



**COMMUNITY BASED PHARMACY PRACTICE  
RESIDENCY PROGRAM IN UNDESERVED  
POPULATIONS**



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

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

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

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

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## STATEMENT OF PURPOSE

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

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



**University of Cincinnati PGY1 Community Based Residency  
in Underserved Populations  
Program Policies  
2016-2017**

**Requirements for Completion of Residency:**

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

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:

1. A designation of “Achieved” on a minimum of 85% of the required goals identified in the program plan. A designation of “Satisfactory Progress” on all remaining goals identified in the customized plan.
2. Satisfactory completion of a residency project. Completion includes presentation of the project at national and regional meetings and approval of a manuscript in publishable form by the resident’s project committee.
3. Satisfactory completion of all assignments as approved by the residency program director.
4. More detail can be found in Appendix A

**Licensure:**

Residents should be licensed in Ohio by the by start of their residency when practical to do so and must be licensed no later than the end of July 30th of the year they begin training. Failure to obtain licensure will necessitate customization of the resident’s training program may result in suspension or termination from the program. Termination will occur if the resident is unable to become licensed in the State of Ohio by the end of August in the year the training occurs. This is consistent with ASHP Accreditation Standard for Post Graduate Year 1 (PGY1) Principle 1.3: Qualifications of the Resident

**Remediation/Poor Performance Policy:**

The resident is expected to fulfill all the objectives of required experiences and to satisfactorily complete all other requirements outlined in the residency manual. Professionalism, high quality and timeliness are expected. The goal is for the resident to successfully meet the expectations and to grow professionally. Preceptor and self-evaluations will be conducted and documented for every rotation. In addition, quarterly assessment of the resident's achievement of his/her goals will be done by the resident and the Residency Program Director with input from all preceptors.

In the event that performance does not meet these expectations, the resident will be given ample opportunity to improve. Written documentation of feedback, evaluations and discussions will be maintained. The resident’s performance will be assessed based on terminal competency, not an average

of the evaluations in all the experiences. The goal of the residency is to teach, not to discipline. However, if the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one year period.

If the resident does not agree with the evaluation of a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution. If the resident is not satisfied with the resolution, the resident may submit a written request to present his/her justification of 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 resident in writing. If the resident is not satisfied with the resolution, s/he may submit a written request for review by the Residency Advisory Committee (RAC) within 7 days of notification of the 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 RAC verbally. The resident may request that the preceptor involved not be present for the verbal presentation. However, the RAC may deem it appropriate to have the preceptor involved also present verbally to the RAC. The RAC will also review all written documentation of performance and discussions. The RAC 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 RAC decision with the concurrence of the Residency Program Director is final. 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 RAC committee will select another preceptor to coordinate the process.

### **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 determined by the residency program director in consultation with the Residency Committee and practice site. Generally, and as a guide, an evaluation of "Needs Improvement" will be given with one quarter to be improved.
2. He/she is in violation of work policies established by the training 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

### **Time Away from Work:**

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

[http://www.uc.edu/content/dam/uc/hr/labor\\_and\\_employee\\_relations/policies/16\\_13\\_postdoctoral\\_appointments.pdf](http://www.uc.edu/content/dam/uc/hr/labor_and_employee_relations/policies/16_13_postdoctoral_appointments.pdf). The program reserves the right to review the reason for time away from work to determine whether the resident should be permitted to continue in the current position, suspend or terminate the residency position based on the individual circumstances presented.

### **Resident Vacation:**

Residents will accrue vacation time at the rate of 6.67 hours/month for each month worked (10 days/year). Vacation time may be taken during the year of residency when the following process is observed: You must accrue vacation time before you are eligible to take the time off. Your vacation must be completed by June 30<sup>th</sup> of the residency year. Vacation may be taken as a full week or as days that can be used throughout the residency year. A decision as to how vacation will be taken must be made soon after beginning the residency and communicated to the Residency Program Director no later than August 10<sup>th</sup>.

Use UC VPN, to access Employee Self Service to submit vacation requests.

If vacation is to be taken as a full week, the request must be submitted to the Residency Director via e-mail at least 6 weeks in advance since coverage must be secured. If vacation is to be taken in days, all vacation day requests must be sent to the RPD via e-mail as soon as possible, but not less than 2 weeks before the requested vacation date. Dates should also be cleared with the Preceptor responsible for your learning at the training site in advance. You must copy the Residency Preceptor Director on any vacation e-mail requests. Vacation days cannot all be used for the same day of the week (i.e. all Wednesdays or all Fridays).

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

### **Resident Holidays:**

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

UC\* is closed the following holidays for 2015-2016: July 4<sup>th</sup>, September 7<sup>th</sup>, November 11<sup>th</sup>, November 26<sup>th</sup> and 27<sup>th</sup>, December 24<sup>th</sup> and 25<sup>th</sup>, January 1<sup>st</sup>, January 18<sup>th</sup> and May 30<sup>th</sup>

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

### **Sick Leave\*:**

Residents accrue sick time at a rate of 8 hours/month for each month worked (10 days/year). Upon the end of the residency, you will not be paid for any unused days.

Since the residency program is of limited length (1 year), the program has an additional policy pertaining to leave. Short-term leave, sick leave, and other long term absences due to unforeseen circumstances may impact the ability of resident to satisfactorily complete the residency within their one year appointment. In such cases the resident's program may be extended. The determination to extend the length of the

program, the length of extension, and the continuation of stipend will be made on an individual basis, according to individual circumstances, by the Residency Program Director and Preceptor Team.

### **Professional Leave:**

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

### **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 four meetings each year (up to a max of \$8100 total). Additional travel/training may be reimbursed on an individual basis after approval from RPD/Preceptors.

The required meetings are:

The required meetings/recruitment events are:

- American Society of Health-Systems Pharmacists Clinical MYM
- American Pharmacists Association Annual Meeting
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase
- Ohio Pharmacists Association Advocacy Events (fall and spring events)
- Ohio Pharmacy Residency Conference Showcase (OPRC)

Reimbursable expenses generally include the following:

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

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

1. Submission of travel authorization form to college secretary (minimum of one month before travel - required)
2. Submission of completed travel expense form with receipts for all expenses except meals and auto mileage to secretary within one week of completion of travel

3. Reimbursement check is generally provided within 2 weeks of submission of expense form with receipts.
4. Select travel arrangements can also be handled by the College of Pharmacy business office. This can include registration, airfare and hotel accommodations. You must work with the staff of the business office for these arrangements.

See UC Travel Policy found at:

[http://www.uc.edu/content/dam/uc/af/financialpolicies/Docs/travelexp\\_pol.pdf](http://www.uc.edu/content/dam/uc/af/financialpolicies/Docs/travelexp_pol.pdf). Please review carefully.

### **Key Dates:**

- ASHP Mid-Year Meeting 2015: December 4-8; Las Vegas, NV
- APhA Annual Meeting 2016: March 24-27; San Francisco, CA
- OPA: April 21-23, 2017; Columbus, OH
- Ohio Pharmacy Residency Conference: 5/12/17 (tentative), Ada, Ohio
- OSHP residency showcase (October- resident to confirm)
- OPA advocacy events (November, February- resident to confirm)

### **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. Once submitted, the College business office will verify via email to the faculty supervisor 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. All travel and vacation forms should be completed once the time away has been approved by the residency preceptor director (minimum of one month prior to travel/vacation). 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: <https://help.ucflex.uc.edu/gm/folder-1.11.48886?originalContext=1.11.46672>

Use UC VPN, to access Employee Self Service to submit vacation/sick leave.

**In the event that extended medical or family care leave is required the program will arrange for the program end date to be extended to a time when the resident is able to meet all of the requirements of the program.** Opportunity to extend the program with pay will depend on the decision of the University of Cincinnati regarding extending the funding.

- a. Excessive absence, due to illness or other factors, may result in a determination that the resident has not completed the rotation experience.
- b. The rotation preceptor and the Residency Director shall make this determination.
- c. If the resident fails to complete a rotation, an additional complete rotation experience shall be required for successful completion of the program requirements.

The residency is a full-time temporary appointment of 1 year in duration. The resident is expected to be onsite for a minimum of 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time is expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the program director and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off site during regular working hours. The resident will be scheduled for rotations and staffing assignments and is expected in the locations as scheduled.

**Resident Calendar:**

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

**Outside Employment:**

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.

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

1. The resident requests permission from the Residency Program Director before work commitments are made and justifies the reasons, type and amount.
2. The outside work schedule and number of hours do not compromise any component of the residency.
3. Work outside of the residency may be continued as long as the resident performance as determined by the Residency Program Director is satisfactory.
4. The resident will draw up a written agreement with the RPD and the resident will be limited to not more than 16 hours per month of moonlighting. These moonlighting hours need to be documented on duty hours worked and total hours must not exceed the ACGME duty hours allowed for the residency.
5. Per ASHP standards the maximum time allowed for duty hours (includes moonlighting) is 80 hours per week , averaged over a four-week period, inclusive of moonlighting. For specific details regarding Maximum hours of work per week and duty free times see: <http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.pdf>.

**Customization and Elective Experiences:**

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

**Components of customization**

1. Baseline Questionnaire – residents will be asked to complete a questionnaire prior to beginning the residency training year to get resident evaluation of their strengths, weaknesses, training interests and career plans. The resident's primary site preceptor in collaboration with the

Residency Program Director will complete the same baseline evaluation during orientation.

2. Initial customized plan for Orientation – The RPD and primary preceptor will prepare the initial customized plan based on background and self-reported strengths, weaknesses and interests of the resident. Throughout Orientation the primary preceptor will also evaluate the resident based on the same criteria in the self-evaluation, and adjust the plan as needed. The customized plan will only identify those aspects of the resident’s training that vary from the general program plan. The customized plan will be discussed with the resident by the RPD and primary preceptor.
3. The Residency Committee meets to provide feedback on resident performance and to identify areas for customization for each resident. The customized plan will be re-evaluated and updated by the RPD and primary preceptor in each quarter based on summative evaluations, resident input, and discussions at the residency committee meetings.
4. Elective options for the residency will be discussed with the residents by the RPD during Orientation and throughout the year as appropriate.
5. Elective experiences should be identified during orientation, but may be changed later in the program. Residents will be expected to work with preceptors to develop goals, objectives and activities for their elective experiences.

### **Project Selection Policy and Criteria:**

The residency project is an important part of training program for residents, training sites and the College of Pharmacy. Residents learn project management skills and how to apply a research methodology to a relevant practice problem. Projects must be practical and relevant. Each project should help the practice site expand or evaluate and improve the quality of its services while advancing community pharmacy practice.

Residency projects are determined through a collaborative process among all training sites, the Residency Program Director, and full-time faculty of the College of Pharmacy. Before the beginning of the training year, the Research Committee will develop a list of potential residency projects.

Criteria for an acceptable project include:

- Enable residents to get practice to learn skills associated with project management & practice based research
- May be accomplished with residency training year (to meet all deadlines – grant application, IRB approval, poster, stand-up presentation, final manuscript)
- Adequate preceptor skills and time available to assist with project
- Innovative project that contributes to knowledge, skill set and service needs of community pharmacy practice
- Successful project completion will likely result in publication of the manuscript

**Resident Portfolio:** Each resident is expected to maintain an electronic record of important elements of his/her residency program as determined by the Residency Program Director each year. At a minimum, these include:

General Elements of the Residency Program:

- Residency Program Policies
- ASHP/APhA Residency Accreditation Standard
- Residency Program Director Meeting assignments, handouts and materials

Specific Elements of Your Program:

- Major Project Materials and Progress: including protocol, grant application, abstracts,

forms & procedures, poster presentations, slides for stand up presentations, final manuscript. Include ALL drafts and feedback provided (even in email form) as well as final copies.

- Teaching Certificate Materials
- Lectures, Presentations, Modules
- Practice Management Projects (e.g. quality improvement)
- Patient and Drug Information logs- be sure to comply with HIPAA requirements
- Monthly Schedule(s)
- Weekly reflections
- Certificates of completion of training (Diabetes/Immunizations etc.)
- Other items at your discretion: materials that represent the products of your training

Your portfolio should be available for review by the Residency Preceptor/Residency Program Director on a weekly basis and otherwise as requested. The final portfolio must be turned in before the end of the residency training year.

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

[http://www.uc.edu/content/dam/uc/hr/benefits/choice/benefit\\_summaries/Summaries%202016/post-doc-2016.pdf](http://www.uc.edu/content/dam/uc/hr/benefits/choice/benefit_summaries/Summaries%202016/post-doc-2016.pdf).

## Appendix A: Requirements for Completion of Residency

1. Residents must successfully complete all required experiences (and elective if appropriate) 85% must be rated at achieved (ACH). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI)
2. All requirements must be verified and acceptable to each site coordinator in conjunction with the residency director.
3. The resident must complete the following activities as part of the program
  - Completion of the teaching certificate program and all requirements as documented by the teaching portfolio
  - Completion of IHI basic certificate in health care quality improvement as documented by the certificate of completion from IHI by December of residency year.
  - Completion of residency project and project manuscript: the research related to the project must be completed by May of the residency year. The associated manuscript must be written in an appropriate journal style, reviewed by the team with edits completed by the end of the residency or at an alternate date determined by the RAC.
  - Business plan: The business plan should be initiated and approved by RPD and appropriate preceptors by December of the residency year. The plan should be implemented and assessed by May of the residency year.
  - Resident electronic weekly reflections- completed in accordance with guidelines provided and in a timely manner over the course of the year. Each reflection is due by Monday night of each week.
  - Resident electronic portfolio- resident to maintain Drop Box with all draft and final documents completed during the residency year,
  - Evaluations: resident must complete all required evaluations prior to end of June of the residency year.
  - Check out procedures: As dictated by the College of Pharmacy. Resident to contact business office beginning of June of the residency year to being check out procedures
  - Attendance at weekly RPD/resident meetings as well as other meeting requirements set forth in the resident calendar.
  - Precept under the guidance of residency preceptors APPE and potentially IPPE students
  - Attendance at all required residency presentation (APhA, ORPC, OPA) and recruiting events (UC, OSHP , ASHP showcase events) and others determined by RAC.

### Requirements to Complete Residency Checklist

**Date Completed:** \_\_\_\_\_ / **BY:** \_\_\_\_\_

	Requirement	Progress to Date	Timeline for Completion/Completion Date
Tracking goals and objectives		Percentage Goals/Objectives Achieved (ACH)	
	Outcome R1. Manage and improve the medication-use process		
	Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.		
	Outcome R3: Exercise leadership and practice management skills.		
	Outcome R4: Demonstrate project management skills.		
	Outcome R5: Provide medication and practice-related information, education, and/or training.		
	Outcome R6: Utilize medical informatics		
	Teaching certificate program teaching portfolio		
	Completion of IHI basic certificate in health care quality improvement		
	Completion of residency project and project manuscript		
	The business plan should be initiated and approved by RPD and appropriate preceptors by December of the residency year. The plan should be implemented and assessed by May of the residency year.		
	Completion of electronic weekly reflections and activity log		
	Maintenance of Electronic Residency Portfolio on DropBox		
	Completion of Pharmacademic Evaluation in a timely manner		
	Attendance at RPD weekly meetings and other requirements of residency		
	Check out procedure as dictated by the College of Pharmacy		
	Precepting APPE and potentially IPPE Students		
	Attendance at all required residency presentation and recruiting event (ie: OSHP residency recruiting, ASHP Mid-Year, ORPC)		

# **The University of Cincinnati PGY1 Community Based Pharmacy Residency in Underserved Communities Assessment Strategy**

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

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

**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.

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation. The resident will complete the evaluation first, then the preceptor/RPD. The preceptor/RPD will review the self-assessment to ensure both are on the same page as far as the resident's progress. If inconsistencies are noted, a meeting will be called to discuss and how to move the resident to achievement of the goal/objective.

Evaluations will be signed in PharmAcademic .

