 Program in Underserved Populations
 Advancing Community Based Practice- Research Project
 Time Line: FRHC and SVdP

Residency Project Timetable (as of 7/1/2022):	
Date	Requirement
Completion of IRB training mandatory prior to start of the residency year. See Orientation Learning Experience Documentation	
Orientation/Teaching Certificate Program 7/28- TCP program	<p>Research Seminar part 1: Complete worksheet as part of Research Seminar</p> <p>After seminar: sign up for Research Administration Portal or RAP access. Review IRB protocol templates found on OneDrive.</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Click on this link. If you are unable to access, email UC IRB at IRB@ucmail.uc.edu to obtain access.</p> <p>We have provided the more common IRB templates (Medical Template and Consent as well as conflict of interest) in your OneDrive. However, based on your research project- you may need to use a different template. To access these, log into RAP portal and click the Library Tab (left), then Templates tab (right).</p> <p>Inform research team once achieved</p>
7/28- to completion	Report to project team progress on research projects using weekly activity log updates
7/28 to 8/5	Begin draft IRB protocol. Create hypothesis, research question and draft of methodology
8/11	Attend research seminar part 2 during residency orientation- virtual
By 8/31	<p>Submit IRB protocol see 22-23 Advancing Community Based Practice- Research Learning Experience (page 3- Submission of Research Protocol to IRB) for the <u>exact process</u>. Please follow these steps carefully – or there will be delays in the approval of your protocol.</p> <p>While waiting for IRB approval: prepare for implementation, data collection and analysis of data bases. Begin once IRB approval is received</p>
By 9/16	Write and submit APhA Abstract draft to project team for review.
10/7- tentative	<p>Submit APhA Abstracts for resident poster presentation.</p> <p>APhA Abstract Submission due 10/7 (resident to confirm tentative date)</p>

University of Cincinnati Community –Based Pharmacy Practice Residency
Program in Underserved Populations
Advancing Community Based Practice- Research Project
Time Line: FRHC and SVdP

By 10/31	Manuscript: Determine journal for submission of project, review instructions to the authors. Write and submit <i>Background and Methods sections</i> of manuscript to project team for review
From IRB approval to 4/30	Collect and Analyze data
By 2/17 (tentative)	<p><u>Update abstract</u> and submit to project team for review Submit abstract to OPA for poster/podium presentation as approved by project team (resident to confirm tentative date)</p> <p>This abstract MUST be updated from the previously submitted documents. You must include preliminary results gathered to date (both primary and secondary outcomes)</p>
3/3 to 3/21	Drafts of APhA Poster due to project team. First draft due 3/3
3/17	Due to Project Team for review: Draft #1 Ohio Pharmacy Residency Conference (OPRC): abstract, learning objectives and assessment questions
3/22	Receive final poster approval from research team and print poster for APhA conference
3/24-3/27	Attend and participate in APhA Poster Session (resident to confirm date of presentation)
3/31 (tentative)	Submit OPRC abstract, learning objectives and assessment questions (resident to confirm tentative date)
By 4/7	Send <u>updated</u> OPA poster to research team for review
4/12	Receive final poster approval from research team and print OPA poster
4/14 to 4/15	Attend and participate in OPA poster/podium presentation
Week of 4/25	Attend OPRC practice session with residents/preceptors
4/28 (tentative)	OPRC presentation upload due (resident to confirm tentative date)

University of Cincinnati Community –Based Pharmacy Practice Residency
 Program in Underserved Populations
 Advancing Community Based Practice- Research Project
 Time Line: FRHC and SVdP

By 4/30	Manuscript: Write and submit <i>Results, Tables and Figures</i> sections of manuscript to project team for review
By 5/15	Manuscript: Write and submit <i>Discussion, Conclusion and Abstract</i> sections of manuscript. Submit full manuscript to project team for review
5/19	Attend and present at OPRC (resident to confirm tentative date)
Week of 5/22	Manuscript: Attend monthly residents meeting- edit peer manuscript and provide feedback by set due dates with completed draft (ie edits from research team incorporated into draft)
By 6/2	Manuscript: Receive and review/incorporate suggested edits from peer reviewer
6/5-6/19	Manuscript: Complete 1 additional round of edits with project team
6/23	Manuscript: Final manuscript due to project team. Email must be sent to Dr. Brown by project team indicating approval of final manuscript and achievement of this residency objective.
By 6/30	Close out IBR protocol #1 – this is a very important step that must be done or you will not receive your residency certificate...

University of Cincinnati Community –Based Pharmacy Practice Residency
 Program in Underserved Populations
 Advancing Community Based Practice- Research Project
 Time Line: MedManagers/LifeLine (flipped model)

Residency Project Timetable (as of 7/1/2022):	
Date	Requirement
	Completion of IRB training mandatory prior to start of the residency year. See Orientation Learning Experience Documentation
5/1 to 5/31	Work with current resident and research team on ASCP Abstract
By 5/31	Submit research team approved ASCP abstract
Orientation/Teaching Certificate Program 7/28- TCP program	<p>Research Seminar part 1: Complete worksheet as part of Research Seminar</p> <p>After seminar: sign up for Research Administration Portal or RAP access. Review IRB protocol templates found on OneDrive.</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Click on this link. If you are unable to access, email UC IRB at IRB@ucmail.uc.edu to obtain access.</p> <p>We have provided the more common IRB templates (Medical Template and Consent as well as conflict of interest) in your OneDrive. However, based on your research project- you may need to use a different template. To access these, log into RAP portal and click the Library Tab (left), then Templates tab (right).</p> <p>Inform research team once achieved</p>
7/28- to completion	Report to project team progress on research projects using weekly activity log updates
after 7/28	After RAP portal access obtained – submit appropriate paperwork to transition current IRB protocol (change PI)
From IRB PI transfer approval to 4/30	Collect and Analyze data
8/11	Attend research seminar part 2 during residency orientation- virtual
By 10/14	Draft of ASCP Poster due to project team for review
By 10/31	<p>Receive final poster approval from research team and print poster for conference</p> <p>Manuscript: Determine journal for submission of project, review instructions to the authors. Write and submit <i>Background and Methods sections</i> of manuscript to project team for review</p>

**University of Cincinnati Community –Based Pharmacy Practice Residency
 Program in Underserved Populations
 Advancing Community Based Practice- Research Project
 Time Line: MedManagers/LifeLine (flipped model)**

11/3 to 11/6	Attend and participate in ASCP Poster Session (resident to confirm date of presentation)
By 2/17 (tentative)	<p>Update <u>abstract</u> and submit to project team for review Submit abstract to OPA for poster/podium presentation as approved by project team (resident to confirm tentative date)</p> <p>This abstract MUST be updated from the previously submitted documents. You must include preliminary results gathered to date (both primary and secondary outcomes)</p>
By 3/1	Begin draft IRB protocol #2. Create hypothesis, research question and draft of methodology
3/17	Due to Project Team for review: Draft #1 Ohio Pharmacy Residency Conference (OPRC): abstract, learning objectives and assessment questions
3/31 (tentative)	Submit OPRC abstract, learning objectives and assessment questions (resident to confirm tentative date)
By 4/7	Send <u>updated</u> OPA poster to research team for review
4/12	Receive final poster approval from research team and print OPA poster
4/14 to 4/15	Attend and participate in OPA poster/podium presentation
Week of 4/25	Attend OPRC practice session with residents/preceptors
4/28 (tentative)	OPRC presentation upload due (resident to confirm tentative date)
By 4/30	Manuscript: Write and submit <i>Results, Tables and Figures</i> sections of manuscript to project team for review
5/1	Work with incoming residents on research project - by helping formulate ASCP abstract. Set up meetings, determine research question, assign literature search
By 5/15	Manuscript: Write and submit <i>Discussion, Conclusion and Abstract</i> sections of manuscript. Submit full manuscript to project team for review
5/19	Attend and present at OPRC (resident to confirm tentative date)
Week of 5/22	Manuscript: Attend monthly residents meeting- edit peer manuscript and provide feedback by set due dates with completed draft (ie edits from research team incorporated into draft)

University of Cincinnati Community –Based Pharmacy Practice Residency
 Program in Underserved Populations
 Advancing Community Based Practice- Research Project
 Time Line: MedManagers/LifeLine (flipped model)

By 5/31	Work with incoming residents to submit research team approved ASCP abstract
By 6/2	Manuscript: Receive and review/incorporate suggested edits from peer reviewer
6/5-6/19	Manuscript: Complete 1 additional round of edits with project team
6/23	Manuscript: Final manuscript due to project team. Email must be sent to Dr. Brown by project team indicating approval of final manuscript and achievement of this residency objective.
By 6/30	Submit IRB protocol #2 see 22-23 Advancing Community Based Practice- Research Learning Experience (page 3- Submission of Research Protocol to IRB) for the <u>exact process</u> . Please follow these steps carefully – or there will be delays in the approval of your protocol.
By 6/30	Close out IBR protocol #1 – this is a very important step that must be done or you will not receive your residency certificate...