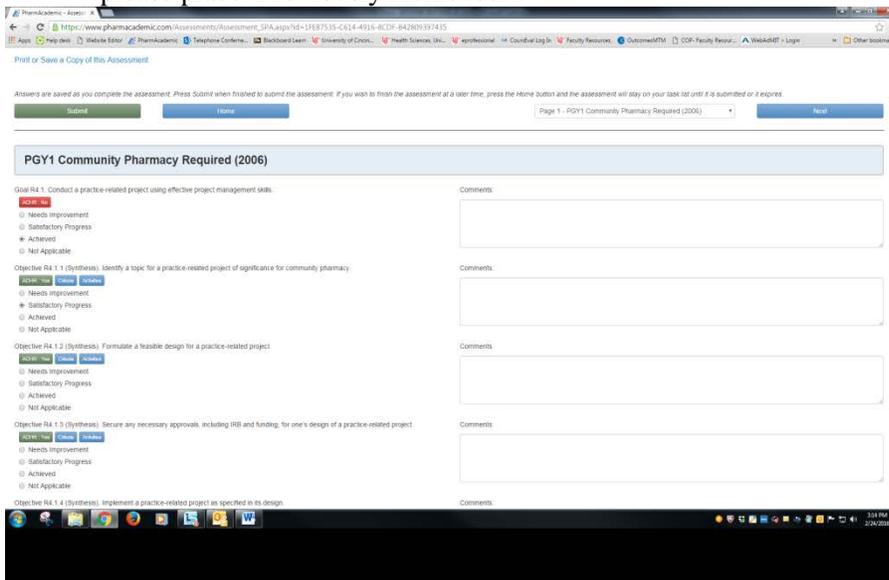
- Formative evaluations/PharmAcademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments **MUST** be included to provide the resident with information they can use to improve their performance in subsequent learning experiences. See the criteria for each Objective- which will provide guidance to determine status (NI, SP, ACH). Criteria can be found in Pharmacademic under the Objective.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

To help preceptors in providing feedback, please refer to the following criteria that are Characteristics of a Good Assessment (adapted from ASHP meeting the requirements for accreditation summit 3/14)

Summative Evaluations (Learning Experiences):

1. Provide qualitative comments that are criteria specific
2. Provide praise when appropriate
3. Give formative information for good or great performance by resident
4. Note areas of improvement since last evaluation
5. Identify new areas for improvement at each evaluation period
6. Provide specific recommendations on what or how the resident can improve
7. Provide alternative strategies for improvement if resident needs additional guidance

8. Only provide WRITTEN comments when needed to acknowledge strengths or areas for improvement (ACH or NI) for each GOAL and OBJECTIVE achieved by the resident
  - a. For a resident to meet Achieved (ACH) status the following criteria should be used as a guide:
    - i. Resident can consistently perform at the level expected of an entry level health care provider without guidance
    - ii. Resident demonstrates competence in the area being assessed
    - iii. Resident's level of skill on the goal does meet the preceptor's standards
    - iv. No further instruction of evaluation is required in subsequent learning experiences.
  - b. For a resident to receive Needs Improvement (NI) for a learning objective the following criteria should be used as a guide
    - i. Resident has shown lack of interest in content area
    - ii. Resident has failed to put forth effort to complete or initiate tasks required to meet the objective/goal
    - iii. Resident fails to meet due dates
    - iv. Resident turns in work considered unacceptable by preceptor/RPD.
    - v. Resident's level of skill on the goal does NOT meet the preceptor's standards
9. Use a mix of ratings depending on the time of year and progress
  - a. Very few objectives should receive an ACH (ACHIEVED) by the end of quarter 1
10. There is no need to write comments if resident is Satisfactorily Progressing (SP) on a learning goal/objective
  - a. For a resident to receive Satisfactory Progress (SP) Criteria the following criteria should be used as a guide:
    - i. Perform most activities with guidance but can complete the requirements without significant input from the preceptor/RPD
    - ii. Evidence of improvement during the rotation, even if it is not complete mastery of the task.
11. Once a goal/objective has been achieved for the residency, the preceptor, resident and RPD no longer need to comment on this goal/objective. For each learning experience with ACHR: YES- please just indicate Achieved using the radio buttons in Pharmacademic (See below) when evaluating the resident's performance for a specific learning experience. In the comment section, please place: Previously Achieved.



Summative Evaluations (Residency): At the end of each quarter prior to the resident's customized plan, the RPD will review all learning experience documents to determine if a Goal/Objective has been met for the residency. The RPD will use the following criteria to determine:

1. If the goal/objective is indicated as achieved by the resident and 2 or more preceptors within the same learning experience.
2. If the goal/objective is indicated as achieved by the resident and 1 or more preceptors within 2 different learning experiences.
3. If only one preceptor is evaluating the resident- the goal/objective must be listed as achieved by the preceptor twice before it will be considered achieved for the residency.
4. Supporting comments must be present in order for a goal/objective to be under consideration for Achieved status.

The RPD will use the Competencies Tab within each resident's Pharmacademic portfolio to adjust the status of each goal/objective. Prior to the customized planning meeting, both the RPD and resident will review using the Requirements to Complete Residency Checklist. The resident's customized plan will be adjusted based on this meeting.

**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 and Snapshots. Specific snapshots will be chosen based on the learning experiences and interactions between the health care professionals and the resident.

**Resident:** Self-assessment is important for residents in order to assess how far they have come, what they have learned and what they have accomplished. This process also allows one to reflect on what they would like to improve and focus resources towards this aim. It also aids in helping residents set goals and assess progress towards meeting these goals. To this end, residents will complete periodic self-assessments.

#### Self-Assessment Schedule

1. Entering Interest Form (emailed to resident May/June prior to start)
2. Entry Goals and Objectives (Pharmacademic)
3. Quarterly self-assessments based on progress for each learning objective (Pharmacademic)
4. Weekly in resident activity reports (Dropbox)
5. Exit Goals and Objectives (Pharmacademic)
6. End of the residency year self-assessment

To help residents in their self-assessment process, please refer to the following criteria that are Characteristics of a Good Self-Assessment (adapted from ASHP meeting the requirements for accreditation summit 3/14)

Self - Assessment:

1. Provide qualitative comments that are criteria specific
2. Note areas of improvement since last evaluation
3. State areas of achievement or good performance, use formative information to support as needed
4. Identify new areas for improvement at each evaluation period
5. Provide specific recommendations on what will be done to make improvements
6. Only provide comments when needed to acknowledge strengths or areas for improvement (ACH or NI)
  - a. If you feel you have Achieved (ACH) a goal/objective, provide evidence of the following:
    - i. Performance is consistent with documented outcomes
    - ii. Demonstrate competence in the area being assessed
    - iii. Provide specific examples of when and how this was achieved
  - b. If you feel you Need Improvement (NI) in a specific area, provide comments on the following:
    - i. Why- provide qualitative or quantitative data
    - ii. Identify barriers and a plan for overcoming those barriers
    - iii. Identify the needed resources
7. Use a mix of ratings depending on the time of year and progress
  - c. Very few objectives should receive an ACH (ACHIEVED) by the end of quarter 1
8. No need to write comments if you feel you are Satisfactorily Progressing (SP) towards achievement of a goal/objective.

**Evaluations of Preceptors:** The resident's evaluation of the preceptor is an important part of the quality assurance process. Honest, professional feedback is expected at all stages of the residency. If a resident is uncomfortable providing feedback, the resident should contact the RPD for assistance, support and guidance.

Resident evaluation of Preceptor: Formal, written Preceptor Evaluations are completed at each quarter. These should be shared with the preceptor and then reviewed by the Residency Program Director.



## Resident Activity Report

Resident Name: \_\_\_\_\_

Week #: \_\_\_\_\_ Total Hours Worked (Max 80) \_\_\_\_\_ % Hours DPC \_\_\_\_\_

Day	Date	Site	Direct Patient Care	Staffing / Management	Teaching	Research Project	Other
Su							
M							
T							
W							
Th							
F							
Sa							
<b>Totals</b>			0	0	0	0	0

### Activities

Site	Completed	In Progress

Weekly Reflections

	Successes	Struggles
What?		
So What?		
Now What?		

Weekly RPD Meeting Agenda

Site	Issues

Weekly Drug Information Question

<b>Background:</b>	
<b>Question:</b>	
<b>Answer:</b>	
<b>References:</b>	

Preceptor Comments for Resident Improvement

Site	Preceptor Comments

Weekly Preceptor Review

Site	Preceptor Electronic Signature	Date

Plan for THIS Month: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Plan for NEXT Month: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



University of Cincinnati Community Based  
Pharmacy Residency Program  
St Vincent de Paul Charitable Pharmacy

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

Orientation at St. Vincent de Paul Charitable Pharmacy

**Residency Director:** Bethanne Brown, Pharm.D.

**Preceptor:** Mike Espel, RPh  
Rusty Curington, PharmD

**Other Health Care Professionals:**

Lydia Bailey, PharmD  
Lakeisha Worthy/Becky Murillo (Patient advocate)

**Hours:** As determined by resident calendar

**Contact Information:** See contact information documents

## **General Description**

Orientation is a required 1 to 2 month learning experience which will provide the resident an overview of the community pharmacy operations. The resident will be involved in a UC orientation, residency orientation, teaching certificate program, and pharmacy orientation during this experience. The resident will be scheduled to staff to develop a baseline comfort level of the pharmacy operations. The resident will also spend time at the College of Pharmacy for an orientation to teaching. This experience is designed to provide the baseline skills needed which will be further developed during the year-long residency experiences. The resident will interact with pharmacists, pharmacy technicians, pharmacy students, and volunteers.

The resident will be provided an orientation of the pharmacy services and computer systems as well as training of sufficient length to allow for comprehension of the system at each site. The full length of training can vary and may be lengthened or shortened at the request of the preceptor or resident. The resident will be supervised initially by the preceptors, but then given more independence as skills are mastered.

This experience will help prepare the resident to practice as a member of the health care team and learn to manage the workflow of a community pharmacy, customer service, and counseling.

## **Preceptor Interaction**

Preceptors will be available during business hours of the pharmacy. If not immediately available, an alternate pharmacist will be identified who can be contacted to provide support if needed.

### **Communication:**

- A. Daily meeting times: Set aside time to meet with your preceptor prior to the start of your scheduled time in the pharmacy. This check in will allow time for the communication of key issues related to the activities of the shift.
- B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
- C. Office/Cell phone: Appropriate for urgent questions pertaining to patient care. Refrain from personal cell phone use except on breaks.

This is an orientation experience. The length of time required for each activity will vary and will be customized based on resident's abilities and preceptors evaluation.

### **Evaluation Strategy**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

### **SVDP Onboarding Meetings (during July Orientation):**

Various shadowing experiences will be scheduled with SVDP staff during the orientation period to review the background and process of the organization.

### **Required readings/training**

1. IHI Open School Basic Certificate program found at;  
<http://app.ihi.org/lms/home.aspx?CatalogGUID=4cc435f0-d43b-4381-84b8-899b35082938>. Site registration is required and all 16 courses need to be completed by September 1, 2016.
2. Collaborative Practice Agreements:

- a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
  - b. OAC 4729-29: Consult Agreement found at:  
<http://www.pharmacy.ohio.gov/LawsRules/OAC.aspx>.
  - c. Ohio State Board of Pharmacy Guidance Document as of 4/30/2016 found at:  
<https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
3. APhA Diabetes Certificate on-line pre-work and assessment.
    - a. To be completed in August
    - b. Upload certificate to BOX
  4. Review ACIP guidelines for chronic disease state immunizations.
    - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>  
Focus on Pneumococcal and Influenza.
    - b. Upload APhA immunization certificate to BOX
      1. Upload your Basic Life Support Certificate to BOX
  5. Communication Skill Review (see Communication Skills folder):
    - a. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.
    - b. Motivational Interviewing (MI) training:
      1. To review this essential communication technique, review the information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>.
      2. Then review the lecture slides and short Wall Street Journal article posted to Box.
      3. Participate in 1 hour review of technique with Dr. Brown on 7/5/16.
    - c. Adherence: reading posted on Box
    - d. Working with interpreters: view slide set and video posted to Box. Complete quiz and upload to Box
  6. Policy and Procedures: ASHP, Residency Program and Site.
    - a. ASHP: see ASHP Community Based Residency Standards and Intro to RLS- this will be reviewed during residency orientation on 7/1 and 7/5
    - b. For UC Community-Based Residency - see Box Residency Policy and Procedures
    - c. For SVdP- see SVdP Policy and Procedure Manual and Introduction to SVdP
  7. Review most recent guidelines the following disease states (all found on Box):
    - a. Diabetes- Standards of Care for Patients with Diabetes 2016 and Nutrition Recommendations for Patients with Diabetes
    - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
    - c. Psychiatric Disorders including: Depression, BiPolar and Schizophrenia
    - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
    - e. Chest 2016
  8. Attend the Tobacco Treatment Certificate elective course offered by the University of Cincinnati. Dates TBD.

9. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
  - a. Conduct the Medication Safety Self-Assessment at either Western Hills or Bank Street Pharmacies- due date by 12/1/2016.
10. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: [https://webcentral.uc.edu/cpd\\_online2/](https://webcentral.uc.edu/cpd_online2/). Upload certificates to Box.
11. Complete the University of Cincinnati Institutional Review Board training. Go to: <http://researchcompliance.uc.edu/HSR/IRB/Overview.aspx>. Go to IRB Resources section, click on CITI training Requirements then open the document labeled UC Researchers- New Training. Follow the steps listed in this document and complete both biomedical and social behavioral training.
12. Complete OUTCOMES MTM training
  - a. See information sheet found on Box
13. Participate in social determinants of health activities (7/5/16)
  - a. Bridges Out of Poverty
  - b. Playspent.com
14. Attend the research seminar given by faculty at the College of Pharmacy in August.
15. Review CLIA waiver requirements and determine the status in regards to compliance with these rules/regulations. This information can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>
16. Attend meetings as appropriate- including but not limited to procurement, certain pharmacy board meetings. Discuss experiences with preceptor.
17. Complete Strengths Finder
  - a. Read the book and take the on-line assessment
  - b. Report your findings at residency committee meeting- no later than 7/29/16  
Write reflection for the week on this activity.

### Goals, Objectives and Activities Related to the Orientation

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able perform. These activities were also selected to help you work toward achieving specific objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal.

Familiarize yourself with the objectives associated with each goal

<http://www.ashp.org/DocLibrary/Accreditation/RTPCommunityCareGoalsObj2010.aspx>. Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

<i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i>	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other health care practitioners involved in the care of the patient</b>			
OBJ 2.1.3: (synthesis) Implement a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of the patient	Work with other providers at SVdP to learn about services provided at the site (SW, patient advocates, etc)	Resident will discuss experiences with preceptor. .	T-Q1
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Review training associated with Motivational Interviewing and Adherence	Resident will be evaluated by direct observation by preceptor	T- Q1
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Review patient assessment skills during training opportunities for Diabetes and Immunizations	Achievement of certificates issued by APhA	TE- Q1

OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Participate in case work up as part of a review of key disease state with APPE students. Participate in disease state topic discussions with APPE students. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			T- Q1
OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			T- Q1
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Participate in case work up as part of a review of key disease state with APPE students. Participate in disease state topic discussions with APPE students. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, which meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and non- medication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			T- Q1
<b>Goal R.2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Participate in case work up as part of a review of key disease state with APPE students. Participate in disease state topic discussions with APPE students. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1

OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	Participate in case work up as part of a review of key disease state with APPE students. Participate in disease state topic discussions with APPE students. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			T- Q1
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.	Review patient assessment skills during training opportunities for Immunizations.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	Research and review collaborative practice agreements and participate in a discussion with preceptors. See required readings as a starting point.	Discussion-application will be later in residency.	T- Q1
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	Spend time with the patient care advocates and participate in a half day home visit through SVdP Vincentian volunteer.	Verbal discussion during orientation. Application will come during experiences.	T- Q1

<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	Participate in Comprehensive Medication Review, health screenings, and Medication Therapy Management at SVdP using the approach of direct instruction, shadowing and modeling with preceptor.	Resident will be evaluated by direct observation by preceptor	T- Q1
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			T- Q1
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Review procedures for communication when transferring a patient from one health care setting to another	Resident will be evaluated by direct observation by preceptor	T- Q1
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	Review policies and procedures for dispensing and counseling of medications as well as OutcomesMTM documentation at each site.	Resident's documentation will be reviewed by a preceptor	T- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			T- Q1
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.			T- Q1

<b><i>Outcome R3: Exercise leadership and practice management skills.</i></b>	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Complete residency documentation training with RPD including: weekly resident activity report, drug information questions, Pharmacademic, and Box residency portfolio	Resident's work will be evaluated by preceptor-feedback provided during orientation	T- Q1

OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Complete the IHI Open School Basic Certificate of Completion. See <a href="http://www.ihi.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx">http://www.ihi.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx</a> . For full details. Maintain each certificate of completion in residency portfolio. Complete IRB training.	Completion of certificate program	T- Q1
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	In addition to APhA, join a professional organization of your choice, research committees of interest, join this committee, and actively participate.	Discussions with preceptors about involvement	T- Q1
<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	See IHI information above and	Completion of certificate program	T- Q1
OBJ R 3.2.4: (Synthesis): Integrate compliance with community practice accreditation, legal, regulatory and safety requirements into daily practice	Complete all training required by sites including by not limited to: HIPAA and Blood Borne Pathogens. Upload certificates to Box.	Completion of program	T-Q1
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	See IHI information above	Completion of certificate program	T- Q1

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>			
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	Attend a 2 day seminar on teaching at the COP and begin to develop a written teaching philosophy	Teaching portfolio	T- Q1
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.			T- Q1
<b><i>Outcome R6: Utilize medical informatics</i></b>	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Become proficient in regular pharmacy operations using available technology- QS1, ImpactSIIS, and OUTCOMES MTM systems. Understand the security and patient protections required by law and by each site.	Direct observation by preceptors	T- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Learn about the available resources at each site	Discussion with preceptors	T- Q1

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Professional Staffing and Pharmacy Management- SVdP

**Residency Director:** Bethanne Brown, Pharm.D, BCACP

**Preceptors:** Mike Espel RPh, Site Coordinator  
Rusty Curington, PharmD, BC-ADM, (QI only)

### **Professional Staffing:**

The professional service/staffing experience is intended to provide advanced training and practice in traditional pharmacy dispensing and counseling services in the community pharmacy setting.

Residents will spend an average of 6-8 hours per week participating in dispensing and counseling services. This time will initially be split between each site- then will be adjusted accordingly based on the projects and work load of the resident.

Modeling of this component will be completed during Orientation. The primary preceptor will create an environment in which there is direct observation and continued coaching and facilitation of the resident as needed.

The staffing component will focus on patient counseling and dispensing. The goal of this experience is to gain experience and acceptance as a pharmacist practitioner.

### **Pharmacy Management:**

The pharmacy management portion of this learning experience is intended to provide advanced training and professional development for the purpose of managing pharmacy programs, including a community pharmacy and residency program. This experience is designed to provide an opportunity for the resident to practice leadership and management skills in the community pharmacy. The resident will gain experience in workflow and support staff management, as well as relationship building. Overall, the learning experience presents an opportunity for residents to learn skill sets and mechanisms needed to foster a culture of practice collaboration and integration throughout the pharmacy.

The primary preceptor will model, coach, and facilitate the behaviors associated with this experience throughout the residency year. Direct instruction, readings, and discussion will be included early in the residency year, and a reading list will be provided. The resident will need to be able to manage workflow and support staff while practicing in the pharmacy and initial focus will be around these skills. The resident will gradually be given more responsibilities associated with site management and integration as relationships, skills, and confidences develop. The Pharmacy Director/Primary Preceptor will arrange opportunities needed for resident professional growth, as well as provide feedback on performance. The resident will be assigned management projects by the preceptor at SVdP Charitable Pharmacy. Time to complete these projects throughout the residency will be adjusted according to the type of project and work load of the resident. In addition, documentation required for residency accreditation and activities for residency program development will be assessed by the RPD.

The goal of this experience is to gain the skills needed to be an effective and efficient patient care manager and/or pharmacy manager by the end of the residency. The resident will aim to practice at a level that can serve as a role model to other pharmacists and pharmacy students. This learning experience will focus on management skills needed to become a community pharmacy manager and preceptor in a

community residency program. The goal is to gain experience as a manager of various pharmacy programs.

**Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on an as needed basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to answer 1 drug information question in the weekly resident activity report.
3. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.
4. Resident will maintain electronic log of collaborative efforts, interventions and referrals (both accepted and denied) initiated by the resident in an effort to improve patient care (being aware of HIPAA). Resident could use ECA data from OutcomesMTM to determine estimated cost avoidance values for each intervention. Resident will present this data at quarterly residency preceptor meetings.

Outcome R1: Manage and improve the medication-use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1:(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Interview patients effectively to accurately gather, organize, and analyze patient specific information during dispensing and counseling activities Identify medication related problems Recommend solutions to identified problems to patient and/or patient's physician Prioritize problems Identify non-adherence	Verbal feedback through direct observation by preceptor	TE Q1/3
<b>Goal R1.2:Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	Based on orientation readings, determine vulnerabilities in the medication-use system. Create a process flow with suggested improvement.	Review process flow chart.	TE- Q1/3
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.	Develop a QI system for medication-error reporting	Evaluate proposed quality improvement plan for reducing medication error	TE- Q2/4

OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.			TE- Q2/4
OBJ 1.2.4 (Synthesis) Identify, design and implement quality improvement changes to the organizations medication use system	Using QI concepts- Work with preceptor to identify QI project based on current needs	Evaluation of draft protocols and implementation of system by those involved	T- Q1 E- Q4
OBJR1.2.5 (Synthesis) Design and implement pilot intervention to change problematic or potentially problematic aspects of the organizations medication use system with the objective of improving quality.		Evaluate PDSA cycles and process flow diagrams to determine success. Expand based on information collected	T- Q1 E-Q4
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>			
OBJ R1.3.1:(Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers using QS1	Direct observation of the resident by pharmacy staff Documentation of errors made Self-reflection by resident	T- Orientation- TE- Q1/3

<p>OBJ R1.3.2:(Application) Prepare medications using appropriate techniques and following the organization’s policies and procedures.</p>	<p>Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers</p>	<p>Direct observation and feedback to resident by preceptor. Special attention paid to non-oral dosage forms- especially dosage forms which requires specific storage/mixing or instructions for use</p>	<p>T- Orientation- TE- Q1</p>
<p>OBJ R1.3.3(Application) Dispense medication products following the organization’s policies and procedures.</p>	<p>Update policy and procedure manual at SVdP based on current practices</p> <p>Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures</p>	<p>Review updated policy and procedures manual</p>	<p>T- Orientation- TE- Q1/3</p>
<p>OBJ R1.3.4:(Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.</p>	<p>Effectively counsel patients using appropriate health literacy, cultural competence and communication skills on new and refill medications</p>	<p>Direct observation and feedback to resident by preceptor</p>	<p>T- Orientation- TE- Q1/3</p>
<p>OBJ R1.3.5:(Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.  *also possible during DM-MTM sessions</p>	<p>Identify patients who may require additional assistance or other patient care services during counseling activities to improve patient outcomes.</p>	<p>Direct observation and feedback to resident by preceptor</p>	<p>T- Orientation- TE- Q1/3</p>

Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>			
OBJ R2.1.3:(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Communicate effectively and efficiently with pharmacy staff , physicians and other health care professionals involved with the care of the patient during dispensing and counseling activities	Preceptor to provide feedback on daily basis to resident. Thru examination of the individual relationship between the resident and a particular physician or health care provider with whom he or she interacts when fulfilling practice responsibilities through a combination of direct observation, anecdotal records, and interviews with staff Resident reflections	TE- Q1/3

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	D&C Activities at each site  Interview patients effectively to accurately gather, organize, and analyze patient specific information during dispensing and counseling activities •Identify medication related problems •Recommend solutions to identified problems to patient and/or patient's physician •Prioritize problems •Identify non-adherence	Audit of resident's information base for a specific patient.	T- Orientation  TE- Q1/3
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	Resident to use verbal teach back method during counseling session to determine effectiveness of educational intervention	Direct observation of resident by preceptor	TE- Q1/3

<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Resident to appropriately maintain patient records per site policy/procedures  Entry of activities into QS1	Review of resident documentation of patient encounters in QS1	T- Orientation TE-Q1/3
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	Resident to appropriately maintain patient records per site policy/procedure	Preceptors to review patient documentation completed by resident during direct patient care activities or medication-related problems	T- Orientation TE Q1/3

R3: Exercise Leadership and Practice Management Skills	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Document weekly reflections in resident activity report, document residency progress in Pharmacademic	Review of documentation	TE- ALL
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Reflective Journal Review Discussions with preceptor about ethical issues in practice that each has professionally encountered.	Review of reflective journal by SVdP preceptor/RPD	TE- All
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	Continue with association activities as determined in orientation. Provide periodic reports documenting activities.	Document activities on Resident Activity Log	TE-Q4

OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.	Discussions with preceptors on how to be effective role models. Attend preceptor training. Role model practice when mentoring PY4/IPPE students and leading: topic discussions, patient case presentations, journal clubs, clinical updates, and new drug talks.	PY4 student evaluations of resident as mentor	TE Q4 Resident to precept PY4 students Jan-June
OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care	Track organization skills, maintaining Weekly Resident Activity Report	Observation of resident for meeting deadlines, reflective journals,	T- All TE- Q3
<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes	Participation in SVdP management meetings – including pharmacy board and procurement meeting	Documentation of resident's participation. Resident to present residency project updates to SVdP board meeting on a regular basis	TE-Q3
OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal			
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	Discuss and apply HIPAA implications on pharmacy practice in a community pharmacy with preceptors	Review of discussion of policy and procedures manual and HIPAA training program	TE- Q3
OBJ R3.2.5:(Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.	Prioritize workflow to maintain maximum patient safety and customer service. Supervise and determine the accuracy of work completed by support personnel as needed.	Direct observation and feedback (verbal and written) to resident by pharmacist/preceptor of resident performance	TE-- Q1

<p>OBJ R3.2.6:(Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.</p>	<p>SVdP review policies/procedures. Compare and then apply during daily practice. Prioritize workflow to maintain maximum patient safety and customer service.</p>		<p>TE- Q2</p>
<p>OBJ R3.2.7:(Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.</p>	<p>Complete HIPPA training during orientation, then discuss how to improve HIPPA compliance in the pharmacy. Attend 2 personal leadership classes. Choice of topic will be based on areas for improvement: See: <a href="http://www.uc.edu/hr/lldc/staff-developmetn.html">www.uc.edu/hr/lldc/staff-developmetn.html</a> for classes and schedules</p>	<p>Preceptor to review implementation plan- both written and verbal presentations</p>	<p>TE-Q3</p>

<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>	Activity	Assessment	When	
OBJ R3.3.1:(Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.	Provide enhanced pharmacy services to patients at the SVdP and identify a grant opportunity for additional funding for this service Work with program development at SVdP for grant writing and business plan.	Review of grant application with SVdP preceptor	TE- Q3	
OBJ R3.3.2:(Synthesis) Develop a business plan for a new service or an enhanced service, if applicable		Review formal business plan based on new service proposed by grant	T-all E- no later than Q4	
OBJ R3.3.3:(Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		Provide feedback from presentation of new service to pharmacy board and executive director	T- All  TE- Q4	
OBJ R3.3.4:(Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		Successful implementation of business plan proposal	TE – Q4	
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.		Report to any grant funding organization if applicable	Review of documentation from clinical service report to grant funding organization	TE- Q4
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.				
OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.				
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.				

Outcome R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	Log to serve as documentation of ability to answer DI questions appropriately.	Direct observation and review of DI log in weekly activity reports	T- Q1 E- Q3
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

Outcome R6: Utilize medical informatics	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Discussion with pharmacist and updating policy and procedures	Preceptor review with resident both of security concerns and the ability of the systems to provide data for analysis.	TE- Q1
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information	Utilize QS1 and reporting system to collect data for patient care initiatives	Review reports run by resident and appropriate application of data to practice	TE- Q2
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Utilize electronic resources to answer DI questions	Ability of resident to perform DI searches. Resident to document sources in Resident Activity Report	TE- Q1

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Interprofessional Learning Experience- Direct Patient Care

Targeting patients with uncontrolled disease states that require an interprofessional approach to care.

**Residency Director:** Bethanne Brown, Pharm D, BCACP

**Preceptor:** Rusty Curington, PharmD- site coordinator for GSFC

Other Health Care Professionals:

Linda Smith-Berry, GSFHC director

Dr. Stephen Eby, M.D.

Merry Suzanne Stubs, R.N.

### **Description:**

This longitudinal clinical experience will begin after Direct Patient Care training and successful completion of its associated evaluation. It will extend from January until June at The Good Samaritan Free Health Clinic (GSFHC). The resident will be involved in an interdisciplinary experience involving direct patient care in an effort to improve the outcome and level of care given to patients with uncontrolled disease states in this underserved patient population. The resident will be integrated as a critical component of the caregiver team of medical assistants, nurses, pharmacists, and a physician operating under an existing or new collaborative practice agreement.

This clinical experience is intended to provide advanced training and practice in the provision of Pharmaceutical Care in this clinic setting. It is intended to allow the resident to apply his/her advanced level of knowledge of effective smoking cessation counseling, diabetes disease state management and motivational interviewing techniques to a diverse group of patients who are very poorly controlled due to various social and/or economic reasons

The team will schedule patients through medical referrals in the EPIC computer system.

Pharmaceutical care goals may include disease state education, coaching, medication review and delivery, and assessing socio-economic issues that may cause barriers to effective care.

The primary preceptor will facilitate the coordination with the various medical disciplines to further these goals. Initially, the resident will see patients by appointment for education and coaching under the supervision of the Preceptor (P) or Residency Preceptor Director (RPD). The P/RPD will instruct on policies and procedures regarding these patient interviews. Based on P/RPD assessment and resident readiness, the resident will move into the role of leading this education and coaching interviews with the P/RPD observing. The resident will progress to seeing patients independently. The P/RPD will provide feedback and evaluation. The resident-P/RPD interaction will eventually be resident initiated.

The resident will use these interview skills in this joint collaboration project in scheduling patients for a short visit immediately prior to an office visit with the physician. The resident will identify any barriers

to patients care. The resident will confer with the physician and/or nurse about any barriers or problems discovered during this interview. Follow-up will occur as determined by the team.

### **Pre-Rotation Work(most completed during orientation)**

1. Collaborative Practice Agreements (completed in orientation)  
Patient Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on DropBox.
2. Review ADA 2016/2017- which available
3. Review ADA Nutrition article

### **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident at this stage will submit for periodic review on a time frame acceptable to both parties the above documentation related to patient encounters/drug information questions.
3. The resident must maintain a reflective journal of experiences. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.

R2: Provide evidence-based, patient centered care and collaborate with other health care professionals to optimize patient care	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other health care practitioners involved in the care of the patient</b>			
OBJ 2.1.3: (synthesis) Implement a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of the patient	Work with providers at GSFHC to implement targeted smoking cessation and disease state management programs	QI team success based on patient outcomes	TE-Q3-4
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist patient relationship	Resident to establish relationships with patients at GSFHC who are identified as needing services. Appointments will be in person.	Preceptor to evaluate and provide feedback to resident on performance monthly then quarterly.  Sit in on patient interviews.  Resident Reflections.	TE- Q3-4
<b>Goal R2.3:Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1:(Application) Effectively apply appropriate physical assessment skills employed by clinical pharmacists to secure needed patient specific information.	Perform physical assessments on patients and review available lab values as appropriate.		T-Q.3-4

OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including clinical information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals	Obtain thorough and accurate medication history thru interview and available health information (EPIC).	Resident to review patient specific issues with appropriate team members as necessary- documentation in EPIC per standard.	T- Orientation TE-Q3-4
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	Resident to write comprehensive SOAP notes during/after patient encounters at each site. Determine and document Subjective, Objective and Assessment sections	Resident Reflections	
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, assess the patient's barriers to effective care or other healthcare needs.			
<b>Goal R2.4:Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Targeted patient sessions- Resident to write appropriate SOAP notes during/after patient encounters. Determine and document appropriate patient centered Plan	As Above	T- Orientation TE- Q3-4
OBJ R2.4.2:(Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			
<b>Goal R.2.5 Design evidence-based monitoring plans for patients</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Targeted patient sessions- SOAP notes during/after patient encounters at each site. Determine and document appropriate PLAN (which includes documentation of monitoring plan)	As Above	T- Orientation TE-Q3-4

<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan</b>			
OBJ R2.6.1:(Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	Targeted patient sessions- SOAP notes during/after patient encounters at each site. Determine and document appropriate PLAN (which included documentation of education plan)	As Above	T- Orientation TE- Q3-4
OBJ R2.6.2:(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration			
<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>			
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals.	Resident to communicate with appropriate team members on site at the time of patient visit.	Documentation within EPIC	TE-Q3-4
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.1:(Application) When appropriate, order or conduct tests according to the organization's policies and procedures.	Resident to document when tests are ordered and appropriate using EPIC.	Preceptor will train resident/monitor resident's ability to determine appropriate tests. Keep record of interventions and outcomes	TE-Q3-4
OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	Resident to provide patient centered educational interventions. Document education provided to patient in EPIC. Review progress at patient follow-ups	Review interventions by Preceptor Resident to review success rate with patient return visits.	TE-Q3-4

OBJ R2.8.4:(Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	Discuss with RPD/preceptor the application of the potential benefits, barriers, sustainability from multiple perspectives of collaborative practice agreement. Carry out Crisis management per site protocol for abnormal physical assessment findings	Resident to document interventions	TE-Q3-4
OBJ R2.8.5:(Application) Use a working knowledge of the organization’s referral process to make any necessary patient referrals.	Targeted patient sessions- SOAP notes during/after patient encounters. Determine and document appropriate PLAN (which included documentation of referral plan)	Preceptor will train resident/monitor resident’s ability to determine appropriate referrals. Keep record of interventions and outcomes	TE-Q3-4
<b>Goal R2.9:Evaluate patients’ progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient’s progress toward the specified therapeutic goal(s) using all available information including information from referrals	Follow-up targeted patient interviews at GSFHC. Resident to monitor progress towards patient centered goals and modify therapeutic plan as needed.	Preceptor will train resident/monitor resident’s ability to determine appropriate Progress.	TE-Q3-4
OBJ R2.9.2:(Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1:(Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Resident to maintain all patient interaction information within EPIC to ensure appropriate communication with other providers.	Referrals made thru EPIC-ensure appropriate information provided. Preceptor will periodically review quality of EPIC documentation	TE-Q3-4
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.			