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

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 in 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. Participation in an elective course- based on resident's interest

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
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Additional Information: none

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

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 in 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. Participation in an elective course- based on resident's interest

New to Academic Learning Experience II

5. Participate in evaluation of poster presentations (PREP or Capstone)
6. Create one CE program (live or virtual) for pharmacists and/or technicians

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)				

<p>R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.</p>	<p>Analyzing</p>	<p>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.</p>	<p>Preceptor observation during training for teaching activities</p>	<p>TEQ2/3</p>
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Additional Information: none

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

ADVANCING COMMUNITY-BASED PRACTICE- BUSINESS PLAN

General Description:

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

1. Executive Summary: This concise overview, located at the beginning of the plan, which provides the key elements of the business plan and why you feel this plan will be successful
2. Product/Service: 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.

Type: Longitudinal, required

Duration: 9 months (October to June)

Weekly time commitment: 2 hours per week. Schedule to be determined by preceptor and resident.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Lydia Bailey (site coordinator)

Other programs preceptors: Anne Metzger, Megan Rasch- FRHC, Casondra Seibert or Andy Mann, Joanne Lankford - MedManagers/LifeLine.

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

Orientation Activities:

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)

Expectations of the Resident:

Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to 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

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

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

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

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

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

ADVANCING COMMUNITY BASED PRACTICE- QUALITY IMPROVEMENT (MM/LL)

General Description:

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

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

Type: Longitudinal, required

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

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

Duration: up to 6 to 9 months

Weekly time commitment: 2 hours per week. Schedule to be determined by preceptor and resident.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Preceptors: Andy Mann (Site Coordinator) and Joanne Lankford (LL)

Other program preceptors: Lydia Bailey- SVdP, Megan Rasch- FRHC,

Orientation Activities:

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

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation) and post CE Certificates to OneDrive.
2. Review resources available on OneDrive including:
 - a. QI Essentials Toolkit Complete from IHI
 - b. Squire 2.0
 - c. QI summary document Example
3. Review quality improvement concepts during residency training in December

Expectations of the Resident:

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

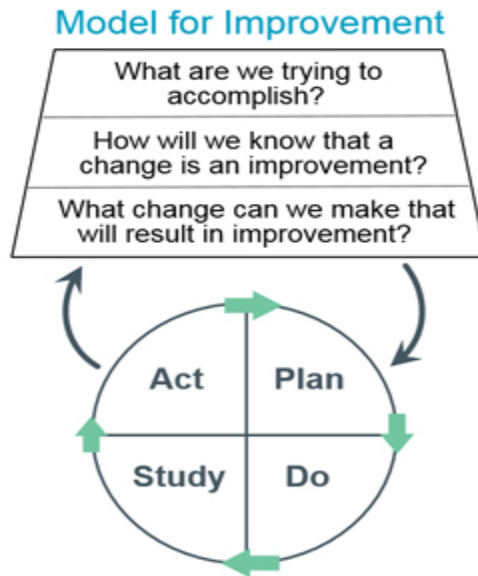
This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implement a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at an appropriate pharmacy team meeting(s)

Final Products must include the following:

1. QI Essentials Toolkit- complete all appropriate templates
 - a. Cause and Effect Diagram (page 6)
 - b. Key Driver Diagram (page 10) – 2 versions
 - c. Process Flow Chart- create own template- 2 drafts
 - d. Failure Mode Effect Analysis (page 18)
2. PDSA cycles – a minimum of 3 complete cycles
3. QI Executive Summary- minimum of 2 drafts

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



Progression of the Resident:

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

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

Complete executive summary document and submit to preceptor team for approval						XX
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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
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Residency Preceptor Director	Resident	Residency Preceptor Director	Twice- at the midpoint and end of residency year

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

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

Additional Resources include:

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

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

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

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



Learning Experiences by
Practice Partner
Five Rivers Health Centers
St Vincent de Paul
MedManager/LifeLine



Become a PharmCat!!

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

General Description:

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

Role of the Pharmacist:

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

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

Schedule:

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

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

Type: Concentrated

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS

Preceptors: Nick Borchers, PharmD, TJ Dorow PharmD, BCPS, and
Megan Rasch PharmD, BCACP, AAHIVP

Orientation Activities:

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

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

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

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

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

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

1. Learn operation of daily pharmacy workflow
2. Complete Epic/BestRX training
3. Introduction to clinic staff
4. Completion of orientation activities as detailed below
5. Begin shadowing CDTM appointments
6. URAC training – see lead specialty pharmacist for details

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 CurriculumIn 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* (7/26)

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

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

2. Practice Site Related:
 - a. Collaborative Practice Agreements:
 - i. Review CPA policy and procedures for FRHC
 - ii. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#).
 - iii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).
 - b. Review ACIP guidelines for chronic disease state immunizations.
 - i. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on Shringrix, Influenza, Covid19 and Menactra
 - c. Upload the following to OneDrive(Resident Credentials):
 1. APhA immunization certificate
 2. Basic Life Support (BLS) Certificate
 - d. Policy and Procedures: Practice Site
 - i. Review FRHC Policy and Procedures and sign document of understanding
 - ii. Sign HIPAA forms at Practice Site
 - iii. Upload copies of signed forms to OneDrive prior to giving to FRHC Compliance Officer no later than 7/15
 - e. Complete OutcomesMTM/CSS Health training and add FRHC pharmacy
 - i. Complete required OutcomesMTM modules (necessary for account registration) if not previously completed
 - ii. See lead specialty pharmacist for details
 - f. Complete work related to MedTrainer- See lead specialty pharmacist for details.
 - g. Complete 340B on demand modules; save completion certificate and upload to OneDrive when complete.
 - i. Register and access the modules here: <https://www.340bpvp.com/education/340b-u-ondemand/modules/> , Click on PVP Login, click Need help signing in? Request a Login, register as a covered entity, Five Rivers Health Centers
 - ii. Complete the following modules:
 1. Intro to 340b drug pricing
 2. 340b pricing
 3. Compliance cornerstones
 4. 340b and Medicaid
 5. HRSA Medicaid exclusion file
 6. Contract pharmacy
 7. Entity owned pharmacy
 8. Audit process and preparednessUpload completed documentation to OneDrive- Practice Site Requirements

h. Communication Skill Review (prior to 7/14- MI review at COP):

i. Motivational Interviewing

1. To review this essential communication technique, see information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>. This document covers the skills needed
2. Once complete, watch the video on youtube located at: <https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
3. Participate in the MI- COP orientation activities.

Expectations of the Resident:

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

Progression of the Resident:

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

Assessment Strategy:

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

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

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

Additional Information:

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

PRIMARY CARE - DIRECT PATIENT CARE

FIVE RIVERS HEALTH CENTERS

2022-2023

General Description:

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

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

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

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

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

Type: Longitudinal, required

Duration: 11 months

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

Mentors:

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

Orientation Activities:

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

Expectations of the Resident:

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

Progression of the Resident:

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

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

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

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	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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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: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	Communicates and interacts with all members of the healthcare team in a professional and responsible manner. Maintains residency portfolio based on Appendix B from residency policy and procedure manual.	Primary preceptor will observe and provide feedback.	TEQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	Interacts with patients in a professional manner.	Primary preceptor will observe and provide feedback.	TQ1 EQ2
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	Present patients to the primary preceptor with relevant subjective and objective information. Documents subjective and objective information appropriately.	Preceptor will listen to presentations of patients and review notes.	TQ1 EQ2
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	Create a problem list for the CDTM patient.	Preceptor will listen to presentations of patients and review note.	TQ1 EQ2/EQ3

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

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

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

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				

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

<p>R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.</p>	<p>Analyzing</p>	<p>Provide formative feedback after daily interactions with students. Provide summative feedback by filling out the midpoint and final evaluations and actively running feedback discussions with students on their performance, with the site coordinator.</p>	<p>Direct observation by preceptor. Verbal and written feedback provided.</p>	<p>T: Q1, teaching certificate program E: Q4, precept students in May and June</p>
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Additional Information: None

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

SPECIALTY - DIRECT PATIENT CARE

FIVE RIVERS HEALTH CENTERS

2022-2023

General Description:

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

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

Type: Longitudinal, required

Duration: 11 months

Resident will spend an average of 8 hours/week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptor/Site Coordinator: Anne Metzger, PharmD, BCACP, BCPS

Preceptor: Megan Rasch PharmD, BCACP, AAHIVP

Orientation Activities:

1. Know where to find all specialty pharmacy policies and procedures
2. Read the patient management program policy
3. Understand all aspects of the fill process through the dispensing Learning Experience
4. Complete URAC overview training
5. Complete Hazardous drug training that aligns with USP-800
6. Shadow the functionality of the specialty pharmacy documentation platform.

Expectations of the Resident:

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

Progression of the Resident:

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

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

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

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

Timing of Specialty Clinics:

- Q1: Hep C, MAT- Preceptor Megan Rasch
- Q2: HIV- Preceptor Anne Metzger
- Q3: Sickle Cell- Preceptor Anne Metzger
- Q4: Multiple Specialty Disease States- Preceptor Megan

Assessment Strategy:

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	Document appropriate plan and set appropriate follow-up dates within the specialty documentation platform.	Preceptor will review follow-up plans with resident and give feedback accordingly.	TEQ1 EQ2
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented as part of reassessments.	Preceptor will discuss the resident's monitoring plan and review documentation.	TEQ2, EQ3, EQ4
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Discuss final plan, any medication changes, recommended monitoring, and any other required information with specialist in clinic, in-person, or through the EMR.	Preceptor will observe in person and phone interactions as well as read EMR communications.	TEQ2, EQ3
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Document all clinical interventions, prior authorizations, and benefit investigations within the specialty documentation platform.	Preceptor will read and evaluate patient notes.	TEQ1, EQ2

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

Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Participate in transitioning a patient to specialty pharmacy services by completing initial assessments.	Preceptor will review to ensure all enrollment documentation is documented	TEQ2
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	Participate in transitioning a patient to specialty pharmacy services	Preceptor will follow-up to ensure all items	TEQ2, EQ3

		when performing re-assessment and patient check-ins.	were addressed by resident within clinic.	
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Additional Information: None

**University of Cincinnati Community –Based Pharmacy Practice Residency
Program in Underserved Populations
LEADERSHIP AND MANAGEMENT- FIVE RIVERS HEALTH CENTERS
2022-2023**

General Description:

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

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

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

Type: Longitudinal, Required

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD (site coordinator) and Megan Rasch PharmD, BCACP, AAHIVP

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

- 1 Learn about FRHC history and mission as well as overview of pharmacy operations
- 2 Attend FRHC clinical pharmacy meetings
- 3 Review pharmacy policies and procedures

Expectations of the Resident:

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

Progression:

Q1/2: Direct Instruction/Modeling

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

Q3: Coaching:

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

Q4: Facilitate:

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

Assessment Strategy:

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

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

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

Additional Information: none at this time

**University of Cincinnati Community –Based Pharmacy Practice Residency
Program in Underserved Populations
PATIENT-CENTERED DISPENSING-FIVE RIVERS HEALTH CENTERS
2022-2023**

General Description:

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

Role of the Pharmacist:

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

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

Type:

Longitudinal, required

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Site Coordinator: Anne Metzger, PharmD
Primary Preceptor: TJ Dorow PharmD, BCPS

Orientation Activities:

Residents will complete the following:

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

Expectations of the Resident:

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

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

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

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

Progression of the Resident:

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

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

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

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.

- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed twice (midpoint and end) of the learning experiences. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Shadow then perform Verifying Pharmacist: <ul style="list-style-type: none"> • Verify correct data input from pharmacy technician • Verify correct medication, dosage, strength, quantity and directions being dispensed • Review disease state(s), allergies and medication profile using PPCP; if questions arise, use EPIC or patient interview to evaluate patient • Recommend solutions to issues to patient and/or physician • Use pharmacy quality assurance program (APMS) to track pharmacy errors that may occur 	Verbal feedback through direct preceptor observation	TQ1/EQ1-4
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: <ul style="list-style-type: none"> • Accurate prescription entry within BestRx system for electronic, written, faxed or transferred prescriptions • Check voicemails for refill requests, patient calls for refills 	Verbal feedback through direct preceptor observation	TQ1/EQ1-4

		<ul style="list-style-type: none"> • Appropriately select correct medication for dispensing within BestRx • Address billing issues and assist patient in receiving most affordable medication for the patient • Prescription check-out counseling using PPCP 		
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	<p>Shadow then perform check-out window:</p> <ul style="list-style-type: none"> • Face-to-face clinical intervention review and counseling using PPCP • Identifying need for delivery services or weekly pill box • Prescription check-out using certified interpreter for non-English speaking patients using PPCP • Refer patients to additional services as needed (ie MD/NP, social services, community health worker) 	Verbal feedback through direct preceptor observation	TQ1/EQ1-4
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	<p>Shadow then perform check-out window:</p> <ul style="list-style-type: none"> • For each new medication- educate patient using appropriate counseling techniques in patient friendly language <ul style="list-style-type: none"> ○ How to use, side effects, how it works, missed doses • Use motivational interviewing for adherence issues and/or smoking cessation • Identify barriers to adherence and implement patient centered solutions 	Verbal feedback through direct preceptor observation	TQ1/EQ2

		<ul style="list-style-type: none"> Refer patients to additional services as needed (ie MD/NP, social services, community health worker) 		
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Competency Area: R2 Leadership and Management

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	<p>Complete modeling, coaching, and facilitating of managing staffing team until independent.</p> <ul style="list-style-type: none"> Adhere to legal, regulatory and accreditation requirements for dispensing medications Demonstrate knowledge and understanding of BestRx Pharmacy Software, Cardinal purchasing website and APMS error reporting software Independently manage staffing team (pharmacy technicians and clinical pharmacists) Oversee effective, efficient, and safe delivery of patient care and dispensing services 	Verbal feedback through direct preceptor observation	TQ2/EQ2-4

Additional Information: none

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

General Description:

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

Role of the Pharmacist:

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

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

Schedule:

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

LifeLine/Medication Managers:

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

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

Type: Concentrated, required.

Duration: up to 2 months

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors/Site Coordinator:

Andy Mann PharmD (site coordinator) and Joanne Lankford PharmD- LifeLine
Casondra Seibert PharmD- (site coordinator)

Orientation Activities:

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

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

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

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

1. Participate in review of the following:
 - a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
 - b. Assessment Structure: Self-assessment 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:

LifeLine Orientation:

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

Medication Managers:

1. Work with site coordinator to orient to the following:
 - a. Beers/Start Stop/BCP high risk meds
 - b. Practice Site guidance discussion
 - i. State Operations Manual review
 - c. Point Click Care orientation
 - d. RXPertise (consulting software)
2. Introductions to consulting preceptors
3. Work with consultants on process of patient chart reviews and SBAR recommendations to providers
 - a. Work side by side or tandem with consultant preceptor for 2 to 3 weeks
 - b. Work in tandem with consultant preceptor for up to 2 months (gradually given more independence).
 - i. Goal independently managing 300 to 450 beds by December of residency year
4. Audit training
 - a. Attend mock audit or State inspection (if available)
 - b. Review MedPass/MedCart (if available)
5. QAPI meetings at assigned home(s) as well as join facility-based committee.
 - a. Review process and reports generated with consultants.
 - b. Attend meeting at home (if available)
6. Join and contribute to one facility specific care team (falls prevention, stewardship etc) at one of your assigned homes.
7. Maintain Psychotropic Medication Trackers at assigned home(s)
 - a. Attend meeting at SNF home (if available)
8. Review readiness for independent practice check list with primary preceptor

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 CurriculumIn addition, you must complete the following:
 3. EverFI; HIPAA- **must be done by 7/15**
 4. Required Alcohol and Drug Information
 5. Everfi: Checkpoint Data Security
 6. Concur- Travel and Expense Requests*

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

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

2. Practice Site Related:
 - a. Review Collaborative Practice Agreements:
 - i. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on OneDrive.
 - ii. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#).
 - iii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).
 - b. Review ACIP guidelines for chronic disease state immunizations.
 - i. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
 - a. Focus on immunizations for the following targeted populations:
 1. Seniors: Shingrex, pneumococcal, influenza, Covid19
 2. Diabetes/Smokers: influenza, pneumococcal

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

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

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

- e. Review most recent guidelines the following disease states (all found on OneDrive):
 - I. Heart Failure- see: [2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines \(ahajournals.org\)](#).
 - II. Anticoagulation
 - III. Aminoglycoside/Vancomycin dosing
 - IV. Compliance with State Laws- prescriptions/orders
 - a. Prescriptions and Medication Orders – read sections 2.1 and 2.2.
 - b. Issuing a Valid Prescription, What Every Prescriber Needs to Know

- f. Once licensed, sign up for Ohio Automated RX Reporting System. Go to [Ohio Automated Rx Reporting System: OARRS \(ohiopmp.gov\)](#). Click on Register (top right)

- g. Communication Skill Review (**prior to 7/14/2022- MI review at COP**):
Complete Motivational interviewing review by
 - 1. Read the information found on this web site:
<http://www.ncbi.nlm.nih.gov/books/NBK64964/>. This document covers the skills needed.
 - 2. Once complete, watch the video on youtube located at:
<https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
 - 3. Participate in the MI- COP orientation activities.

Expectations of the Resident:

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

Progression of the Resident:

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

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	At 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 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.

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	Practice under preceptor guidance the ability to provide pertinent information necessary for the safe and effective use of medications to the care giver or patient as needed.		
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	Recognize appropriately when patients/caregivers need medication counseling/education and maintains compliance with state laws and regulations. Engage in monthly health screenings at Berkeley.		
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: T and TE
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	Complete new admission intervention form on regular basis during LifeLine shifts to detect and resolve medication therapy errors during transitions of care experiences. Complete interim reviews at specified facilities on a regular basis to detect and resolve medication therapy errors during the transitions of care from hospital to skilled nursing facility.	Formative feedback from preceptors and review of intervention forms	T
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying			

Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Adheres to organizational policies and procedures; Identifies organizations political and decision-making structure; Demonstrates personal commitment to the mission and vision of the organization; Demonstrates effective workload and time management skills; Prioritizes and organizes all tasks; Selects appropriate daily activities	Formative feedback by preceptor Written feedback on weekly log	TE Orientation
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Begins to use principles of continuing professional development (CPD) (reflect, plan, act, evaluate, record, and review)		

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

Additional Information: none

**University of Cincinnati Community – Based Pharmacy Practice Residency Program in
Underserved Populations
Ambulatory Care Required and Elective Experience
Medication Managers/LifeLine**

General Description: The direct patient care learning experience is designed to provide the resident with broad experiences managing patients with a chronic illness in a team-based environment.