<b>Goal R2.11: Document patient care activities appropriately</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation.	Resident to appropriately maintain patient records per site policy/procedures  Entry of activities into EPIC	Resident to present “interesting/challenging” patients to preceptor team  Feedback provided	TE-Q3-4
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity.	Resident to appropriately maintain patient records per site policy/procedure	Preceptors to review patient documentation completed by resident	TE-Q3-4
OBJ R2.11.3:(Application) Record patient outcomes according to the organization’s policies and procedures	Maintain documents of interventions. Apply ECA level or other applicable disease specific economic factors. L Reporting on clinically measures (e.g. HEDIS measures) are also tracked and reported on a periodic basis .  Use EPIC to track patient outcomes	Preceptor to review outcomes in regards to clinical measures.	TE- Q3-4

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Direct Patient Care- SVdP

**Residency Director:** Bethanne Brown, Pharm D, BCACP

**Preceptors:** Mike Espel RPh- Site Coordinator  
Rusty Curington, PharmD, BC-ADM

### **Description:**

This longitudinal experience will provide the resident with experience in both direct patient care and practice site management. These experiences begin in July, after orientation, and extends throughout the remainder of the training year.

**Direct Patient Care:** 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 resident will be integrated as part of a team of pharmacy personnel - technicians, support personnel and other pharmacists. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in the community pharmacy setting.

Direct patient care services may include and are site dependent: immunizations, health care screenings and point of care testing, medication therapy management (MTM), smoking cessation, diabetes coaching, heart healthy coaching, nutrition and weight management, medication adherence, and diabetes self- management education.

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

Residents will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the sites. Residents will gain experience with a number of health conditions due to the variety of patient interactions available. The overall aim is to provide the resident with direct patient care experiences totaling 60% of the hours worked toward residency completion.

### **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to initially submit to preceptor(s) 1 drug information question per week for review through weekly resident activity reports. Once preceptor and resident are comfortable with the resident's performance, the preceptor will then request on a time frame acceptable to both parties the above documentation related to patient encounters/drug information questions.
3. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.
4. Resident will maintain electronic log of collaborative efforts, interventions and referrals (both accepted and denied) initiated by the resident in an effort to improve patient care (being aware of HIPAA). Resident will use ECA data from OutcomesMTM to determine estimated cost avoidance values for each intervention. Resident will present this data at quarterly residency preceptor meetings.

R1: Manage and improve the medication use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1:(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Participation in direct patient care activities	Verbal feedback thru direct observation by preceptor	T- Q1

R2: Provide Evidence Based, Patient Centered care and collaborate with other health care professionals to optimize patient care	Activity	Assessment	When
Goals/Objectives			
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients</b>			
OBJ R2.1.1: (Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.	Complete orientation readings on collaborative practice agreements	Preceptor to review and provide feedback –upload agreement to Drop Box	T- Q1 E- no later than Q4
OBJ R2.1.2: (Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.	Develop a Collaborative practice agreement with Good Sam Free Clinic and review with preceptor		
<b>Goal R2.1: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Utilize OUTCOMES MTM for disease state management documentation and monitoring	Preceptor to observe resident at both initial and follow-up interviews and documentation.	T- Q1 TE- Q2

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1:(Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Perform physical assessments on patients as deemed appropriate (BP, BG, A1C)	Observe and provide feedback to resident until proficiency. Review CMR and health screening documentation through OUTCOMES MTM	TE- Q1
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Patient Comprehensive Medication Review at SVdP to obtain thorough and accurate medication history through interview and available health information	Resident to submit appropriate documentation for review by preceptor.  Resident Reflections OUTCOMES MTM documentation	TE- Q1
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	Resident to write appropriate SOAP notes during/after patient encounters at each site. Determine and document Subjective, Objective and Assessment sections		
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Patient MTM Interviews at SVdP	See above  Resident Reflections	T- Q1  TE- Q1,Q3
OBJ R2.4.2:(Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues;	Resident to document appropriate patient centered PLAN		

and considers pharmacoeconomic principles.			
<b>Goal R.2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Patient MTM Interviews at SVdP  See above	See Above	T- Q1  TE- Q1, Q3
<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan.</b>			
OBJ R2.6.1:(Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	Patient MTM Interviews at SVdP  See above	See above	T- Q1  TE- Q1,Q3
OBJ R2.6.2:(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			
<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>			
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals	Resident to appropriately contact physicians involved with patient care and document interactions in OUTCOMES MTM.	Resident to review verbal/written interventions with preceptor until preceptor comfortable with resident's ability. Maintain log of interventions with OUTCOMES MTM reporting.	TE- Q1,Q3
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization's policies and procedures	Resident to be involved with A1C testing per protocol	Review A1C testing with preceptor, conduct tests and then mentor PY4 students when appropriate	TE-Q2

OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	Resident to document education provided to patient during patient interviews or by PY4 students. Review progress at patient follow-ups	Review interventions by RPD/Resident to review success rate with patient return visits.	TE- Q1
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations	Immunize with Influenza and pneumococcal as directed by site specific protocols	Preceptor to review protocol with resident and observe technique until preceptor comfortable	TE-Q1-2
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	During CMR, actively seek a medical home or other appropriate referral for patient.	Resident to maintain record of interventions in OUTCOMES MTM	TE-Q1
<b>Goal R2.9:Evaluate patients' progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	Resident to document patient progress towards reaching therapeutic goals (based on patient focused/centered goals) Change therapeutic plan as needed.	Resident to maintain record of interventions and outcomes through OUTCOMES MTM reporting. Review with Preceptor and RPD.	T- Q1 TE- Q2
OBJ R2.9.2:(Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Resident to refer patients as needed for services	OutcomesMTM reporting logs	TE-Q3
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.	Follow procedures for contacting HCP at SVdP	OUTCOMES MTM reporting	TE- Q1

<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Resident to appropriately maintain patient records through OUTCOMES MTM	Resident to document CMRs and preceptor to review and provide feedback until proficient.	T- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			T- Q1
OBJ R2.11.3:(Application) Record patient outcomes according to the organization’s policies and procedures.			TE- Q1

R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>			
OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	Resident to supervise PY4 students on rotation starting approximately in Jan. Resident to model preceptor roles. Resident to attend all preceptor development sessions at UC COP.	PY4 student evaluations	TE- Q4
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters’ statement of need and the actual drug information need by asking for appropriate additional information.	Resident Activity Report to serve as documentation of ability to answer DI questions appropriately.	Direct observation and review of DI log in weekly activity reports	TE- Q2
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one’s memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## ACADEMIC AND TEACHING EXPERIENCE- SVDP

**Residency Director:** Bethanne Brown, Pharm.D, BCACP- Site Coordinator

**Teaching Mentors:** Bethanne Brown PharmD, BCACP – Pharmacy Practice II  
Karissa Kim PharmD, BCPS- Pharmacy Practice I  
Anne Metzger, PharmD, BCPS- Case Studies

**Preceptors:** College:

Michael Doherty PharmD, BCACP-Advocacy, Michael Hegener, PharmD, BCACP- Skills Lab I/II  
Heidi Luder PharmD, MS,- OTC Course, Teresa Cavanaugh, PharmD, MS- Case Studies  
Nicole Avant PharmD- Pharmacy Practice II  
Site: Mike Espel RPh- Site Coordinator  
Rusty Curington PharmD, BC-ADM

### **General Description:**

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

### **Teaching Certificate Program**

To provide a theoretical foundation for teaching, the residents will complete a Teaching Certificate program at the College. This program consists of a 2-day orientation and periodic active learning based seminars on topics related to teaching and learning. Each session is mandatory in order to complete the program.

- a. Orientation: 2 day orientation in August- held at the College
  - i. See calendar posted to BOX
- b. Other dates will be announced periodically during the academic year- attendance is mandatory.

## **Teaching Mentor:**

Each resident will be assigned a teaching mentor. This faculty member will be responsible for mentoring you as you gain experiences in all aspects of teaching:

Your responsibilities include:

1. Meet with teaching mentor prior to fall and spring semesters to discuss upcoming teaching experiences, time line for completion of drafts and concerns related to teaching
2. Provide mentor teaching schedule as soon as available to facilitate #3
3. Arrange for your teaching mentor to observe your teaching based on the type of experience
  - i. Skills Lab- observe first teaching session of a 4 week module
  - ii. Recitation- observe day 1 of recitation
  - iii. Lectures- observe all lectures
4. Meet with your teaching mentor/designee after the teaching experience observation to obtain immediate feedback.
5. Meet with your teaching mentor at the end of each semester to review progress towards teaching certificate and ways to improve.
6. Prior to end of the semester meeting with mentor, write a one-page reflection on your teaching experiences. Send to mentor one week in advance of the semester meeting.

## **Overview of Teaching Experiences**

### **Pharmacy Student Teaching**

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

**Skills Lab:** Each resident will teach three different learning modules per semester. Each resident will teach a learning module 4 times to different small groups of students. During the fall semester, the resident will be coached/mentored by your faculty teaching mentor. In the spring semester after the residents' small group teaching skills have been refined, they will be only coached on the first time teaching a new learning model.

During the teaching semester, residents will also be expected to function as a "module lead" where applicable in preparing the Skills Lab learning activities. This includes updating teaching materials based on new therapeutic information, developing and/or revising assessments, identifying supplies that may be needed for teaching, providing feedback to students on their performance, etc.

**Pharmacy Practice I/II(fall/spring):** This course provides PY1 students the foundational skills to care for patients. The skills taught in this course include communication skills (verbal, written, difficult situations and non-verbal), cultural competence, and basic physical assessment skills. Residents will provide teaching in both large group lectures and recitation.

**OTC Course (fall):** Residents will be involved in the OTC course and will create/update and deliver lectures and recitations.

**Case Studies (spring/fall):** Residents will be involved in Case Studies for both spring/fall. They will precept patient presentations by students 1 or 2 times per semester. Dates and times to be determined

**Fall:** Case studies I/III

**Spring:** Case studies II/IV

**Law(spring):** Residents will provide 1 lecture in the law course based on a topic related to their practice site.

**Health Literacy (spring):** resident will develop and record 1 lecture and participate in a 1 day seminar activities related to health literacy.

The activities of the resident during the longitudinal academic component for pharmacy student teaching are cyclical based on the academic year. Below is an outline of expected progression of resident responsibility on this learning experience.

July – August	Based on the learnings from TCP program, the resident will develop/revise various learning activities with guidance from their teaching mentor in the following courses: Case Studies, Pharmacy Practice I, Pharmacy Practice Skills Development II and OTC courses. Teaching load will be balanced and reflects needs of the College and interests of the resident
August – Dec.	Resident will teach and be evaluated on presentation of lectures, recitations and Skills Lab modules by teaching mentor. Resident will write reflections on teaching activity specifically noting areas for future improvement.
Dec – April	Resident to be assigned to teach and design/update assigned modules in Pharmacy Practice II, Pharmacy Practice Skills Development I, Case Studies and Pharmacy Practice II courses. Resident expected to demonstrate increased ability and confidence in teaching and facilitating small and large group discussions. Resident will write reflections on teaching activity specifically noting areas for future improvement. Teaching load will be balanced and reflect needs of the College and interests of the resident.

**Time Commitment:** Each lecture will need approximately 20 to 30 hours of preparation time at the beginning due to the newness of the skill. This will be reduced over time to approximately 8-10 hours per lecture. Each Skills Lab module will need approximately 20 hours of preparation time – from creation to delivery

### **Health Professions Teaching:**

Educating other health care professionals is an important skill the resident will practice during the residency year experience. The resident will be responsible for providing on-going education (live and written) to health professionals based on the needs of the clinics.

**Pharmacists:** Residents will create and deliver one continuing education (CE) presentation each to the pharmacists and technicians at St Vincent de Paul. This CE presentation must meet ACPE standards for credit for both pharmacists and technicians (see Dr. Kelly Epplen/Laura Carnaghi for complete details). The presentation must be 45 minutes in length with 15 minutes for questions and answers. Topic of interest will be determined by consulting with site coordinator. Date for completion is 6/1/17.

**Greater SVdP Community:** Working with Rusty Curington and Mike Espel to identify the potential content for outreach article. Write, edit and submit 2 articles for the publication in the SVdP newsletter: St Vincent's Way. Upload copy of the article to Box.

**Other Health Professions Education:** Create and deliver 2 outreach presentations to area health care providers highlighting the services provided at SVdP. Please see Mike Espel for details. Presentation must follow best practices for continue education. Deadline for completion is 6/1/2017.

Evaluations must be completed by your audiences for pharmacist/technicians for continuing education and for Other Health Professions. Please upload these documents to Box.

### **Health Profession Student Mentoring:**

#### **Advanced Pharmacy Practice Students:**

Mentoring APPE students is an important skill for any pharmacist to practice and gain experience. APPE student mentoring will begin in January and run thru June. As with other experiences, the resident will be guided/mentored initially and given more responsibility for the APPE experience over time. By March, the resident will be the preceptor on record.

~January -February      Direct observation and participation of preceptor with APPE students- including orientation, mid-point and final evaluations

March-June                Full responsibility for APPE students- orientation, project assignments, work flow descriptions, syllabus updating, mid-point and final evaluations.

#### **Pre-Mentoring Training:**

Log into the Pharmacist Letter website and go to PL CE & training site. Under the heading Preceptor Home, Click Preceptor Training CE. Complete the appropriate questions (indicating precepting for University of Cincinnati only). Complete the following CE courses:

1. Precepting in the Community Pharmacy Part I
2. Precepting in the Community Pharmacy Part II
3. Precepting in the Community Pharmacy Part III
4. Others at your discretion.

Upload copy of the CE quiz documents to Box, Academic and Teaching Folder.

#### **Access to PharmacistsLetter:**

Each resident will need to set up a University of Cincinnati Preceptor CE ID #. Your CE ID # will be automatically created and you'll be able to use it from any Internet-connected computer to access

Preceptor Training & Resource Network. **CLICK THIS LINK:**

[www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn)

(If you can't click the link, copy and paste this exact URL into your web browser address bar.) TIP: Bookmark or add this webpage to your "Favorites," so you can easily return to the Preceptor Training & Resource Network any time.

Here's how to access Preceptor Training & Resource Network any time in the future: Once you have set up your access, return to [www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn), enter your login information on the right side and click Login. You can also find this link on the UC experiential site using your preceptor log-in.

Need help? Contact Preceptor Training & Resource Network with questions. [preceptor@pletter.com](mailto:preceptor@pletter.com)

### **Interprofessional Health Professions Student Mentoring:**

Mentoring other health professions students is an important skill for all pharmacists as team based care becomes more prevalent within our health care system. Gaining this experience during the residency year, will allow the resident to gain the skills needed to mentor all types of health professions learners in the future. To fulfill this requirement, each resident must spend 2 to 3 hours per month in this role. Location is the Drop Inn Shelter (medicine/pharmacy students): Tuesdays or Thursdays 6:30 to 8:30pm

Document the hours provided on the weekly activity log as Other (add designation of Drop). Training will be provided by your teaching mentor, pre-experience reading and on-site by other health professions faculty. At least twice during the year, use the IPE evaluation tool to ask IPE students to evaluate your mentoring ability. Upload to Box.

Pre-interprofessional student mentoring reading: Interprofessional Mentoring Guide. While written for Canadian Interprofessional Competencies, this guide provides practical tips for helping students gain the most from interprofessional experiences. Please focus on: Section I, II, IV, and V.

### **Community Health Education: Good Sam Free Clinic Group Diabetes Program**

Tailoring a presentation to various audiences is a difficult skill and one that should be mastered as a community pharmacist. The resident will work with faculty and other health care providers as part of a team to present a group diabetes education program at the Good Sam Free Clinic. Resident to meet with team, update, create, deliver and evaluate programming based on needs of the community. This information should be delivered using appropriate health literacy and cultural competence skills. Data must be collected to assess the effectiveness of the presentations. See Community Health Education folder on Box for guidance as well as Rusty Curington for additional details.

### **Advocacy:**

As part of this longitudinal experience, the resident will gain experience in being an advocate- both as learner and mentor/facilitator. The skills and techniques needed to be an advocate at the patient, provider, state and federal levels will be reviewed and refined.

Activities include:

1. Attend OPA legislative day both in the Fall and Spring semesters  
Fall: attend to learn about advocacy, how to interact with our legislators and promote the view of the profession. Scheduled for early November, 2016  
  
Spring: lead a group of pharmacy students in the activities conducted in the fall. Scheduled for early February.

## **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/ Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.

The resident must maintain a portfolio of ALL teaching including the information required of the TCP program. However, once those requirements are met- the resident should continue to document in this same format.