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

Role of the Pharmacist:

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

Based on the resident's self-evaluation and observations of incoming skill set, the four 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 quarter three or in some cases quarter four, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, Required and Elective

Duration: Required - four months (Aug-Dec), Elective- six months (Jan-June)

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

Mentors:

Residency Preceptor Director/Preceptor: Bethanne Brown, PharmD, BCACP
Preceptor: Kendall Germann, PharmD

Clinic Locations:

Primary Health Solutions - Bever:

210 S. Second Street, Hamilton, Ohio 45011

Parking: Free parking lot across street- enter off Ludlow Ave

Primary Health Solutions - Hamilton West:

903 NW Washington Blvd, Hamilton, Ohio 45013

Parking: Free parking found in the back of the building

Orientation Activities:

Resident is expected to:

1. Complete the training requirements for the collaborative practice agreement (CPA) participation and participate in topic discussions with preceptors
2. Review the PHS Collaborative Practice Agreement 2022 (see file name: PHS CPA Signed)
3. Review, sign and submit to preceptors the PHS required documentation (HRM 2.01 Standards of Conduct and Confidentiality Agreement)

Expectations of the Resident:

The resident's role is to mirror the work of the pharmacist three and a half days per week.

Progression of the Resident:

Resident Progression Description	Date
Shadowing Resident will shadow clinical pharmacist during appointments to learn about workflow, documentation and patient care activities.	Week 1 to 4
Direct Instruction/Modeling Resident will collect and assess patient information as part of joint appointments with preceptors. They will be responsible for documentation related to patient visits in EMR.	Week 4 to 8
Coaching Resident will independently collect and assess patient information. In collaboration with preceptor, resident will create disease state management plans. Preceptor will work with patient on implementation and follow-up.	Week 8 to 12
Facilitation Resident will independently complete the Pharmacist Patient Care Process with at least four patients per clinic day. Resident is responsible for all implementation and follow-up on patients seen.	Week 12 to end of experience

Elective experience will allow the resident to continue progressing in the management of disease states in the ambulatory care setting providing additional practice with independently managing patients under collaborative practice agreements.

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. ³ Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: T and TE
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	<p>Develop a working relationship with all providers at the various clinics</p> <p>Answer drug information questions from providers either face to face, telephonically, or via EMR</p> <p>Reach out to providers to discuss patient specific needs and obtain referrals as appropriate</p>	Observe professional relationships with staff, continued feedback provided throughout residency	R: Q1 E: Q3
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	<p>Conduct clinical pharmacist managed patient encounters based on referral from providers</p> <p>Demonstrate cultural competence in all patient encounters by using interpreter services and creating care plans taking</p>	Preceptor to provide feedback during patient appointments as needed	R: Q1 E: Q3

		<p>into account patient preferences</p> <p>Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health</p>		
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	<p>Use EMR to collect pertinent information related to disease states being managed in a timely and efficient manner including provider plan, laboratory monitoring parameters, testing results and care plans from other providers</p> <p>Create an interview style/format that fits the patient's communication needs to collect all pertinent information (ie adherence, cultural preference etc.)</p>		<p>R: Q1</p> <p>E: Q3</p>
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	<p>During patient encounters, use the information collected (R1.1.3) from patient and EMR: Assess patient status by taking a holistic approach</p>	Review notes in EMR and discuss patient encounters	<p>R: Q1</p> <p>E: Q3</p>

		<p>Identify medication related problems. Prioritize problems based on both provider and patient preference</p> <p>Refer patient to both internal and external providers based on patient needs (ie vision referral)</p> <p>Use evidenced based guidelines to drive decisions</p>	
<p>R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.</p>	<p>Valuing and Creating</p>	<p>During patient encounters, use the information collected (R1.1.3 and R1.1.4) from patient and EMR and your own clinical judgement:</p> <p>Create a comprehensive disease state management plan which includes patient determined goals</p> <p>Each plan should include the following: Medication Changes - with implementation plan</p> <p>Education provided to patient - including handouts used</p> <p>Monitoring - both patient and provider</p> <p>Goals set - created collaboratively</p> <p>Follow-up</p> <p>Determine appropriate wellness activities patient</p>	<p>R: Q1</p> <p>E: Q4</p>

		should engage (ie immunizations etc.)		
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	At the end of each patient encounter: Communicate collaboratively created plan to patient and provide documentation (goal sheet, patient packet etc.) Work with patient to reduce any barriers to success (such as medication access)	Review notes in EMR and discuss patient encounters	R: Q1 E: Q4
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	At the end of each patient encounter: Schedule follow-up appointments based on clinical factors (either telephonic, face to face or virtual) Follow-up on any prior authorizations required for medication access (initiated by clinical pharmacist only)		R: Q1 E: Q4
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Work collaboratively with patients to institute plan Provide patients with educational handouts and goal sheets based on plan created Follow-up with patient based on discussion and clinical factors	Discuss challenges to patient care with preceptors Discussing approach to difficult providers	R: Q1 E: Q4
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Work collaboratively alongside providers either during collaborative joint or	Review notes in EMR and observed communication with providers	R: Q1 E: Q4

		clinical pharmacist managed patient encounters Contact outside providers/specialist as needed to be an advocate for the patient		
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Document in EMR based on policy and procedures - Including the use of telephone notes and clinical pharmacy template Utilize existing EMR templates Work with clinical pharmacy team to update templates as needed	Preceptor to review EMR notes and provide feedback as appropriate based on training schedule and level of independence	R: Q1 E: Q4

Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Effectively managing the clinic schedule for the day	Stay on time with appointments and complete EMR documentation appropriately	R: Q1 E: Q2
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Demonstrate ability to self-evaluate skills in Ambulatory Care Setting, make adjustments as needed based on performance	Observation by preceptors during appointments	R:Q2 E:Q4

Additional Information: none

**Medication Managers: PGY1 Community Pharmacy Residency
Readiness for Independent Practice Checklist (updated 6.19)**

Competency	Date Achieved
Electronic Medical Record (EMR)	
Navigates EMR and/or paper chart to find patient information (appointments, vitals, labs, notes, procedures, progress notes, etc.)	
Navigates schedule to complete facility chart reviews	
Documents pertinent vitals in RxPertise	
Performs medication reconciliation using Point Click Care (PCC) and paper chart	
Recommends orders for POC tests, labs, and medications in RxPertise	
Documents patient review in RxPertise and patient chart	
Documents nursing specific instructions in RxPertise with routing to nursing	
Schedules follow-up chart review for subsequent month	
Documents individual patient interventions utilizing Recommendations in RxPertise	
Routes Patients reviewed and Recommendation Reports to Director of Nursing	
Documents nursing communication via Notes on RxPertise or consult tracking sheet	
Communicates with other health care providers	
Patient Chart Review (50 Charts)	
Conducts LTC/SNF patient chart reviews monthly	
Asks appropriate questions to attain pertinent health information and/or reviews PCC to attain pertinent health information	
Collects supplemental information from other care givers when necessary	
Documents pertinent patient information via RxPertise Recommendation	
Reviews previous consultant recommendations to generate thorough recommendations	
Determines when to complete medication regimen recommendation for a patient to their physician and in what time frame recommendation needs to be made (ie. Monthly recommendations vs. immediate physician notification)	
Appropriately recommends orders for pertinent laboratory tests via RxPertise	
Ensures all current residents had a MRR utilizing “all patients reviewed report”	
Runs appropriate reports (consultant overview, all patients reviewed, prescriber communications etc.) for submission to director of nursing	
Interim Reviews	
Reviews 20 interim reviews made previously for the facility for which they will be completing reviews	
Appropriately completes 10 interim reviews approved by preceptors	
Ensures that interim reviews are completed and communicates to nursing supervisor if there is an outstanding issue	

**Medication Managers: PGY1 Community Pharmacy Residency
Readiness for Independent Practice Checklist (updated 6.19)**

Competency	Date Achieved
Physician Interaction	
Communicates with referring physician when necessary via RxPertise	
Pharmacotherapy Plan	
<p>Designs an evidence-based medication therapy plans which can encompass but are not limited to:</p> <ul style="list-style-type: none"> - anticoagulation therapy - antimicrobial/infection treatment therapy - gradual dose reductions of psychotropic medications - Chronic obstructive pulmonary disease and asthma therapies - Heart Failure therapy - Diabetic Management 	
Meeting Attendance	
Joins and attends one care team meeting i.e. antimicrobial stewardship, psych, care conference.	
Joins and attends one Quality Assessment Process Improvement	
Metrics	
Track recommendations for follow-up via Rxpertise	
Appropriately utilizes pending review report dependent on preceptor	
Document rejected recommendations and reason for rejection/denial if applicable. If no reason notes that recommendation can be made again when necessary.	
Antimicrobial Stewardship (20 patients)	
Appropriately recommends orders for pertinent laboratory tests via RxPertise via clinical knowledge or facility protocol	
Identifies appropriateness of therapy per guidelines and facility specific antibiogram or regional antibiogram if applicable	
Identifies appropriate duration of antimicrobial therapy	
Identifies if antimicrobial therapy is warranted based on symptoms and signs documented in chart	
Ensures proper documentation with regard to antimicrobials	
Psychotropic Review (20 patients)	
Appropriately recommends orders for pertinent laboratory tests via RxPertise	
Appropriately assess need for GDR via PCC/RxPertise/patient chart	
Appropriately recommends need for Genesight testing if applicable	
Assesses total psychotropic burden on patient and makes appropriate recommendation	
Falls Review (10 patients)	
Adequately reviews patient medications for increased risk of falls or symptoms that may precipitate a fall	
Reports findings via Interim Falls Review Recommendation via RxPertise	
Appropriately titrates or discontinues medications to meet treatment goals	

**Medication Managers: PGY1 Community Pharmacy Residency
Readiness for Independent Practice Checklist (updated 6.19)**

Develops plan for follow-up	
Completes an anticholinergic burden score for 5 patients	

Competency	Date Achieved
NAR to MAR Review (5 halls of a facility)	
Adequately assess patient NAR and MAR for potential diversion	
Reports inconsistencies to Director of Nursing or appropriate leadership if necessary	
Nursing Cart Audits (5 carts)	
Ensure medication cart is clean and clear of clutter	
Ensure that no expired or discontinued medications are located in cart	
Ensure that narcotics are kept in double locked cart drawer and counts are appropriate	
Ensures proper drug destruction	
Properly destroys necessary medications if applicable at the facility in question	
Properly audits documents for drug destruction for records if requested	

MM Site Coordinator Signature	Date of Checklist Completion

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

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

Role of the Pharmacist

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

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

Type: Longitudinal, required

Duration: 11 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

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

Orientation Activities:

Medication Managers orientation will be directed by Casondra Seibert. See Readiness for independence checklist as well as the orientation learning experience to determine activities related to DPC orientation.

Expectations of the Resident:

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

Progression of the Resident:

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

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

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

Q2: Residents will be able to recognize common geriatric disease states and initiate guidelines appropriate therapy. Resident should consistently implement patient-centered therapy when writing recommendations. Residents will participate in writing antimicrobial stewardship recommendations, creating a psychotropic tracker, participate in narcotic destruction, and attend a minimum of one QA meeting per quarter. Residents will be asked to assess a minimum of 100 to 150 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews.). Additionally, residents will be introduced to precepting APPE students and expectations for hosting APPE and IPPE students.

Q3: Residents will be able to recognize common geriatric disease states, initiate guidelines therapy, and longitudinally manage these disease states. Resident should continue to prioritize patient-centered care. Residents will be able to create facility antibiotic reports with assistance and address antimicrobial stewardship appropriateness. Residents will complete a psychotropic

tracker for one facility. Resident will participate in narcotic destruction and review documentation standards. Residents will be asked to attend 1 QA meeting per quarter and complete one nursing or prescriber educational program per quarter. Residents will be asked to assess a minimum of 200 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Residents will be asked to assist in precepting activities related to APPE students and provide a project idea for APPE students to complete.

Q4: Residents will be able to recognize common geriatric disease states, initiate guidelines therapy, longitudinally manage these disease states, and give special consideration to comorbidities and patient-centered care. Residents will independently create facility antibiotic reports and address antimicrobial stewardship appropriateness. Residents will complete and maintain a psychotropic tracker for two facilities. Resident will lead narcotic destruction and complete documentation standards. Residents will be asked to attend 1 QA meeting, complete one nursing or prescriber education, and lead one consultant pharmacist clinical topic discussion. Residents will be asked to assess between 400-500 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Residents will be responsible for APPE student precepting, scheduling, project provision, and APPE rotational assessments.

Assessment Strategy:

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

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

R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	admission packets with active medication lists to identify concerns and writing appropriate recommendations. Communicate issue to appropriate staff and follow-up to ensure resolution.	then review completed reviews using RXPertise and PCC	TQ1 EQ2
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Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	Participate in CMS Clinical Standards, Quality, Safety and Oversight Group Phase II interpretation guide	Discuss with preceptor at least one law/regulation that will impact the practice and understand the ramifications. Upload LTC Operations manual discussion sections to OneDrive for review and discussion with preceptor.	TQ2 EQ4
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Effectively managing the monthly work load (ie.	Assigned management tasks completed with high quality and efficiency as determined	TEQ1

		interim, MRR and longitudinal projects)	by preceptors and review of weekly logs.	
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Demonstrate ability to complete weekly logs(self-reflection) appropriately and to verbally self-evaluate during DPC experiences	Preceptor/RPD review of weekly logs and discussions with preceptors.	TQ1 EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	Attend CQI/QAPI meeting at one assigned home (as available). Actively participate at meetings.	Review experience with preceptor. Maintain reports required for quality meetings as well as facility teams .	TQ1 EQ3
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Become the UC-ASCP student chapter co-Advisor with mentoring from site coordinator. See responsibilities/activities list posted on OneDrive. Participate in national ASCP initiatives.	Reflection as part of weekly activity log. Upload all documentation related to participation to OneDrive	TQ1 EQ4
R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	See guidelines provided for completing community service	Review of weekly activity log documenting monthly community service activities and reflections	TQ1 EQ4

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	APPE Students: Develop training plan/schedule for APPE students based on their skills/interest.	1. Preceptors/APPE student feedback 2/3. Preceptors to provide feedback on	TQ3 EQ4

		<p>Precept up to 3 students per year.</p> <p>Community: Working with local director of resident lifestyle- determine topics of interest and develop appropriate presentation style based on topic</p> <p>Other Health Care Professionals (HCP): Working with site coordinator- determine topic and delivery method for NP educational programming.</p> <p>Create ASCP recorded CE programming and TCPA Live CE presentations</p>	community/group education materials	
<p>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.</p>	Applying	<p>APPE Students: Use current Medication Managers protocol for APPE onboarding.</p> <p>Community: Deliver educational activities to independent living communities as part of health/wellness education.</p> <p>Other HCP: Deliver educational programming to NP's</p>	<p>Preceptor to oversee the onboarding process. 1 student to be evaluated during the residency.</p> <p>Preceptor to evaluate delivery of community programming.</p>	TQ3 EQ4

		Deliver ASCP and TCPA CE programming		
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	Create handouts for target audiences: community members, pharmacists and other HCP for educational activities.	Preceptor to review all written communication provided to learners and provide feedback to resident using either written or verbal comments.	T- Q1 TE Q2 or4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	APPE: Determine learning activities for APPE students as appropriate including topic discussions and DI questions Create calendar of activities for each month Precept up to 3 students per year.	Resident to review the activities with preceptor before presenting to APPE students. Follow up with preceptor to evaluate effectiveness of activity.	TQ3 EQ4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	APPE: Determine ability to create and deliver midpoint and final evaluations for APPE students as appropriate Provide appropriate formative feedback during APPE student mentoring activities	Discuss evaluations with preceptor prior to delivering to the APPE students.	TQ3 EQ4

Additional Information: none

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

PATIENT CENTERED DISPENSING/LEADERSHIP AND MANAGEMENT- LIFELINE

General Description:

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

Role of the Pharmacist:

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

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

Type: Longitudinal, required.

Duration: 12 months

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

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Andy Mann, PharmD (site coordinator) and Joanne Lankford, PharmD (co-preceptor)

Orientation Activities:

LifeLine orientation:

- a. Residents will be trained on both day (9-5) and evening (4:00 to 11) shift at LifeLine during weeks 1 to 3 of the start of the residency year.
 - i. This will be a full-time orientation of 32 to 40 hours/week.
 - ii. All policies and procedures related to activities at LifeLine will be read and reviewed with preceptors including on-call list.
 - iii. Identification of areas for improvement will be documented in weekly activity log.

- b. Preceptors will train residents using the 3 of the 4 preceptor roles of: direct instruction, modeling and coaching during orientation.
- c. Residents will be engaged in patient centered dispensing in collaboration with another preceptor until preceptors determine the resident is ready to be fully independent. At that time, preceptors move into a facilitation role supporting the resident as they manage all aspects of operations during their scheduled shifts (by end of September).
- d. Topics covered- refer to Orientation Learning Experience

Expectations of the Resident:

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

Progression of the Resident:

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

Q1(direct instruction/modeling): Resident will be staffing with other pharmacists until end of August. Starting at the beginning of September, resident will closing alone on Fridays and Staffing independently on Saturdays (4 to close) as well as taking call Saturday night to 6am Sunday. Expectation is to close at a reasonable time (11pm to 12am) by completing all necessary orders by collecting and assessing pertinent information (po, partial fills and IVs), make sure final run is completed, and secure pharmacy. Order verification expectation by September is 150 to 200 completed patient orders. Readiness for independent practice checklist should be completed by end of August.

Q2 (modeling and coaching) By end of Q2 resident should be comfortable with the dispensing role by verifying 200 to 250 orders based on appropriate disease state recommendations per shift. Complete independence in staffing and managing pharmacy operations(runs/technician issues) and handling on-call situations using problem solving skills (Stat vs back up).