**Goals and Objectives Related to the Academic Experience:**

<b><i>Outcome R2: Provide evidence-based, patient centered care and collaborate with other health care professional to optimize patient care</i></b>	Activity	Assessment	When: T and TE (Orien/Quarter)
Goal R2.1.3: Develop a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of patients	Developing and delivering educational materials to other health care professionals.	Feedback from preceptors/RPD	T- Q1, TE- Q3/4
<b><i>Outcome R3: Exercise leadership and practice management skills</i></b>	Activity	Assessment	When: T/TE
Goal R3.1: Exhibit essential personal skills of a practice leader.			
OBJ R3.1.1:(Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Attend seminars on educational topics as part of the Teaching Certificate Program	Portfolio for Teaching Certificate Program	T- all E- Q4
OBJ R3.1.4:(Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.	Serve as a role model to health professions students in all teaching situations	Evaluations from APPE/Interprofessional Experience students and TCP required requirements	T-all EQ2-3
OBJ R3.1.6: Comprehension: Explain the role of pharmacists active engagement in the political and legislative process	OPA legislative Day-fall and spring	Reflections Direct observation (fall) Mentoring students (spring)	T- Q1 E-Q3

GOAL R3.2: Exhibit practice leadership in organizational and management activities.			
OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes	Participate in team discussions and decisions as it relates to the creation and delivery of educational materials and participate in Teaching Certificate Program	Discussions with team members	T-all E-Q2/3
OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		Discussions with team members	T-all E-Q2-3
OBJ R3.2.3:(Application) Use group participation skills when leading or working as a member of a committee or informal work group.		Discussions with team members	T-all E-Q2-3

<b><i>Outcome R5:Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When: T/TE
Goal R5.1:Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.			
OBJ R5.1.1:(Application) Use effective educational techniques in the design of all educational activities.	Develop and/or modify instructional modules for teaching experiences at all levels: Health Professionals, pharmacists, Patients and community	Teaching Certificate Program portfolio and student, community evaluations of performance	T-all E-Q2/4
OBJ R5.1.2:(Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation	Develop and/or modify assessment strategies teaching experiences at all levels: Health Professionals, pharmacists, Patients and community		T-all E-Q2/4
OBJ R5.1.3(Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	Deliver instruction in a variety of teaching environments to gain experience in teaching		T-all E-Q2/3
OBJ R5.1.4(Application) Use public speaking skills to speak effectively in large and small group situations	in a variety of settings (e.g. one-on-one, large group lecture, group of 20, small group, etc.)		T-all E-Q2-3

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

## Primary Research Project Learning Experience Description

**Residency Preceptor Director:** Bethanne Brown, PharmD.

**Project Team:** Each residency site will have a designated project team consisting of RPD, one or two preceptors and select faculty from the College of Pharmacy who can add expertise in the area of research.

SVdP: RPD+ Rusty Curington PharmD, Mike Espel RPh

CHD: RPD+ Jon Burns PharmD, Patricia Wigle PharmD

FRHC: RPD+ Anne Metzger PharmD, Nicole Crase PharmD

MedManagers:

Resident 1: RPD+ Sue Paul RPh, Dan Healy PharmD

Resident 2: RPD + Chad Worz PharmD, Karissa Kim PharmD

The residency project is a longitudinal learning experience, beginning in July and continuing throughout the training year. Residents are expected to complete all project requirements within a prescribed timetable (see below).

Attendance at a research seminar will be required during the Orientation period or in the beginning of the project experience. This seminar will serve as an introduction to basic research methodology, and help the resident prepare for the research requirements of the project.

The project will be assigned to the resident by site based on the needs of the site for clinical services development. All projects are prospective in nature.

**Project Team:** Each resident will have a project team. Project team composition is described above. The resident will be primarily responsible for organizing the research project and calling project team meetings. The project team will be responsible for providing direct guidance and feedback for all components of the project. During the year, the resident will request team meetings as needed. Through these meetings and many individual interactions, members of the team will provide instruction, guidance and verbal/written feedback as appropriate. The resident will be responsible for leading and organizing the project team to accomplish required tasks.

**Leading a Team Meeting:** The resident will be responsible for leading the research team meetings. In order to facilitate this process it is important for the resident to do the following:

1. Know who is involved in projects/meetings: Identify all members of the research team and their areas of expertise (what do they bring to the team)
2. Gain insight on their level of involvement and background knowledge of the site- either by surveying the team or asking preceptors/RPD.
3. Assess previous meetings/projects to understand precedent – what has happened in the past, what are the expectations moving forward.
4. If unclear or receiving different information, clarify the expectations of the resident's roles at each meeting.
5. Create an agenda to help facilitate the meeting
6. Conduct an assessment- both self and with RPD after the meeting/project. How did it go, what can be improved upon.

Prior to the initial meeting only: working with RPD and preceptors, pick a proposed topic, complete a preliminary literature search, write the draft background (why is this topic important) and draft proposed research question to present to the research committee.

**Goals , Objectives Major Activities, and Products Related to Primary Project:**

Goals and Objectives	Q1	Q2	Q3	Q4
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>	X	X	X	X
<b>OBJ R4.1.1:(Synthesis) Identify a topic for a practice-related project of significance for community pharmacy.</b>	X			
Activity: <ol style="list-style-type: none"> <li>1. Conduct systematic literature search to refine project idea and provide background</li> <li>2. Review the identified practice related projects that meet criteria established for project by the residency program</li> <li>3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy</li> <li>4. Determine time table for development, implementation and evaluation</li> </ol>				
<b>OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project.</b>	X	X		
Activity: <ol style="list-style-type: none"> <li>1. Conduct systematic literature search to refine project idea and provide background</li> <li>2. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy</li> <li>3. Determine time table for development, implementation and evaluation</li> <li>4. Effectively organize and lead meetings with project team to ensure established deadlines are met</li> <li>5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team and UC/SVdP research committee</li> <li>6. Prepare and submit APhA or other grant application if applicable</li> <li>7. Complete and submit abstract and application to present poster at APhA Annual Meeting and Ohio Pharmacists Annual Meeting and podium presentation at Pharmacy Residency Conference (TBD)</li> <li>8. Work closely with project team to implement project plan</li> <li>9. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis</li> </ol>				
<b>OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one’s design of a practice-related project.</b>	X			
Activity: <ol style="list-style-type: none"> <li>1. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team.</li> <li>2. Complete IRB application and gain approval from all appropriate IRB boards.</li> </ol>				
<b>OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.</b>		X	X	

Activity: 1. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 2. Effectively organize and lead meetings with project team to ensure established deadlines are met 3. Work closely with project team to implement project plan				
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.			X	X
Activity: 1. Present project in various formats and before various audiences including, but not limited to, clinical and management staff, preceptors, and at local and national meetings				
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.				X
Activity: Prepare final, written manuscript in publishable format 1. Manuscript contains all elements (Background, Objectives, Methodology, Results, Discussion and Conclusion) in an organized, well written, and accurate fashion. 2. Manuscript is acceptable journal format				
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.				X
Activity: 1. Analyze and evaluate data appropriately				

**Evaluation:** Preceptors will provide verbal and written feedback during each phase of the project. Resident is responsible for providing team with adequate time to submit feedback in writing or verbally. Resident will save EACH draft of the work to BOX on this project to document progression in learning. Summary of residency project goals, objectives and typical schedule for formal points of evaluation is found below. Each project may have slight adjustments to the schedule outlined

**Presentation Expectations:** The resident will promote the residency and research at the following professional meetings:

1. UC Residency Showcase (Cincinnati, OH) – recruitment for residency
2. OSHP Residency Showcase (Columbus, OH) – recruitment for residency
3. ASHP Midyear Meeting (Las Vegas, NV) – recruitment for residency
4. APhA Midyear Meeting (San Francisco, CA) – research poster presentation
5. OPA Annual Conference (Columbus, OH) – research poster or podium presentation
6. Ohio Pharmacy Residency Conference (Ada, OH) – podium presentation

<b>Residency Project Timetable</b>	
<b>Additional deadlines will be added for project team meetings and project deadlines during each quarter. During year deadlines will be adjusted if needed to meet preceptor and resident availability.</b>	
<b>Date</b>	<b>Requirement</b>
	Completion of IRB training mandatory prior to first project team meeting. See Orientation Learning Experience Documentation
7/31/16	First Team Meeting by this date; Presentation of Project Ideas; Project Assigned
TBD	Research Seminar with Heidi Luder
Research Seminar-TBD	Develop research question, objectives, evaluation strategy, and outline; determine project timeline. Work with project preceptors and review previous resident projects for direction/examples.
8/14/2016	Draft #1- IRB including outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team.
8/14/2016-8/21/2016	Prepare Draft #1 of APhA Grant application. Grant is due in September. Check website for exact submission date: <a href="http://www.aphafoundation.org/incentive-grants">http://www.aphafoundation.org/incentive-grants</a>
8/21/16	Draft #1 APhA Grant Application DUE to Project Team
8/21/16-08/28/16	Revise IRB Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline and set additional drafts/meetings as determined by Project Team
8/28/2016	Final IRB: Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team
8/31/2016	SUBMIT IRB SVdP/MedManagers/FRHC- Submit ONLY to UC IRB CHD- Submit to CHD IRB first. Contact Dr. Camille Jones at <a href="mailto:Camille.jones@cincinnati-oh.gov">Camille.jones@cincinnati-oh.gov</a> . Once approved, submit to UC IRB.
8/31/2016	Begin preparation to initiate project as soon as IRB is approved
8/31/16-9/15/16	Develop a protocol from Outlines; Prepare APhA Abstract
9/4/16-9/15/16	Revise Grant Application and set additional drafts/meetings as determined by Project Team
9/11/16	Final Draft APhA Grant Application DUE to Project Team
9/18/16	Draft #1 research protocol and APhA Poster Abstract DUE to project team
9/18/16-9/25/16	Revise research protocol and APhA Poster abstract and set additional drafts/meetings as determined by Project Team
9/25/2016	Final Draft research Protocol and APhA abstract DUE to project team
End of September	Submit APhA Foundation Incentive Grant Application
10/1/16	Resident to submit APhA Abstract for Midyear poster presentation (due early October- <b>resident to confirm tentative dates</b> )
10/1/16- completion	Develop, implement, and evaluate project according to the project specific timeline. Report to project team through weekly resident activity reports.
2/12/17	Submit abstract to OPA for poster/podium presentation ( <b>resident to confirm tentative dates</b> )
2/29/17	Draft #1 Ohio Residency Conference Abstract DUE to project team for review
1/1/17 to 3/1/17	Start working on Poster for Presentation at APhA
3/1/17	Draft #1 APhA poster DUE to project team
3/1/17-3/10/17	Revise APhA poster and set additional drafts/meetings as determined by Project Team
3/17/17	Final Draft- APhA poster DUE to project team and UC for printing. APhA meeting 3/24 to 3/27
3/24/17 to 3/27/17	APhA (Poster Presentation), San Francisco, CA.
4/1/17	Ohio Pharmacy Residency Conference Abstract, Learning Objectives and CV Submission Due ( <b>resident to confirm tentative dates</b> )

4/15/17	Draft #1 OPRC slides DUE to Project Team
4/21/17-4/23/17	OPA (Poster/Podium Presentation)
4/15/17-4/28/17	Create and Practice OPRC presentation
4/28/17	Final OPRC slides DUE to Project Team
4/28/17	OPRC Presentation Upload Due ( <b>resident to confirm tentative dates</b> )
5/12/17	Ohio Pharmacy Residency Conference ( <b>resident to confirm tentative dates</b> )
5/16/17-06/01/17	Prepare manuscript using appropriate journal article format
06/01/17	Draft #1 Manuscript DUE to Project Team
06/01/17-06/17/17	Revise manuscript and set additional drafts/meetings as determined by Project Team
6/24/17	Deadline for Final Manuscript DUE to project team

Goals & Objectives	Orientation	Staffing/ Management	Direct Patient Care	Academic and Teaching	Research Project	GSFC Interprofessional Project
<b><i>Outcome R1: Manage and improve the medication-use process</i></b>						
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>						
OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.		TE-Q1/3	T-Q1			
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization’s (e.g., community pharmacy, corporation, health-system) medication-use system.</b>						
OBJ R1.2.1: (Comprehension) Explain the organization’s medication-use system and its vulnerabilities to adverse drug events (ADEs).	T-Q1	TE Q1/3				
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization’s medication-use system.	T-Q1	TE Q2/4				
OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization’s medication-use system by comparing the medication-use system to relevant best practices.		TE Q2/4				
OBJ R1.2.4: (Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.		T-Q1 E- Q4				
OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization’s medication-use system with the objective of improving quality.		T-Q1 E-no later than Q4				

<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>						
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	T-Q1	T-orientation TE-Q1/3				
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.	T-Q1	T-Orientation TE-Q1				
OBJ R1.3.3: (Application) Dispense medication products following the organization's policies and procedures.	T-Q1	T-Orientation TE-Q1/3				
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.	T-Q1	T-Orientation TE- Q1/3				
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.	T-Q1	T-Orientation TE- Q1/3				

<b><i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i></b>	Orientation	Staffing/ Management	Direct Patient Care	Academic and Teaching	Research Project	GCFC Interprofessional Project
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>						
OBJ R2.1.1: (Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.			T-Q1 E-no later than Q4			
OBJ R2.1.2: (Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.			T-Q1 E-no later than Q4			

OBJ R2.1.3: (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	T-Q1	TE-Q1/3		TE- Q2		TE-Q3-4
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>						
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	T-Q1		T-Q1 TE-Q2			TE-Q3-4
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>						
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	TE-Q1		TE-Q1			TE-Q3-4
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	T-Q1	T- Orientation TE-Q1/3	TE-Q1			T- Orientation TE-Q3-4
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	T-Q1	T- Orientation TE-Q1/3	TE-Q1			T- Orientation TE-Q3-4
OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	T-Q1	T- Orientation TE-Q1/3	TE-Q1			T- Orientation TE-Q3-4

<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>						
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	T-Q1		T-Q1 TE- Q1/3			T- Orientation TE- Q3-4
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.	T-Q1		T-Q1 TE- Q1/3			T- Orientation TE- Q3-4
<b>Goal R2.5: Design evidence-based monitoring plans for patients.</b>						
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	T-Q1		T-Q1 TE- Q1/3			T- Orientation TE- Q3-4
<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan.</b>						
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	T-Q1		T-Q1 TE- Q1/3			T- Orientation TE- Q3-4
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.	T-Q1		T-Q1 TE- Q1/3			T- Orientation TE- Q3-4

<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>						
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals			T-Q1 TE- Q1/3			TE- Q3-4
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>						
OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization's policies and procedures.			TE-Q2			TE- Q3-4
OBJ R2.8.2: (Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.		TE-Q1/3	TE-Q1			TE- Q3-4
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.	T-Q1		TE- Q1-2			
OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	T-Q1					TE- Q3-4
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	T-Q1		TE-Q1			TE- Q3-4

<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>						
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	T-Q1		T- Q1 TE- Q2			TE- Q3-4
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.	T-Q1		T- Q1 TE- Q2			TE- Q3-4
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>						
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	T-Q1		TE-Q3			TE- Q3-4
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.			TE-Q1			TE- Q3-4
<b>Goal R2.11: Document patient care activities appropriately.</b>						
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	T-Q1	T- Orientation TE-Q1/3	T-Q1			TE- Q3-4
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	T-Q1	T- Orientation TE-Q1/3	T-Q1			TE- Q3-4
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.	T-Q1		T-QE1			TE- Q3-4

<b>Outcome R3: Exercise leadership and practice management skills.</b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Academic and Teaching	Research Project	GSFC Interprofessional Project
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>						
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	T-Q1	TE-All		T-all E-Q4		
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	T-Q1	TE-All				
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	T-Q1	TE-Q4				
OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.		TE-Q4		T-all E-Q2-3		
OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care		T-All TE-Q3				
OBJ R3.1.6: (Comprehension) Explain the role and importance of pharmacist active engagement in the political and legislative process.				T-Q1 E-Q3		
<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>						
OBJ R3.2.1: (Synthesis) Participate in the pharmacy's planning processes		TE-Q3		T-all EQ2-3		
OBJ R3.2.2: (Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		TE-Q3		T-all EQ2-3		
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	T-Q1			T-all EQ2-3		
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	T-Q1	TE-Q3				

OBJ R3.2.5: (Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.		TE-Q1				
OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.		TE-Q2				
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	T-Q1	TE-Q3				
<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>						
OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.		TE-Q3				
OBJ R3.3.2: (Synthesis) Develop a business plan for a new service or an enhanced service, if applicable		T-A1 E- No later than Q4				
OBJ R3.3.3: (Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		T-All TE-Q4				
OBJ R3.3.4: (Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		T-All TE-Q4				
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.		TE-Q4				
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.		TE-Q4				
OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.		TE-Q4				
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.		TE-Q4				

<b><i>Outcome R4: Demonstrate project management skills.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Academic and Teaching	Research Project	GSFC Interprofessional Project
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>						
OBJ R4.1.1: (Synthesis) Identify a topic for a practice-related project of significance for community pharmacy					TE- Q1	
OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project					T- Q1 TE- Q2	
OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one's design of a practice-related project.					TE- Q1	
OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.					TE- Q2 TE- Q3	
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.					T- Q3 TE- Q4	
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.					TE- Q4	
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.					TE- Q4	

<b>Outcome R5: Provide medication and practice-related information, education, and/or training.</b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Academic and Teaching	Research Project	GSFC Interprofessional Project
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>						
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	T-Q1			T-All EQ2-3		
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.	T-Q1			T-All EQ2-3		
OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).			TE-Q4	T-All EQ2-3		
OBJ R5.1.4 (Application) Use public speaking skills to speak effectively in large and small group situations.				T-All EQ2-3		
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>						
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.		T- Q1 E-Q3	TE-Q2			
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses		T- Q1 E-Q3	TE-Q2			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.		T- Q1 E-Q3	TE-Q2			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.		T- Q1 E-Q3	TE-Q2			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation		T- Q1 E-Q3				

<b><i>Outcome R6: Utilize medical informatics</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Academic and Teaching	Research Project	GSFC Interprofessional Project
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>						
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	T-Q1	TE-Q1				
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information		TE-Q2				
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	T-Q1	TE-Q1				



University of Cincinnati Community Based  
Pharmacy Residency Program

Cincinnati Health Department

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

## Cincinnati Health Department Orientation

**Residency Director:** Bethanne Brown, PharmD, BCACP

**Preceptor:** Paul Abeln, RPh

Jon Burns, PharmD- Site Coordinator

**Other Healthcare Professionals:**

Jerry Schneider, RPh- Price Hill

Quentin Norman, PharmD- Elm

Holly Blackley, PharmD- Millvale

Kelly Wilder, PharmD- Floater

**Hours:** As determined by resident calendar

**Contact Information:** See contact information documents

### **General Description**

Orientation is a required 1 to 2 month learning experience which will provide the resident an overview of the community pharmacy operations at each health department site. The resident will be involved in a UC orientation, residency orientation, teaching certificate program, and pharmacy orientation during this experience. The resident will be scheduled to work at each of the pharmacy locations to develop a baseline comfort level of the individual pharmacy operations. The resident will also spend time at the UC College of Pharmacy for an orientation to teaching pharmacy students in the classroom. This experience is designed to provide the baseline skills needed which will be further developed during the year-long residency experiences. The resident will interact with pharmacists, pharmacy technicians, pharmacy students, volunteers, social workers, nurses, physicians, nurse practitioners and other key providers.