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

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

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

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

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

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

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

		<p>Recommend appropriate monitoring as needed based on patient needs (INR, Abx levels)</p> <p>Facilitate IV line placement as well as IV nutrition support (IE TPN)</p>		
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Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.

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

Competency Area: R2 Leadership and Management

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

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

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

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

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

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

Additional Information:

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

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

ORIENTATION- ST VINCENT DE PAUL CHARITABLE PHARMACY

General Description:

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

Role of the Pharmacist:

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

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

Schedule:

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

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

Type: Concentrated, required

This is a full-time experience for the duration of Orientation.

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

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

Training Pharmacists: Lydia Bailey, Danielle Polley, Katie Owens,
Neil Rush, Mike Horn, Wally Herbster, Linda Gutierrez

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.
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
 - c. Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
 - a. Complete required pre-work
 - b. Attend business plan seminar- fall (October) and spring (March)
 - c. Attend QI training – winter
4. Participate in research training (see research project time-line)
 - a. Research seminars provided by College and Institutional Review Board
 - b. Complete SPSS training (as applicable)
 - c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

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

1. Introduction to Pharmacy and Bank Street Staff
 - a. Review history and mission of SVdP
2. Learn operations and daily pharmacy workflow
3. Attend all-staff and pharmacy staff meetings

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

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

1. UC Employment related:
 - a. Attend UC Virtual Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.
 - b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, Practice Site Requirements
 - c. Complete blood borne pathogen training by going to <https://ehs.uc.edu/itc/compliance.aspx>.
 - i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
 - ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training.
 - iii. **Complete by 7/31**
 - 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 CurriculumIn addition, you must complete the following:
 3. EverFI; HIPAA- **must be done by 7/15**
 4. Required Alcohol and Drug Information
 5. Everfi: Checkpoint Data Security
 6. Concur- Travel and Expense Requests*

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

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

2. Practice Site Related:

a. Collaborative Practice Agreements:

- i. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on OneDrive.
- ii. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#).
- iii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).

b. Review ACIP guidelines for chronic disease state immunizations.

- i. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
Focus on Pneumococcal, Influenza and Covid19.

c. Upload the following to OneDrive(Resident Credentials):

1. APhA immunization certificate
2. Basic Life Support (BLS) Certificate

d. Policy and Procedures: Practice Site

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

e. Review most recent guidelines the following disease states (all found on OneDrive, Learning Experience, Orientation, Practice site folder):

i. Diabetes-

1. Standards of Care for Patients with Diabetes 2022 abridged versions for PCP (See OneDrive). Full version at: [Volume 45 Issue Supplement_1 | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#).
2. Nutrition Therapy for Patients with Diabetes or Pre-Diabetes

ii. CV risk factors: Hypertension, Hyperlipidemia

1. HTN- see ACC guideline hub: [Guideline Hub | High Blood Pressure - American College of Cardiology \(acc.org\)](#).
2. HLD- see AHA/ACC guidelines at: [2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCN A Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines \(ahajournals.org\)](#).

iii. Asthma/COPD- GOLD guidelines, Asthma Guidelines

1. 2022 Gold guidelines found on OneDrive
2. 2022 Updates to Asthma guidelines: See OneDrive

- iv. Psychiatric Disorders including: Depression, Alcohol Use Disorder, BiPolar and (See OneDrive)for Schizophrenia: [APA Treatment of Patients With Schizophrenia Guideline Pocket Guide \(guidelinecentral.com\)](#).
 - v. AAFP Anticoagulation update- 2020 (see OneDrive)
- f. Review CLIA waiver requirements to understand the requirements for SVdP as it pertains to point of care testing. This information can be found at:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>
- g. Communication Skill Review (see Communication Skills folder- complete MI prior to 7/14 COP Orientation activities):
- i. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.
 - ii. Adherence: reading posted on OneDrive
 - iii. Complete Motivational interviewing review by
 - 1. Read the information found on this web site:
<http://www.ncbi.nlm.nih.gov/books/NBK64964/>. This document covers the skills needed.
 - 2. Once complete, watch the video on youtube located at:
<https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
 - 3. Participate in the MI- COP orientation activities.
 - iv. Working with interpreters:
 - 1. See the Refugee Health Technical Assistance Center:
 - a. Review the following webpage information:
<https://refugeehealthta.org/access-to-care/language-access/best-practices-communicating-through-an-interpreter/>.
 - b. Under CLAS Tools and Resources (right side of the page)
 - i. Click on Effective Health Care Communication Video (7 minutes)
 - ii. Click on Language Access Training Video (24 minutes)

Expectations of the Resident:

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

Progression of the Resident:

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

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor	Resident	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.

Competency Area/Goals/Objective Related to Learning Experience:

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

		<p>Appropriately gather data during SVDP health services appointments using EMR and patient interviews</p> <p>Appropriately gather data during phone-call claim follow up using QS1 information</p> <p>Appropriate use of vaccine screening form- based on interview form</p>	Discussions at weekly meetings with RPD	
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	<p>Appropriately prioritize problem lists for each patient based on data collection in CMM appointment using evidenced-based guidelines as well as patient and provider preferences</p> <p>Appropriately prioritize problem list during SVDP health services appointment in collaboration with health care team</p>		T

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

		<p>interviewing and empowerment techniques to move a patient towards better health</p> <p>Implement accurate understanding of how to communicate to caregivers while patients are still present</p> <p>Utilize volunteer interpreters or software as needed in a timely and effectively manner for ESL patients</p>		
R1.1.9: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	<p>Effectively communicate with all healthcare team members via face-to-face, phone, and fax as appropriate</p> <p>Display an appropriate balance of respect and confidence in all healthcare communications</p>		
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	Following CMM visits, document all clinical interventions in QS1 with appropriate		

		<p>timeliness for follow up, clear and concise language used, and correct format based on protocol</p> <p>Following SVDP health services visits, document visit in EPIC using set protocol with high quality and efficiency</p>		
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	<p>Shadow then perform Verifying Pharmacist:</p> <ul style="list-style-type: none"> • Verify correct data input • Verify correct medication, dosage, strength, quantity, inventory • Review disease state and medication profile using PPCP • Review and input clinical interventions using PPCP 	Formative feedback provided by each preceptor/training pharmacist	TE Orientation

R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: <ul style="list-style-type: none"> • Prescription Entry • E-scribe • Voicemail/CareM message • Inventory selection • Prescription check-out counseling using PPCP 		
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	PPCP Prescription Verification Services: <ul style="list-style-type: none"> • Collect-Gather DUR data from medication profile; sorting by disease state, medication name, and pick up dates. Gather clinical data from patient chart section, including labs, relevant claims, disease states, allergies, medications filled elsewhere, and previous CMR notes. • Assess- 		

		<p>Using all medication and clinical data- identify disease state management issues that will need addressed upon pick-up.</p> <ul style="list-style-type: none">• Plan- Determine level of intervention needed based on assessment; refuse to fill prescription, place prescription on hold until counseling complete, verify prescription with counseling note attached, initiate med sync, initiate other SVDP referral, etc.• Implement- Document plan on electronic patient chart and on paper note within prescription bag, notify call center to initiate provider or patient claim.• Follow-Up- Create clear outline of next interventions needed based on patient/provider		
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		response to ensure appropriate care handoff.		
R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Analyzing	PPCP Check-out Services: <ul style="list-style-type: none"> • Collect- Gather patient data pertinent to medications dispensed by asking relevant questions, review bag notes, review patient profile for clinical notes and open clinical claims. For non-English speaking patients utilize interpreting services. • Assess- Based on notes and patient report; determine problems, problem severity, and services needed to address problems • Plan- Communicate clearly the next steps the patient needs to complete (doctor check-in, other SVDP service check-in, home monitoring, use of pill box, etc.) 		

		<p>as well as next steps the pharmacy team will take to address concerns.</p> <ul style="list-style-type: none">• Implement- Based on severity level of problem, alert correct team member to address identified issue or create note for future implementation. Offer available products as needed (SVDP referrals, vaccines, pill organizers, BP/BG home monitoring devices, etc.)• Follow-Up- Create clinical claim documentation for all issues addressed at pick-up. Close if issue solved or appropriately post-date for future provider/patient communication.		
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Competency Area: R2 Leadership and Management				
Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	Meeting all deadlines for activities as set by preceptor/RPD	Formative feedback by preceptor Written feedback on weekly reflections	T
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	Meeting preceptor/RPD expectations for written reflections		

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

Additional Information: None

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

DIRECT PATIENT CARE- ST VINCENT DE PAUL

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

Type: Longitudinal, required.

The resident will spend on average 24 hours per week in direct patient care services related activities

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

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

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Lydia Bailey PharmD (site coordinator and primary preceptor), Danielle Polley PharmD

Orientation Activities:

Residents will complete the following activities:

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

Expectations of the Resident:

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

Clinical services including:

Comprehensive Medication Review skills:

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

Disease state management skills:

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

Immunization skills:

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

Demonstrate leadership ability in precepting clinical services including:

APPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

IPPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

Progression of the Resident:

Orientation: Shadowing:

Complete all orientation activities listed above

Q1: Direct Instruction/Modeling

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

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

Q2/Q3: Coaching:

Resident will independently complete the PPCP cycle. Plans will be reviewed with preceptors as needed. Resident’s plan delivery will be reviewed by supervising pharmacist with feedback provided. Resident’s implementation and documentation will be reviewed by preceptor as needed with feedback provided.

Q4: Facilitate:

Resident will be independent in all clinic activities with plan review as needed. They will also be responsible for mentoring APPE students engaged in direct patient care activities providing training, feedback and mentoring (see academic and teaching learning experience).

Assessment Strategy:

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

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

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

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process.3 Services are provided to a diverse range of patients in collaboration with the health care team.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing:
R1.1.1: Demonstrate responsibility and professional behaviors as a member of the health care team.	Responding and Applying	<ul style="list-style-type: none"> • Complete tasks without prompting • Uphold professional appearance and behaviors at all times • Foster professional relationships with pharmacy and interprofessional team 	Observe professional relationships with staff, continued feedback provided throughout residency	TQ1/EQ1
R1.1.2: Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Responding and Applying	<ul style="list-style-type: none"> • Foster open and respectful communication with p with patients during face-to-face • Foster patient-centered communication during claim phone-call follow up • Demonstrate cultural competence in all patient encounters by using interpreter services and creating care plans taking into account a patient preferences. 	Strong patient-connection assessed via 3 CMR recordings or sit-ins <ul style="list-style-type: none"> • Preceptor observation for phone call claims • Accurate use of in-person translators and iPad translation services observed during CMM appointments, phone-call follow up, and prescription pick-up counseling 	TQ1/EQ1

			via preceptor observation <ul style="list-style-type: none"> Continued feedback provided throughout residency 	
R1.1.3: Collect relevant subjective and objective information for the provision of individualized patient care.	Valuing and Analyzing	<ul style="list-style-type: none"> Appropriately gather necessary data using POC testing and interview questions during CMM appointments Appropriately gather data during SVDP health services appointments using EMR and patient interviews Appropriately gather data during phone-call claim follow up using QS1 information Appropriate use of vaccine screening form- based on interview form 	<ul style="list-style-type: none"> Accurate and efficient data collection assessed via 3 recordings, 30 completed presentations without need of gathering further information, approval by each preceptor , continued feedback provided throughout residency Correct evaluation of immunization needs using protocol form Accurate and efficient data collection at SVDP health services assessed by preceptor, maintain set appointment times assessed by preceptor 	TQ1/EQ2
R1.1.4: Analyze and assess information collected and prioritize problems for provision of individualized patient care.	Analyzing	<ul style="list-style-type: none"> Appropriately prioritize problem lists for each patient based on data collection in CMM appointment using evidenced-based guidelines as well as patient and provider preferences Appropriately prioritize problem list during SVDP 	<ul style="list-style-type: none"> Completion of 30 problem lists/SOAP notes without additional edits of CMM appointments, approval by each preceptor, continued feedback provided throughout 	TQ1/EQ2

		<p>health services appointment in collaboration with health care team</p> <ul style="list-style-type: none"> • Appropriately prioritize issues during phone-call intervention follow up based on QS1 data and patient discussion 	<p>residency</p> <ul style="list-style-type: none"> • Completion of 10 problem lists documented within EPIC of SVDP health services appointments 	
R1.1.5: Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	Valuing and Creating	<ul style="list-style-type: none"> • Create appropriate clinical plan to be followed up on via CPA agreement using outlined protocol • Create appropriate clinical plans following CMM appointment to be followed up on via fax/phone with provider. Plans should include: Medication Changes, Education provided, Monitoring/Follow-up • Create appropriate clinical plans following SVDP health services appointment in collaboration with other team members 	<ul style="list-style-type: none"> • Completion of 30 CMM plans without additional edits, approval by each preceptor, continued feedback provided throughout residency • Completion of 10 plans without additional edits from SVDP health services visits • Appropriate plan design using CPA assessed via case presentations, approval by each preceptor, continued feedback provided throughout residency 	TQ1/EQ2
R1.1.6: Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	Applying	<p>At the end of each CMM appointment:</p> <ul style="list-style-type: none"> • Communicate collaboratively created plan to patient and provide lab and med list documentation • Work with patient to reduce any barriers to success • Schedule follow-up calls 	<p>Implementation of clinical plans to patients assessed via 3 recordings and to medical team via 30 correctly identified claims, approval by each preceptor, continued feedback provided throughout residency</p>	TQ1/EQ2

		<ul style="list-style-type: none"> • Initiate medication interchange to ensure medication access • Immunize with patient approval <p>Implement CPA's within protocol and with appropriate patient counseling</p>	<ul style="list-style-type: none"> • Correct immunization technique demonstrated to preceptor and delivered to patient • Appropriate CPA implementation assessed via MD approval, approval by each preceptor, continued feedback provided throughout residency 	
R1.1.7: Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	Evaluating	<ul style="list-style-type: none"> • Evaluate and adjust implementation of clinical plans through QS1 follow-up calls • Schedule future follow-up counseling either via phone call or in-person during medication pick up • Complete all CPA follow up including timely physician notification and patient follow up on changes 	<ul style="list-style-type: none"> • Accurate application of QS1 clinical platform and EPIC processes reviewed by preceptors via bi-weekly QS1 reports • Following and report on specifically assigned patients, continued feedback provided throughout residency 	TQ1/EQ2
R1.1.8: Collaborate and communicate effectively with patients, family members, and caregivers.	Valuing and Applying	<ul style="list-style-type: none"> • Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health • Implement accurate understanding of how to 	<ul style="list-style-type: none"> • Communicating effectively with patient using appropriate communication skills assessed via 3 recordings and 10 in-room counseling sessions, approval by 	TQ1/EQ2

		<p>communicate to caregivers while patients are still present</p> <ul style="list-style-type: none"> Utilize volunteer interpreters or software as needed in a timely and effectively manner for ESL patients 	<p>each preceptor, continued feedback provided throughout residency</p> <ul style="list-style-type: none"> Communicate effectively to caregivers while still respecting the patient presence assessed via 2 in-room counseling sessions when caregivers are primary point of communication 	
<p>R1.1.9: Collaborate and communicate effectively with other health care team members.</p>	<p>Valuing and Applying</p>	<ul style="list-style-type: none"> Effectively communicate with all healthcare team members via face-to-face, phone, and fax as appropriate Display an appropriate balance of respect and confidence in all healthcare communications 	<ul style="list-style-type: none"> Effective communication of patient goals and medication recommendations using clinical reasoning with health care team via phone or fax following CMM appointments assessed via preceptor review of 10 faxes without edits Proper face-to-face communication with SVDP health services team and on-site healthcare 	<p>TQ1/EQ2</p>

			members, assessed by preceptor review with continued feedback provided throughout residency	
R1.1.10: Document patient care activities appropriately and efficiently.	Applying	<ul style="list-style-type: none"> Following CMM visits, document all clinical interventions in QS1 with appropriate timeliness for follow up, clear and concise language used, and correct format based on protocol Following SVDP health services visits, document visit in EPIC using set protocol with high quality and efficiency 	<ul style="list-style-type: none"> Completion of 10 plans without additional edits completed within 20 minutes, continued feedback provided throughout residency Accurate documentation of all immunization activities Appropriate usage of EPIC system with all documentation completed in a timely manner assessed via preceptor 	TQ1/EQ2
Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.3.1: Identify needs of individual patients experiencing care transitions.	Analyzing	<ul style="list-style-type: none"> Accurately identify patients in need of transitions of care at SVDP Utilize Medicaid portal to identify Medicaid active patients Generate report for ER voucher patients 	<ul style="list-style-type: none"> Complete 5 patient cases with correctly identified need for transitions of care Complete 5 Medicaid portal checks for enrollment status Complete follow up 5 	TQ1/EQ3

			ER voucher patients to ensure medication filled	
R1.3.2: Manage and facilitate care transitions between patient care settings.	Applying	<ul style="list-style-type: none"> Effectively follow-up on transitions of care plans Correctly transfer profiles to other pharmacy after Medicaid verified 	<ul style="list-style-type: none"> Complete 5 patient follow-ups regarding transitions of care plans Complete 5 profile transitions to other pharmacies after Medicaid verified 	TQ1/EQ3

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists** Only applies if part of business plan service	Creating	<ul style="list-style-type: none"> Appropriately apply polices regarding CPA usage Evaluate need for CPA edit/expansion 	<p>Successful identifications, implementation and follow through of 3 CPA changes assessed via preceptor approval.</p> <p>Discussion with preceptors regarding current CPA practice usage with draft edits as needed.</p>	TQ1 EQ1

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.1.1: Design effective education and/or training activities based on the learners' level and identified needs.	Creating	Design appropriate activity for group patient education and CE for pharmacists	Completion of agreed educational activities with feedback provided by responsible preceptor	TQ3/EQ4
R4.1.2: Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Effectively teach/present via group patient education and CE for pharmacists	Completion of agreed educational activities with feedback provided by team member in attendance	TQ3/EQ4
R4.1.3: Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	Applying	Develop written material for group patient education and CE for pharmacists	Completion of agreed educational activities with approval by each preceptor	TQ3/EQ4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.2.1: Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	Analyzing	Participate and plan learning activities for IPPE and APPE students as appropriate including topic discussions and DI questions	Completion of 4 showing topic discussions/3 DI questions, 4 mentoring topic discussions/3 DI questions, independent topic discussions/DI questions as appropriate, with approval by each preceptor	TQ3/EQ4
R4.2.2: Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	Analyzing	Create and deliver midpoint and final evaluations for IPPE and	Completion of 3 shadowing evaluations, 5 mentoring evaluations, and	TQ3/EQ4

		APPE students as appropriate	independent evaluations as appropriate, with approval by each preceptor	
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Additional Information:

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Program in Underserved Populations LEADERSHIP AND MANAGEMENT- ST VINCENT DE PAUL

General Description:

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

Type: Longitudinal, required

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

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

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

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptor: Lydia Bailey (Site coordinator and primary preceptor)

Orientation Activities:

Residents will complete the following:

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

Progression of the Resident:

Orientation(shadowing): Complete activities listed above

Q1/2: Direct Instruction/Modeling

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

Q3: Coaching:

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

Q4: Facilitate:

Resident will lead drug procurement meeting and be responsible for creating meeting agenda. Resident will lead operations report at Board meeting. Resident will lead student learning program components.