The resident will be provided an orientation of the pharmacy services and computer systems as well as training of sufficient length to allow for comprehension of the systems at each site. The full length of training can vary and may be lengthened or shortened at the request of the preceptor or resident. The resident will be supervised initially by the preceptors, but then given more independence as skills are mastered.

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 gain confidence in customer service and counseling, and transition smoothly from student to pharmacist.

## **Preceptor Interaction**

Preceptors will be available during business hours of the pharmacy, as well as after hours as determined by the individual preceptor by email, call, or text.

## **Communication**

- A. Weekly meeting times: Set aside time to meet with your preceptor and director once a week. This check in will allow time for the communication of key issues related to the activities in progress, completed, or for the future.
- B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
- C. Office/Cell phone: Appropriate for urgent questions pertaining to patient care. Refrain from personal cell phone use except on breaks.

This is an orientation experience. The length of time required for each activity will vary and will be customized based on resident's abilities and preceptors' evaluation.

## **Evaluation Strategy**

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative Evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

## **Required readings/training**

1. IHI Open School Basic Certificate program found at;  
<http://app.ihi.org/lms/home.aspx?CatalogGUID=4cc435f0-d43b-4381-84b8-899b35082938>.  
Site registration is required and all 16 courses need to be completed by September 1, 2016.

2. Collaborative Practice Agreements:
  - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
  - b. OAC 4729-29: Consult Agreement found at: <http://www.pharmacy.ohio.gov/LawsRules/OAC.aspx>.
  - c. Ohio State Board of Pharmacy Guidance Document as of 4/30/2016 found at: <https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
3. APhA Diabetes Certificate on-line pre-work and assessment.
  - b. To be completed in August
  - c. Upload certificate to BOX
4. Review ACIP guidelines for chronic disease state immunizations.
  - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
    1. Focus on immunizations provided during vaccination days as well as Pneumococcal, Hep B and Influenza.
  - b. Upload APhA immunization certificate to Box
    - i. Upload your Basic Life Support Certificate to BOX
5. Policy and Procedures: ASHP, Residency Program and Site.
  - a. ASHP: see ASHP Community Based Residency Standards and Intro to RLS- this will be reviewed during residency orientation on 7/1 and 7/5
  - b. For UC Community-Based Residency - see Box Residency Policy and Procedures
  - c. For CHD- see CHD Policy and Procedure Manual posted to BOX
6. Review most recent guidelines the following disease states (all found on Box):
  - a. Diabetes- Standards of Care for Patients with Diabetes 2016 and Nutrition Recommendations for Patients with Diabetes
  - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
  - c. Psychiatric Disorders including: Depression, BiPolar and Schizophrenia
  - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
7. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
  - a. Conduct the Medication Safety Self-Assessment at the NorthSide Clinic- due date by 9/1/2016.
8. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: [https://webcentral.uc.edu/cpd\\_online2/](https://webcentral.uc.edu/cpd_online2/). Upload certificates to Box.
9. Complete the University of Cincinnati Institutional Review Board training. Go to: <http://researchcompliance.uc.edu/HSR/IRB/Overview.aspx>. Click on Training Requirements (left side of screen), in the center of the page under CITI Training Instructions, click on UC Researchers- open file using Adobe Acrobat and follow the steps listed in this document and complete both biomedical and social behavioral training.

10. Complete OutcomesMTM/Mirixa training and add CHD pharmacies (ALL) to account
  - a. See OutcomesMTM information sheet found on Box
  - b. See Andi Estell to be added to Mirixa- then complete training once gain access to platform. Upload any quiz/documentation related to platform to Box
11. Participate in EPIC/QS1 training session with appropriate trainers. Date TBD
12. Participate in social determinants of health activities (7/5/15)
  - a. Bridges Out of Poverty
  - b. Playspent.com
13. Attend the research seminar given by faculty at the College of Pharmacy- Date TBD
14. Review CLIA waiver requirements to understand the requirements for Cincinnati Health Department as it pertains to point of care testing. This information can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>
15. Complete the Medicare Part D: Controlling Fraud, Waste and Abuse 2010 CE from Pharmacists Letter (directions on how to log in are posted to Box). Upload quiz to Box.
16. Communication Skill Review (see Required readings, Communication Skills folder):
  - a. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.
  - b. Phone conversations- how to discuss health topics over the phone
  - c. Investigative questioning/Medical Interviewing
  - d. Motivational Interviewing (MI) training:
    1. To review this essential communication technique, review the information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>.
    2. Then review the lecture slides and short Wall Street Journal article posted to Box.
    3. Participate in 1 hour review of technique with Dr. Brown on 7/5/16.
  - e. Adherence: reading posted on Box
  - f. Working with interpreters: view slide set and video posted to Box. Complete quiz and upload to Box
17. Complete weekly topic discussion with pharmacist during orientation
  - a. On Monday- pick a topic from Pharmacist Letter, discuss with pharmacist during week. Write and upload summary to Box weekly topic discussion folder.
18. Complete weekly case discussions. The pharmacist will help identify appropriate patients.
  - i. Contact the patient for either an on-site or over the phone interview
    1. Using the SOAP note format, work up the patient providing recommendations for treatment changes/educational points. Keeping in mind a patient-centered, culturally appropriate plan.
      - i. Disease states include: Diabetes, Depression, Smoking, CV Risk Reduction, Asthma/COPD
  - ii. Upload patient case documents to Box in the Weekly Case Discussion folder. Please be mindful of HIPAA.

19. "Be a Patient" activity:
  - i. At one of the clinics, ask permission from a patient identified by site coordinator to shadow this patient during their time at the clinic. Follow this patient from registration to completion of the visit. Write a one-page reflection on the experience and upload to the Orientation folder: Be a Patient
  
20. Attend meetings as appropriate- including but not limited to Pharmacy and Therapeutics committee, Ethics Board, Safety Committee. Include these meetings as part of your weekly reflections.
  - a. Read article by ASHP on Guidelines for P&T found on BOX
  
21. Register for Pharmacists Letter- Directions can be found on Box.
  
22. Complete Strengths Finder
  - a. Read the book and take the on-line assessment
  - b. Report your findings at residency committee meeting- no later than 7/29/16
  - c. Write reflection for the week on this activity

**Goals, Objectives and Activities Related to the Orientation (see Below)**

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able perform. These activities were also selected to help you work toward achieving specific objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal.

Familiarize yourself with the objectives associated with each goal <http://www.ashp.org/DocLibrary/Accreditation/RTPCommunityCareGoalsObj2010.aspx>. Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

	Activity	Assessment	When
<b>Outcome R1: Manage and improve the medication-use process</b>			
OBJ R1.2.1:(Comprehension) Explain the organization’s medication-use system and its vulnerabilities to adverse drug events (ADEs).	Read ISMP Improving Medication Safety in Community Pharmacy (See Below).Review and explain the sites’ medication use process and vulnerabilities for medication errors of each organization.	Verbal review with preceptor	T-Q1
OBJ R1.2.2:(Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization’s medication-use system.			T- Q1
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization’s policies and procedures.</b>			
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	Prepare medications and counsel patients following established policies and procedures of each pharmacy.  Work with each pharmacist to review/learn method of verification of prescriptions	Resident will be mentored by preceptors at each pharmacy- given more responsibility as proficiency is obtained.  Each pharmacist will provide the resident with a paragraph summary of what they did well and what they can improve upon by the end of the orientation period.	T-Q1
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization’s policies and procedures.			
OBJ R1.3.3: (Application) Dispense medication products following the organization’s policies and procedures.			
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.			
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.			

<b><i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i></b>	Activity	Assessment	When
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	<p>Review training associated with Motivational Interviewing , Adherence, health literacy and how to work with interpreters</p> <p>Follow a patient from the time he/she arrives at the health center for a PCP visit to the time he/she picks up prescriptions at the pharmacy/exits the health center and create a timeline (upload to Be a Patient folder)</p>	<p>Resident will be evaluated by direct observation by preceptor and weekly written feedback</p> <p>Write a personal reflection on your experience shadowing a patient for a day</p>	T- Q1
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Participate in College of Pharmacy orientation/training and APhA Diabetes certificate.	Achievement of certificates issued by APhA and check list from College	TE- Q1

OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Participate in patient case work up as part of a review of key disease state with preceptor in form of SOAP note and/or CMR. . Document work in residency portfolio	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			T- Q1
OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			T- Q1
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Participate in case work up as part of a review of key disease state with preceptor. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and non-medication specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			T- Q1
<b>Goal R.2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Participate in case work up as part of a review of key disease state with preceptor. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1

<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan.</b>			
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	Participate in case work up as part of a review of key disease state with preceptor. Document work in residency portfolio.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			T- Q1
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.	Orientation with RN at clinic to where and how immunizations are stored, how to document immunizations in Epic, best administration practices, etc.  Review patient assessment skills during training opportunities for Immunizations.	Work completed will be reviewed at each learning session by preceptors	T- Q1
OBJ R2.8.4: (Application) When permissible, add, discontinue, modify, administer, and/or monitor medications under collaborative practice agreements.	Research and review collaborative practice agreements and participate in a discussion with preceptors. See required readings as a starting point.	Discussion-application will be later in residency.	T- Q1

<p>OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.</p>	<p>Shadow nurse practitioner, OB/GYN, social worker, Cradle Cincinnati RN, and home health RN at Elm street.</p> <p>Resident to write out referral process- upload to Box (Be a Patient folder)</p>	<p>Resident will write reflection of experience and post to Box</p>	<p>T- Q1</p>
<p><b>/Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b></p>			
<p>OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.</p>	<p>Participate in Comprehensive Medication Reviews, health screenings, and Disease State Management activities using the approach of direct instruction, shadowing and modeling with preceptor.</p>	<p>Resident will write summary of experiences in weekly reflection.</p>	<p>T- Q1</p>
<p>OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.</p>			<p>T- Q1</p>
<p><b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b></p>			
<p>OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.</p>	<p>Review procedures for communication when transferring a patient from one healthcare setting to another</p>	<p>At the end of each week, the resident will write a summary of how each pharmacist communicates with healthcare team at each clinic.</p> <p>Upload to Be a Patient folder</p>	<p>T- Q1</p>

<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	Review policies and procedures for dispensing and counseling of medications for CHD. Record patient outcomes as appropriate.	Resident's written work will be evaluated preceptor	T- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			T- Q1
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.			T- Q1

<b>Outcome R3: Exercise leadership and practice management skills.</b>	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Complete residency documentation training with RPD including: weekly resident activity report, drug information questions, PharmAcademic, and maintain Box residency portfolio	Resident's work will be evaluated by both RPD or preceptors-feedback provided during orientation	T- Q1
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Complete the IHI Open School Basic Certificate of Completion.  See <a href="http://www.ih.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx">http://www.ih.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx</a> . For full details. Maintain each certificate of completion in residency portfolio.	Completion of certificate program	T- Q1

OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	In addition to APhA, join and actively participate in professional organization of your choice, and other professional committees of interest. Maintain a journal of your participation in the residency portfolio	Discussions and reflective journals	T- Q1
<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	See IHI information above and Teaching Certificate Program	Completion of certificate program	T- Q1
OBJ R 3.2.4: (Synthesis): Integrate compliance with community practice accreditation, legal, regulatory and safety requirements into daily practice	Complete all training required by sites including by not limited to: HIPAA and Blood Borne Pathogens, BLS/CPR, TB testing and Medicare Part D training. Upload certificates to Box.	Completion of orientation program	TE-Q1
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	See IHI information above	Completion of certificate program	T- Q1

<b>Outcome R5: Provide medication and practice-related information, education, and/or training.</b>	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>			
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	Attend a 2 day seminar on teaching at the COP and begin to develop a written teaching philosophy	Teaching portfolio	T- Q1
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.			T- Q1

<b>Outcome R6: Utilize medical informatics</b>	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Become proficient in regular pharmacy operations using available technology- QS1, Epic, and OutcomesMTM systems. Understand the security and patient protections required by law and by each site.	Direct observation by preceptors	TE- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Learn about the available resources at each site such as: Facts and Comparisons, Pharmacists Letter, MedScape	Discussion with preceptors	TE- Q1

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Professional Staffing and Pharmacy Management-CHD

Residency Director: Bethanne Brown, PharmD

Preceptors: Quentin Norman, PharmD  
Jon Burns, PharmD- Site Coordinator

### **Professional Staffing:**

The professional service/staffing experience is intended to provide advanced training and practice in traditional pharmacy dispensing and counseling services in the community pharmacy setting. The goal of this experience is to gain experience and acceptance as a pharmacist practitioner, as well as gain confidence in the delivery of patient education.

Residents will spend an overall average of 6 to 8 hours per week staffing the pharmacy. The staffing component may occur in blocks of time (i.e. for 1 week) or be spread out over the course of a month. The goal is for this component to be no more than 30% of your total time during this residency year (excluding Orientation).

Modeling of this component will be completed during Orientation. The primary preceptor will create an environment in which there is direct observation and continued coaching and facilitation of the resident as needed.

### **Pharmacy Management:**

The pharmacy management portion of this learning experience is intended to provide advanced training and professional development for the purpose of managing pharmacy programs, including a community pharmacy and residency program. This experience is designed to provide an opportunity for the resident to practice leadership and management skills in the community pharmacy. The resident will gain experience in workflow and support staff management, as well as relationship building. Overall, the learning experience presents an opportunity for residents to learn skill sets and mechanisms needed to foster a culture of practice collaboration and integration throughout the pharmacy.

The primary preceptor will model, coach, and facilitate the behaviors associated with this experience throughout the residency year. Direct instruction, readings, and discussion will be included early in the residency year, and a reading list will be provided. The resident will need to be able to manage workflow and support staff while practicing in the pharmacy, and initial focus will be around these skills. The resident will gradually be given more responsibilities associated with site management and integration as relationships, skills, and confidences develop. The Pharmacy Director/Primary Preceptor will arrange opportunities needed for resident professional growth, as well as provide feedback on performance. This may include off-site training programs as determined by the RPD.

The resident will be assigned management projects by the preceptor at the Cincinnati Health Department. Time to complete these projects throughout the residency will be adjusted according to the type of project

and work load of the resident. In addition, documentation required for residency accreditation and activities for residency program development will be assessed by the RPD.

The goal of this experience is to gain the skills needed to be an effective and efficient patient care manager and/or pharmacy manager by the end of the residency. The resident will aim to practice at a level that can serve as a role model to other pharmacists and pharmacy students. This learning experience will focus on management skills needed to become a community pharmacy manager and preceptor in a community residency program. The goal is to gain experience as a manager of various pharmacy programs.

**Evaluation:**

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/PharmAcademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on an as needed basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to answer 1 drug information question in the weekly resident activity report.
3. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.

Outcome R1: Manage and improve the medication-use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Interview patients effectively to accurately gather, organize, and analyze patient specific information during dispensing and counseling activities Identify medication related problems Recommend solutions to identified problems to patient and/or patient's physician Prioritize problems Identify non-adherence	Verbal feedback through direct observation by preceptor	TE -Q1,Q3,
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	Based on orientation readings, determine vulnerabilities in the medication-use system. Create a process flow with suggested improvement.	Review process flow chart.	T- Q1 E- Q3 Possibly all to evaluate based on project
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.	Develop a QI system for medication-error reporting	Evaluate proposed quality improvement plan for reducing medication error	T-Q1 TE- Q3

OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.			T-Q1 TE- Q3
OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization's medication-use system with the objective of improving quality.	Design medication error reporting system	QI project	T-Q1 E-Q3- no later than
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>			
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers using QS1	Direct observation of the resident by pharmacy staff  Documentation of errors made  Self-reflection	TE-Q1
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.	Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers	Direct observation and feedback to resident by preceptor. Special attention paid to non-oral dosage forms- especially dosage forms which requires specific storage/mixing or instructions for use	T- Orientation- TE-Q1
OBJ R1.3.3 (Application) Dispense medication products following the organization's policies and procedures.	Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures	Review updated policy and procedures manual	T- Orientation- TE-Q1-

<p>OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.</p>	<p>Effectively counsel patients using appropriate health literacy, cultural competence and communication skills on new and refill medications</p>	<p>Direct observation and feedback to resident by preceptor</p>	<p>T- Orientation- TE-Q1-</p>
<p>OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.  *also possible during MTM sessions</p>	<p>Identify patients who may require additional assistance or other patient care services during counseling activities to improve patient outcomes.</p>	<p>Direct observation and feedback to resident by preceptor</p>	<p>T- Orientation- TE-Q1-</p>

Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>			
OBJ R2.1.3: (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Communicate effectively and efficiently with pharmacy staff, prescribers and other healthcare professionals involved with the care of the patient during dispensing and counseling activities	Preceptor to provide feedback on daily basis to resident through examination of the individual relationship between the resident and a particular physician or health care provider with whom he or she interacts when fulfilling practice responsibilities through a combination of direct observation, anecdotal records, and interviews with staff Resident reflections Provider verbal feedback- RN/MA and MD	T- COP/CHD TE- Q3 (RN/MD/Preceptor)

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	D&C Activities at each pharmacy  Interview patients effectively to accurately gather, organize, and analyze patient specific information during dispensing and counseling activities	Audit of resident's information base for a specific patient.	T- Orientation  TE- Q1-/3
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	•Identify medication related problems •Recommend solutions to identified problems to patient and/or patient's physician •Prioritize problems •Identify non-adherence		
OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	Resident to use verbal teach back method during counseling session to determine effectiveness of educational intervention	Direct observation of resident by preceptor	TE- Q1/3
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Resident to appropriately maintain per site guidelines Entry of activities into QS1 and EPIC (including any and all OutcomesMTM interventions)	Review of resident documentation of patient encounters in EPIC/QS1	T- Orientation  TE- Q1-

OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	Resident to appropriately maintain per site guidelines	Preceptors to review patient documentation completed by resident during direct patient care activities or medication-related problems	T- Orientation TE- Q1-
R3: Exercise Leadership and Practice Management Skills	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Document weekly reflections in resident activity report, document residency progress in PharmAcademic	Review of documentation	TE- Q2, Q4- Jon, RPD
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Reflective Journal Review  Discussions with preceptor about ethical issues in practice that each has professionally encountered.	Review of reflective journal by preceptors/RPD  Attend CHD appropriate meetings.	TE- Q2, Q4- Jon RPD
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	Continue with association activities as determined in Orientation.  Provide periodic reports documenting activities.	Document activities on Resident Activity Log	TE-Q4 RPD

<p>OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.</p>	<p>Discussions with preceptors on how to be effective role models. Attend preceptor training offered by College.</p> <p>Role model practice when mentoring PY4 students and leading: topic discussions, journal clubs, clinical updates or new drug talks.</p>	<p>PY4 student evaluations of resident as mentor</p>	<p>TE Q4- (RDP/Jon)</p> <p>Resident to co-precept PY4 students Jan</p> <p>Resident to precept students in Feb, March, May and June</p>
<p>OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care</p>	<p>Track organization skills, maintaining Weekly Resident Activity Report</p>	<p>Observation of resident for meeting deadlines, reflective journals,</p>	<p>T- All TE- Q3</p>
<p><b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b></p>			
<p>OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes</p>	<p>Participation in CHD management meetings –</p>	<p>Documentation of resident's participation by writing up reflection about experiences or posting presentation documents.</p>	<p>TE-Q4 Jon</p>
<p>OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal</p>	<ol style="list-style-type: none"> <li>1. P&amp;T Committee Meetings</li> <li>2. Provider Meetings (1<sup>st</sup> Tuesday of month when available- August, Jan, May, June)</li> <li>3. NS Health Center staff meetings- 4<sup>th</sup> Wednesday of the month</li> </ol>	<p>Resident to present formulary additions to P&amp;T committee</p>	

<p>OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.</p>	<p>Assume the role of HIPAA compliance officer, update policy and procedures manual, and update HIPAA training program</p>	<p>Complete HIPAA training program  Write reflection about meetings with compliance officer</p>	<p>TE- Q3 (Jon)</p>
<p>OBJ R3.2.5:(Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.</p>	<p>Prioritize workflow to maintain maximum patient safety and customer service.</p>	<p>Direct observation and feedback (verbal and written) to resident by pharmacist/preceptor of resident performance</p>	<p>T- Orientation  T- Q1/Q4</p>
<p>OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.</p>	<p>Review policies/procedures. Compare and then apply during daily practice. Prioritize workflow to maintain maximum patient safety and customer service.</p>		<p>TE- Q2 (Jon)</p>
<p>OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.</p>	<p>QI project- Medication Errors  Attend 2 personal leadership classes. Choice of topic will be based on areas for improvement:  See: <a href="http://www.uc.edu/hr/lldc/staff-developmentn.html">www.uc.edu/hr/lldc/staff-developmentn.html</a> for classes and schedules</p>	<p>Preceptor/RPD to review implementation plan- both written and verbal presentations</p>	<p>TE-Q4 (RPD/Jon)</p>

<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>	Activity	Assessment	
OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.	Provide enhanced pharmacy services to patients at the CHD and identify a grant opportunity for additional funding for this service	Review of grant application with CHD preceptor	TE- Q4 (RPD/Jon)
OBJ R3.3.2:(Synthesis) Develop a business plan for a new service or an enhanced service, if applicable	Work with preceptors to write and propose a business plan to CHD – Payment for clinical pharmacy services. Present to CHD Board in May (topic TBD)	Review formal business plan based on new service proposed by grant	T- Q3 E- Q4 (RPD/Jon)
OBJ R3.3.3:(Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		Provide feedback from presentation of new service to CHD board	T- All
OBJ R3.3.4:(Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.			TE- Q4
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.		Successful implementation of business plan proposal	TE – Q4 (RPD)
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.			
OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.			TE- Q4 (Jon/RPD)
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.	Report to any grant funding organization	Review of documentation from clinical service report to grant funding organization	

Outcome R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	Log to serve as documentation of ability to answer DI questions appropriately.	Direct observation and review of DI log in weekly activity reports	TE- Q2 (Jon)
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

Outcome R6: Utilize medical informatics	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Discussion with pharmacist and updating policy and procedures	Preceptor review with resident both of security concerns and the ability of the systems to provide data for analysis.	TE- Q1 (Jon)
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information	Utilize QS1 and reporting system to collect data for patient care initiatives	Review reports run by resident and appropriate application of data to practice	TE- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Utilize electronic resources to answer DI questions	Ability of resident to perform DI searches. Resident to document sources in Resident Activity Report	T- Q1 TE- Q1 (Jon)

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Direct Patient Care- CHD

### **Preceptors**

Bethanne Brown, PharmD, BCACP- Residency Preceptor Director  
Jon Burns, PharmD- Site Coordinator

### **Other Healthcare Providers:**

Kellee Haslon, FNP  
Susan Kasperczyk, FNP  
Dr. Eva Komoroski  
Brenda Waldron, RN—Clinic Manager  
Norma Krusling, RN  
Susan Horne, RN  
Constance Harris, MA  
Tasha Hines, MA  
Dorothy Collier, Laboratory Technician

### **Description:**

This longitudinal experience will provide the resident with involvement in both direct patient care and practice site management. These experiences begin in August following orientation, and extends throughout the remainder of the residency training year.

### **Direct Patient Care:**

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 resident will be integrated as part of a team of pharmacy personnel - technicians, support personnel and other pharmacists. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in the primary care setting.

Direct patient care services are site dependent and may include: immunizations, healthcare screenings, medication therapy management (MTM), smoking cessation, diabetes coaching, heart healthy coaching, nutrition and weight management, and diabetes self-management education. The resident will participate in many of these services potentially under a collaborative practice agreement with the primary care physician.

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

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

### **Evaluation:**

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/PharmAcademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

2. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
3. The resident must maintain a portfolio of drug information questions (with responses) to be reviewed by the preceptors at each site. Resident to submit to preceptor(s) 1 drug information question per week for review through weekly resident activity reports. Once preceptor and resident are comfortable with the resident's performance, the preceptor will then request on a timeframe acceptable to both parties the above documentation related to patient encounters/drug information questions.
4. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.

R1: Manage and improve the medication use process			When: T and TE (Orientation/Quarter) Responsible party for all evaluations within this learning experience is RPD and Preceptor Jon Burns
	Activity	Assessment	
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1:(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Participation in direct patient care activities.	Verbal feedback through direct observation by preceptor	T- Q1 E- Q2/4
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.4:(Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.	Review guidelines, for target diseases: Diabetes, HTN and asthma. Work with teams to design and implement project.	Evaluation of draft /final protocols for QI process for identified projects	T- Q1 E-Q3

	Activity:	Assessment	When
R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care	Both disease state management and OutcomesMTM encounters		
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>			
OBJ R2.1.1:(Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.	Resident to research, create overview of and discuss collaborative practice agreements (per Ohio and Federal Law)	Creation of additional policy and procedures for collaborative practice agreements	TE- Q1
OBJ R2.1.2:(Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.	Resident to modify current collaborative practice agreement based on physician and clinic needs	RPD + PCP to review	TE- Q3
OBJ R2.1.3:(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Resident to spend M/W/Th with physician/RN teams at NS (huddles, group PCP visits, etc.)  Resident to participate in Diabetes Education Programming team meetings at Price Hill	Provide verbal and written input to resident for evaluation purposes (SNAPSHOT)  Resident reflections	T- Q1 E- Q3  RN/MD Snapshots

<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Resident to establish relationships with patients at CHD who are being seen for disease state management/OutcomesMT M to provide patient-centered care. Both in-person appointments and phone follow-up calls. Utilizes the modeling approach.	RPD to evaluate and provide feedback to resident on performance as needed. Review of EPIC documentation and observe patient interviews. Resident Reflections. All documentation will take place in EPIC- either Med rec or disease state management	T-Q1 E-Q2/Q4
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1:(Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Perform physical assessments on patients and review available lab values as appropriate.	Training will take place in orientation. Review skills in clinic for final check. Review EPIC documentation	TE-Q1
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Disease state management at CHD to obtain thorough and accurate medication history through interview and available health information (EPIC).	See Clinical Skills Checklist	T- Q1 E- Q2
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	Resident to write comprehensive SOAP notes during/after patient encounters at each site. Determine and document Subjective, Objective and Assessment sections.		
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			

<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Disease state management. Resident to document appropriately during/after patient encounters at each site. Determine and document appropriate patient centered <u>Plan</u>	As above	T- Q1  E- Q2, Q4
OBJ R2.4.2:(Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			
<b>Goal R2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient’s medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Disease state management. Resident document appropriately during/after patient encounters at each site. Determine and document appropriate patient centered <u>Plan</u>	As above	T- Q1  E- Q2, Q4
<b>Goal R2.6: Design patient education for a patient’s regimen and monitoring plan.</b>			
OBJ R2.6.1:(Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient’s therapeutic plan, how to adhere to it, and the importance of adherence.	Disease state management. Resident to document appropriately during/after patient encounters at each site. Determine and document appropriate patient centered <u>Plan</u>	As above	T- Q1  E- Q2, Q4
OBJ R2.6.2:(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient’s medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			

<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>			
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals	Resident to appropriately contact physicians/other health care professionals involved with patient care and document interactions using site determined protocol (EPIC).  Resident to contact physician for verbal consultation as needed. Forward patient chart through EPIC.	Resident to review written and verbal interventions until preceptor comfortable with resident ability.  Document patient outcomes as per established project protocols (quarterly/every 6 months)	T- Q1 E- Q2, Q4
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.1:(Application) When appropriate, order or conduct tests according to the organization’s policies and procedures.	Resident to document when tests are ordered and appropriate using EPIC.	Preceptor/RPD will train resident/monitor resident’s ability to determine appropriate tests.	TE- Q1
OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients’ needs and empower patients to become active participants in their care.	Resident to provide patient centered educational interventions. Document education provided to patient in EPIC. Review progress at patient follow-ups	Review interventions by RPD/ Resident to review success rate with patient return visits.	T- Q1 E- Q3
OBJ R2.8.3:(Complex Overt Response) When permissible, use skills to administer immunizations as determined from one-on-one patient appointments per immunization records. Immunization Clinics at NS are (See Brenda,RN Case Manager): 1. Mondays 1 to 4pm 2. Thursdays 8 to 11am	Provide Immunizations at CHD during flu season under the supervision of an interprofessional team.	Training and skills check completed at Orientation	TE Q1/Q2 RN snapshot

OBJ R2.8.4:(Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	Initiate collaborative practice agreement and conduct as necessary changes. Carry out crisis management per site protocol for abnormal physical assessment findings	Resident to document patient outcomes in EPIC- especially during crisis management concerns (natural disaster, hypoglycemia, hypertensive emergency)	T- Q1 E- Q3
OBJ R2.8.5: (Application) Use a working knowledge of the organization’s referral process to make any necessary patient referrals.	MTM Interviews at CHD during/after patient encounters. Determine and document appropriate PLAN (which included documentation of referral plan)	RPD will train resident/monitor resident’s ability to determine appropriate referrals through EPIC.	T-Q1 E-Q3
<b>Goal R2.9: Evaluate patients’ progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient’s progress toward the specified therapeutic goal(s) using all available information including information from referrals.	Follow-up disease state management. Resident to monitor progress towards patient centered goals and modify therapeutic plan as needed. Create health center-wide protocols for the management and treatment of hypo- and hyperglycemia	RPD will train resident/monitor resident’s ability to determine appropriate progress. Review documentation of disease state management program and OutcomesMTM reporting. Present protocols to medical professionals at a clinic staff meeting and/or RN meeting	T-Q1 E- Q3
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Resident to maintain all patient interaction information within EPIC to ensure appropriate communication.	Utilize EPIC and Care Everywhere system as appropriate.	T- Q1 E- Q2/4

OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.	Using EPIC for communication purposes Follow procedures for contacting HCP CHD	Epic training	T-Q1 E- Q3
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	Resident to document all patient outcomes per disease state management protocols.	Preceptor/RPD to review all disease state management until resident is proficient.	TE- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	Entry of activities into and EPIC		TE- Q1
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.		Resident to present disease state management outcomes to preceptor or healthcare team as appropriate.	T- Q1 TE- Q2/4

R5: Provide medication and practice-related information, education and/or training	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, public</b>			
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	Write lesson plan for each diabetes educational session which includes: Goals and objectives, knowledge, activities, assessment – following steps from TCP	Review lesson plan-draft and final version by RPD. Provide feedback	T- Q1 E-Q3

OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.	Write assessment plan for patient diabetes educational sessions based on goals and objectives. Review information from TCP program	Feedback provided by healthcare team	TE- Q3  DIABETES EDUCATION TEAM
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	Weekly Resident Activity Report to serve as documentation of ability to answer DI questions appropriately.	Resident Activity Report to be reviewed weekly by preceptors	TE- Q1/4
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## ACADEMIC AND TEACHING EXPERIENCE- CINCINNATI HEALTH DEPARTMENT

**Residency Director:** Bethanne Brown, Pharm.D, BCACP- Site Coordinator

**Teaching Mentors:** Bethanne Brown PharmD, BCACP – Pharmacy Practice II  
Karissa Kim PharmD, BCPS- Pharmacy Practice I  
Anne Metzger, PharmD, BCPS- Case Studies

**Preceptors:** College:

Michael Doherty PharmD, BCACP-Advocacy, Michael Hegener, PharmD, BCACP- Skills Lab I/II  
Heidi Luder PharmD, MS,- OTC Course, Teresa Cavanaugh, PharmD, MS- Case Studies  
Nicole Avant PharmD- Pharmacy Practice II  
Site: Jon Burns PharmD- Site Coordinator

### **General Description:**

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

### **Teaching Certificate Program**

To provide a theoretical foundation for teaching, the residents will complete a Teaching Certificate program at the College. This program consists of a 2-day orientation and periodic active learning based seminars on topics related to teaching and learning. Each session is mandatory in order to complete the program.

- a. Orientation: 2 day orientation in August- held at the College
  - i. See calendar posted to BOX
- b. Other dates will be announced periodically during the academic year- attendance is mandatory.

### **Teaching Mentor:**

Each resident will be assigned a teaching mentor. This faculty member will be responsible for mentoring you as you gain experiences in all aspects of teaching:

Your responsibilities include:

1. Meet with teaching mentor prior to fall and spring semesters to discuss upcoming teaching experiences, time line for completion of drafts and concerns related to teaching
2. Provide mentor teaching schedule as soon as available to facilitate #3
3. Arrange for your teaching mentor to observe your teaching based on the type of experience
  - i. Skills Lab- observe first teaching session of a 4 week module
  - ii. Recitation- observe day 1 of recitation
  - iii. Lectures- observe all lectures
4. Meet with your teaching mentor/designee after the teaching experience observation to obtain immediate feedback.
5. Meet with your teaching mentor at the end of each semester to review progress towards teaching certificate and ways to improve.
6. Prior to end of the semester meeting with mentor, write a one-page reflection on your teaching experiences. Send to mentor one week in advance of the semester meeting.

## **Overview of Teaching Experiences**

### **Pharmacy Student Teaching**

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

**Skills Lab:** Each resident will teach three different learning modules per semester. Each resident will teach a learning module 4 times to different small groups of students. During the fall semester, the resident will be coached/mentored by your faculty teaching mentor. In the spring semester after the residents' small group teaching skills have been refined, they will be only coached on the first time teaching a new learning model.

During the teaching semester, residents will also be expected to function as a "module lead" where applicable in preparing the Skills Lab learning activities. This includes updating teaching materials based on new therapeutic information, developing and/or revising assessments, identifying supplies that may be needed for teaching, providing feedback to students on their performance, etc.

**Pharmacy Practice I/II(fall/spring):** This course provides PY1 students the foundational skills to care for patients. The skills taught in this course include communication skills (verbal, written, difficult situations and non-verbal), cultural competence, and basic physical assessment skills. Residents will provide teaching in both large group lectures and recitation.

**OTC Course (fall):** Residents will be involved in the OTC course and will create/update and deliver lectures and recitations.

**Case Studies (spring/fall):** Residents will be involved in Case Studies for both spring/fall. They will precept patient presentations by students 1 or 2 times per semester. Dates and times to be determined

**Fall:** Case studies I/III

**Spring:** Case studies II/IV

**Law(spring):** Residents will provide 1 lecture in the law course based on a topic related to their practice site.

**Health Literacy (spring):** resident will develop and record 1 lecture and participate in a 1 day seminar activities related to health literacy.

The activities of the resident during the longitudinal academic component for pharmacy student teaching are cyclical based on the academic year. Below is an outline of expected progression of resident responsibility on this learning experience.

July – August	Based on the learnings from TCP program, the resident will develop/revise various learning activities with guidance from their teaching mentor in the following courses: Case Studies, Pharmacy Practice I, Pharmacy Practice Skills Development II and OTC courses. Teaching load will be balanced and reflects needs of the College and interests of the resident
August – Dec.	Resident will teach and be evaluated on presentation of lectures, recitations and Skills Lab modules by teaching mentor. Resident will write reflections on teaching activity specifically noting areas for future improvement.
Dec – April	Resident to be assigned to teach and design/update assigned modules in Pharmacy Practice II, Pharmacy Practice Skills Development I, Case Studies and Pharmacy Practice II courses. Resident expected to demonstrate increased ability and confidence in teaching and facilitating small and large group discussions. Resident will write reflections on teaching activity specifically noting areas for future improvement. Teaching load will be balanced and reflect needs of the College and interests of the resident.

**Time Commitment:** Each lecture will need approximately 20 to 30 hours of preparation time at the beginning due to the newness of the skill. This will be reduced over time to approximately 8-10 hours per lecture. Each Skills Lab module will need approximately 20 hours of preparation time – from creation to delivery

### **Health Professions Teaching:**

Educating other health care professionals is an important skill the resident will practice during the residency year experience. The resident will be responsible for providing on-going education (live and written) to health professionals based on the needs of the clinics.

**Pharmacists:** Residents will create and deliver one continuing education (CE) presentation each to the pharmacists and technicians at Cincinnati Health Department. This CE presentation must meet ACPE standards for credit for both pharmacists and technicians (see Dr. Kelly Epplen/Laura Carnaghi for complete details). The presentation must be 45 minutes in length with 15 minutes for questions and answers. Topic of interest will be determined by consulting with site coordinator. Date for completion is 6/1/17.

**Greater Cincinnati Health Department Community:** Working with Quentin Norman, Pharmacist at Elm Street Clinic. Write, edit and submit 2 articles for the quarterly publication in the Health Matters News Letter. See Dr. Norman for full details.

**Nursing Education:** Create and deliver 4 medication related presentations for the nursing staff at NorthSide Health Center. Please work with your direct patient care preceptor and Brenda Waldron (nurse manager) to determine logistics and topic of interest. Presentation must follow best practices for continue education. Deadline for completion is 6/1/2017.

Evaluations must be completed by your audiences for pharmacist/technicians for continuing education and for nursing education. Please upload these documents to Box.

### **Health Profession Student Mentoring:**

#### **Advanced Pharmacy Practice Students:**

Mentoring APPE students is an important skill for any pharmacist to practice and gain experience. APPE student mentoring will begin in January and run thru June. As with other experiences, the resident will be guided/mentored initially and given more responsibility for the APPE experience over time. By March, the resident will be the preceptor on record.

~January -February	Direct observation and participation of preceptor with APPE students- including orientation, mid-point and final evaluations
March-June	Full responsibility for APPE students- orientation, project assignments, work flow descriptions, syllabus updating, mid-point and final evaluations.

#### **Pre-Mentoring Training:**

Log into the Pharmacist Letter website and go to PL CE & training site. Under the heading Preceptor Home, Click Preceptor Training CE. Complete the appropriate questions (indicating precepting for University of Cincinnati only). Complete the following CE courses:

1. Precepting in the Community Pharmacy Part I
2. Precepting in the Community Pharmacy Part II
3. Precepting in the Community Pharmacy Part III
4. Others at your discretion.

Upload copy of the CE quiz documents to Box, Academic and Teaching Folder.

#### Access to PharmacistsLetter:

Each resident will need to set up a University of Cincinnati Preceptor CE ID #. Your CE ID # will be automatically created and you'll be able to use it from any Internet-connected computer to access

Preceptor Training & Resource Network. CLICK THIS LINK:

[www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn)

(If you can't click the link, copy and paste this exact URL into your web browser address bar.)  
TIP: Bookmark or add this webpage to your "Favorites," so you can easily return to the Preceptor Training & Resource Network any time.

Here's how to access Preceptor Training & Resource Network any time in the future: Once you have set up your access, return to [www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn), enter your login information on the right side and click Login. You can also find this link on the UC experiential site using your preceptor log-in.

Need help? Contact Preceptor Training & Resource Network with questions.

[preceptor@pletter.com](mailto:preceptor@pletter.com)

#### **Interprofessional Health Professions Student Mentoring:**

Mentoring other health professions students is an important skill for all pharmacists as team based care becomes more prevalent within our health care system. Gaining this experience during the residency year, will allow the resident to gain the skills needed to mentor all types of health professions learners in the future. To fulfill this requirement, each resident must spend 2 to 3 hours per month in this role from the following available options.

Option 1: Drop Inn Shelter (medicine/pharmacy students): Tuesdays or Thursdays 6:30 to 8:30pm

Option 2: IHI Open School (all health professions learner from UCAHC): Saturdays 8:30 to 11:30am

Document the hours provided on the weekly activity log as Other (add designation of OS/Drop). Training will be provided by your teaching mentor, pre-experience reading and on-site by other health professions faculty. At least twice during the year, use the IPE evaluation tool to ask IPE students to evaluate your mentoring ability. Upload to Box.

Pre-interprofessional student mentoring reading: Interprofessional Mentoring Guide. While written for Canadian Interprofessional Competencies, this guide provides practical tips for helping students gain the most from interprofessional experiences. Please focus on: Section I, II, IV, and V.

### **Community Health Education: Living Well with Diabetes**

Tailoring a presentation to various audiences is a difficult skill and one that should be mastered as a community pharmacist. The resident will work with faculty and other health care providers as part of a team to present a diabetes education program at the Cincinnati Health Department (Living Well with Diabetes). Resident to meet with team at each of the interprofessional meetings (scheduled on Mondays at the Price Hill Clinic at 7:30am- date varies). At that time the resident will be involved in updating, creating, delivering and/or evaluating 1 program: preventing and treating acute and chronic complications of diabetes OR medications and self-monitoring. Each session is 2 hours long with time for Q&A. This information should be delivered using appropriate health literacy and cultural competence skills. Data must be collected to assess the effectiveness of the presentation

### **Advocacy:**

As part of this longitudinal experience, the resident will gain experience in being an advocate- both as learner and mentor/facilitator. The skills and techniques needed to be an advocate at the patient, provider, state and federal levels will be reviewed and refined.

Activities include:

1. Attend OPA legislative day both in the Fall and Spring semesters
2. Fall: attend to learn about advocacy, how to interact with our legislators and promote the view of the profession. Scheduled for early November, 2016
3. Spring: lead a group of pharmacy students in the activities conducted in the fall. Scheduled for early February.

### **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/ Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.

The resident must maintain a portfolio of ALL teaching including the information required of the TCP program. However, once those requirements are met- the resident should continue to document in this same format

**Goals and Objectives Related to the Academic Experience:**

<b><i>Outcome R2: Provide evidence-based, patient centered care and collaborate with other health care professional to optimize patient care</i></b>	Activity	Assessment	When: T and TE (Orien/Quarter)
Goal R2.1.3: Develop a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of patients	Developing and delivering educational materials to other health care professionals.	Feedback from preceptors/RPD	T- Q1, TE- Q3/4
<b><i>Outcome R3: Exercise leadership and practice management skills</i></b>	Activity	Assessment	When: T/TE
Goal R3.1: Exhibit essential personal skills of a practice leader.			
OBJ R3.1.1:(Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.	Attend seminars on educational topics as part of the Teaching Certificate Program	Portfolio for Teaching Certificate Program	T- all E- Q4
OBJ R3.1.4:(Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.	Serve as a role model to health professions students in all teaching situations	Evaluations from APPE/Interprofessional Experience students and TCP required requirements	T-all EQ2-3

<p>OBJ R3.1.6: Comprehension: Explain the role of pharmacists active engagement in the political and legislative process</p>	<p>OPA legislative Day-fall and spring</p>	<p>Reflections Direct observation (fall) Mentoring students (spring)</p>	<p>T- Q1 E-Q3</p>
<p>GOAL R3.2: Exhibit practice leadership in organizational and management activities.</p>			
<p>OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes</p>	<p>Participate in team discussions and decisions as it relates to the creation and delivery of educational materials and participate in Teaching Certificate Program</p>	<p>Discussions with team members</p>	<p>T-all E-Q2/3</p>
<p>OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal</p>		<p>Discussions with team members</p>	<p>T-all E-Q2-3</p>
<p>OBJ R3.2.3:(Application) Use group participation skills when leading or working as a member of a committee or informal work group.</p>		<p>Discussions with team members</p>	<p>T-all E-Q2-3</p>

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When: T/TE
Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.			
OBJ R5.1.1:(Application) Use effective educational techniques in the design of all educational activities.	Develop and/or modify instructional modules for teaching experiences at all levels: Health Professionals, pharmacists, Patients and community	Teaching Certificate Program portfolio and student, community evaluations of performance	T-all E-Q2/4
OBJ R5.1.2:(Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation	Develop and/or modify assessment strategies teaching experiences at all levels: Health Professionals, pharmacists, Patients and community		T-all E-Q2/4
OBJ R5.1.3(Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	Deliver instruction in a variety of teaching environments to gain experience in teaching in a variety of settings		T-all E-Q2/3
OBJ R5.1.4(Application) Use public speaking skills to speak effectively in large and small group situations	(e.g. one-on-one, large group lecture, group of 20, small group, etc.)		T-all E-Q2-3

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

## Primary Research Project Learning Experience Description

**Residency Preceptor Director:** Bethanne Brown, PharmD.

**Project Team:** Each residency site will have a designated project team consisting of RPD, one or two preceptors and select faculty from the College of Pharmacy who can add expertise in the area of research.

SVdP: RPD+ Rusty Curington PharmD, Mike Espel RPh

CHD: RPD+ Jon Burns PharmD, Patricia Wigle PharmD

FRHC: RPD+ Anne Metzger PharmD, Nicole Crase PharmD

MedManagers:

Resident 1: RPD+ Sue Paul RPh, Dan Healy PharmD

Resident 2: RPD + Chad Worz PharmD, Karissa Kim PharmD

The residency project is a longitudinal learning experience, beginning in July and continuing throughout the training year. Residents are expected to complete all project requirements within a prescribed timetable (see below).

Attendance at a research seminar will be required during the Orientation period or in the beginning of the project experience. This seminar will serve as an introduction to basic research methodology, and help the resident prepare for the research requirements of the project.

The project will be assigned to the resident by site based on the needs of the site for clinical services development. All projects are prospective in nature.

**Project Team:** Each resident will have a project team. Project team composition is described above. The resident will be primarily responsible for organizing the research project and calling project team meetings. The project team will be responsible for providing direct guidance and feedback for all components of the project. During the year, the resident will request team meetings as needed. Through these meetings and many individual interactions, members of the team will provide instruction, guidance and verbal/written feedback as appropriate. The resident will be responsible for leading and organizing the project team to accomplish required tasks.

**Leading a Team Meeting:** The resident will be responsible for leading the research team meetings. In order to facilitate this process it is important for the resident to do the following:

1. Know who is involved in projects/meetings: Identify all members of the research team and their areas of expertise (what do they bring to the team)
2. Gain insight on their level of involvement and background knowledge of the site- either by surveying the team or asking preceptors/RPD.
3. Assess previous meetings/projects to understand precedent – what has happened in the past, what are the expectations moving forward.
4. If unclear or receiving different information, clarify the expectations of the resident's roles at each meeting.
5. Create an agenda to help facilitate the meeting

6. Conduct an assessment- both self and with RPD after the meeting/project. How did it go, what can be improved upon.

Prior to the initial meeting only: working with RPD and preceptors, pick a proposed topic, complete a preliminary literature search, write the draft background (why is this topic important) and draft proposed research question to present to the research committee.

**Goals , Objectives Major Activities, and Products Related to Primary Project:**

Goals and Objectives	Q1	Q2	Q3	Q4
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>	X	X	X	X
<b>OBJ R4.1.1:(Synthesis) Identify a topic for a practice-related project of significance for community pharmacy.</b>	X			
Activity: <ol style="list-style-type: none"> <li>1. Conduct systematic literature search to refine project idea and provide background</li> <li>2. Review the identified practice related projects that meet criteria established for project by the residency program</li> <li>3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy</li> <li>4. Determine time table for development, implementation and evaluation</li> </ol>				
<b>OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project.</b>	X	X		
Activity: <ol style="list-style-type: none"> <li>1. Conduct systematic literature search to refine project idea and provide background</li> <li>2. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy</li> <li>3. Determine time table for development, implementation and evaluation</li> <li>4. Effectively organize and lead meetings with project team to ensure established deadlines are met</li> <li>5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team and UC/SVdP research committee</li> <li>6. Prepare and submit APhA or other grant application if applicable</li> <li>7. Complete and submit abstract and application to present poster at APhA Annual Meeting and Ohio Pharmacists Annual Meeting and podium presentation at Pharmacy Residency Conference (TBD)</li> <li>8. Work closely with project team to implement project plan</li> <li>9. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis</li> </ol>				
<b>OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one’s design of a practice-related project.</b>	X			
Activity: <ol style="list-style-type: none"> <li>1. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team.</li> <li>2. Complete IRB application and gain approval from all appropriate IRB boards.</li> </ol>				

OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.		X	X	
Activity: 1. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 2. Effectively organize and lead meetings with project team to ensure established deadlines are met 3. Work closely with project team to implement project plan				
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.			X	X
Activity: 1. Present project in various formats and before various audiences including, but not limited to, clinical and management staff, preceptors, and at local and national meetings				
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.				X
Activity: Prepare final, written manuscript in publishable format 1. Manuscript contains all elements (Background, Objectives, Methodology, Results, Discussion and Conclusion) in an organized, well written, and accurate fashion. 2. Manuscript is acceptable journal format				
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.				X
Activity: 2. Analyze and evaluate data appropriately				

**Evaluation:** Preceptors will provide verbal and written feedback during each phase of the project. Resident is responsible for providing team with adequate time to submit feedback in writing or verbally. Resident will save EACH draft of the work to BOX on this project to document progression in learning. Summary of residency project goals, objectives and typical schedule for formal points of evaluation is found below. Each project may have slight adjustments to the schedule outlined

**Presentation Expectations:** The resident will promote the residency and research at the following professional meetings:

1. UC Residency Showcase (Cincinnati, OH) – recruitment for residency
2. OSHP Residency Showcase (Columbus, OH) – recruitment for residency
3. ASHP Midyear Meeting (Las Vegas, NV) – recruitment for residency
4. APhA Midyear Meeting (San Francisco, CA) – research poster presentation
5. OPA Annual Conference (Columbus, OH) – research poster or podium presentation
6. Ohio Pharmacy Residency Conference (Ada, OH) – podium presentation

<b>Residency Project Timetable</b>	
<b>Additional deadlines will be added for project team meetings and project deadlines during each quarter. During year deadlines will be adjusted if needed to meet preceptor and resident availability.</b>	
<b>Date</b>	<b>Requirement</b>
	Completion of IRB training mandatory prior to first project team meeting. See Orientation Learning Experience Documentation
7/31/16	First Team Meeting by this date; Presentation of Project Ideas; Project Assigned
TBD	Research Seminar with Heidi Luder
Research Seminar-TBD	Develop research question, objectives, evaluation strategy, and outline; determine project timeline. Work with project preceptors and review previous resident projects for direction/examples.
8/14