Expectations of the Resident:

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

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.2: Participate in organizational level management activities, functions, and/or decision-making.	Applying	<ul style="list-style-type: none"> • Participate and present at select staff, procurement, and Pharmacy Board meetings • Participate in inventory control • Shadow and participate in staff and student scheduling • Shadow staff evaluation process • Shadow and participate in strategic planning (as appropriate) 	Accurate information relayed for assigned board meetings. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R2.1.3: Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	Understanding	<ul style="list-style-type: none"> • Identify importance of donor relationships • Remain up to date on legal changes to pharmacy practice • Engage in outreach, development, and networking opportunities • Create relationships with other directors of patient services via one-one meetings 	Display appropriate understanding of non-profit relationships through SVDP functions, create plans for adjusting policies based off changes to community pharmacy practice if needed	TQ2/EQ3

Goal R2.2: Demonstrate personal and professional leadership skills.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.2.1: Manage one's self effectively and efficiently.	Valuing and Applying	<ul style="list-style-type: none"> • Prioritize and delegate all management tasks appropriately • Complete tasks in reasonable timeframe • Demonstrate personal commitment to vision of organization 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	TQ1/EQ3
R2.2.2: Apply a process of on-going self-evaluation and personal performance improvement.	Valuing and Applying	<ul style="list-style-type: none"> • Complete all reflections and preceptor meetings • Identify and work towards identified areas of improvement within management 	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	TQ1/EQ4
R2.2.3: Demonstrate effective leadership skills and behaviors.	Valuing and Applying	<ul style="list-style-type: none"> • Show ownership over pharmacy functioning • Lead staffing team through delegation and time management • Lead clinical team through SVDP health services interactions • Prioritize patient care workload, student workload, and assignments 	Demonstrate leadership by effectively managing assigned projects	TQ3/EQ2
R2.2.4: Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Valuing and Applying	Join pharmacy related organization of your choice and participate actively in a committee/working group of this organization.	Completion of professional involvement	TQ1/EQ4

R2.2.5: Demonstrate commitment to the community through service.	Valuing and Applying	Participate in community service activities as approved by preceptor/RPD. See guidelines posted to OneDrive	Active participation in volunteer events and completion of reflections.	TQ2/EQ4
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Additional Information:

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

General Description:

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

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

Type: Longitudinal, Required.

The resident will spend, on average, 16 hours per week in this learning experience

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Lydia Bailey PharmD, BCACP (site coordinator and primary preceptor),
Danielle Polley PharmD

Orientation Activities:

Residents will complete the following:

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

Expectations of the Resident:

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

Displaying independent competency in the following roles:

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

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

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

Progression of the Resident:

Orientation: Direct Instruction:

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

Q1: Modeling/Coaching

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

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

Q3/Q4: Facilitate:

Resident will be independent in all dispensary tasks. Team management of technicians, interns, and volunteers will be facilitated with preceptor through the end of residency to gain leadership experience.

Assessment Strategy:

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

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

Evaluations will be signed in Pharmacademic following this discussion.

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

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

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	Analyzing	Shadow then perform Verifying Pharmacist: <ul style="list-style-type: none"> • Verify correct data input • Verify correct medication, dosage, strength, quantity, inventory • Review disease state and medication profile using PPCP • Review and input clinical interventions using PPCP 	30 patient profiles correctly verified via preceptor review including: <ul style="list-style-type: none"> • Correct entry • Correct medication and inventory chosen • Correct quantity filled • Drug-drug and drug-disease state interactions correctly detected/addressed via claim entry into QS/1 • Duplicate medication classes correctly identified and addressed via deactivation 10 patient profiles accurately corrected if incorrect upon verification via preceptor review	TQ1/EQ1
R1.2.2: Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Applying	Shadow then perform Data Entry: <ul style="list-style-type: none"> • Prescription Entry • E-scribe • Voicemail/CareMessage • Inventory selection • Prescription check-out counseling using 	<ul style="list-style-type: none"> • 30 prescriptions entered correctly from hard copy and e-scribe via preceptor review • 30 voicemails and CareMessages retrieved and correctly triaged via preceptor review • Verbal presentation to preceptor of each inventory 	TQ1/EQ1

		PPCP	<p>section and when/why to choose each product</p> <ul style="list-style-type: none"> • 30 prescriptions checked out with safe and effective counseling provided via preceptor review 	
R1.2.3: Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Applying	<p>PPCP Prescription Verification Services:</p> <ul style="list-style-type: none"> • Collect- Gather DUR data from medication profile; sorting by disease state, medication name, and pick up dates. Gather clinical data from patient chart section, including labs, relevant claims, disease states, allergies, medications filled elsewhere, and previous CMR notes. • Assess- Using all medication and clinical data- identify disease state management issues that will need addressed upon pick-up. • Plan- Determine level of intervention needed based on assessment; 	<ul style="list-style-type: none"> • 30 medication and clinical profiles correctly reviewed during verification for intervention services via preceptor review • Identify and refer 5 patients to additional services within SVDP (pantry, NP, eye clinic, social services) and document correctly via preceptor review 	TQ1/EQ2

		<p>refuse to fill prescription, place prescription on hold until counseling complete, verify prescription with counseling note attached, initiate med sync, initiate other SVDP referral, etc.</p> <ul style="list-style-type: none"> • Implement- Document plan on electronic patient chart and on paper note within prescription bag, notify call center to initiate provider or patient claim. • Follow-Up- Create clear outline of next interventions needed based on patient/provider response to ensure appropriate care handoff. 		
<p>R1.2.4: Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.</p>	<p>Analyzing</p>	<p>PPCP Check-out Services:</p> <ul style="list-style-type: none"> • Collect- Gather patient data pertinent to medications dispensed by asking relevant questions, 	<ul style="list-style-type: none"> • Verbal presentation to preceptor of which self-care/OTC products we carry and where to refer for products we do not carry • Identify and refer 5 patients to additional services within 	<p>TQ1/EQ2</p>

		<p>review bag notes, review patient profile for clinical notes and open clinical claims. For non-English speaking patients utilize interpreting services.</p> <ul style="list-style-type: none">• Assess- Based on notes and patient report; determine problems, problem severity, and services needed to address problems• Plan- Communicate clearly the next steps the patient needs to complete (doctor check-in, other SVDP service check-in, home monitoring, use of pill box, etc.) as well as next steps the pharmacy team will take to address concerns.• Implement- Based on severity level of problem, alert correct team member to address identified issue or create note for future implementation. Offer	<p>SVDP (pantry, NP, eye clinic, social services) and document correctly via preceptor review</p> <ul style="list-style-type: none">• 30 prescriptions checked out with safe and effective counseling provided via preceptor review• 5 patients identified as non-adherent through QS/1 pick up dates with effective counseling and plan creation upon prescription pick-up to improve adherence via preceptor review• 5 non-English speaking patients counseled using interpreter services via preceptor review	
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		<p>available products as needed (SVDP referrals, vaccines, pill organizers, BP/BG home monitoring devices, etc.)</p> <ul style="list-style-type: none"> • Follow-Up- Create clinical claim documentation for all issues addressed at pick-up. Close if issue solved or appropriately post-date for future provider/patient communication. 		
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Competency Area: R2 Leadership and Management				
Goal R2.1: Manage operations and services of the practice.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R2.1.1: Manage dispensing and patient care services at the community-based practice site.	Applying	<ul style="list-style-type: none"> • Shadow then perform team deployment and management of technicians, interns, pharmacists, and volunteers during staffing shifts at both SVdP 	<ul style="list-style-type: none"> • 10 shifts of successful deployment of all team members into effective roles based on ability • Successful training of a new team member to each position (data entry, prescription filling, 	TQ2/EQ3

		<p>locations.</p> <ul style="list-style-type: none"> • Observe then participate in dispensary schedule creation and editing. • Observe dispensary staff performance evaluations. • Create and implement tangible points of feedback for dispensary team. 	<p>prescription check-out, inventory management) within pharmacy dispensary via preceptor review</p> <ul style="list-style-type: none"> • Application of conflict management if needed with preceptor assistance • Accurate display of calendar creation via preceptor review • Accurate creation of performance evaluation feedback for dispensary staff via preceptor review 	
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Additional Information: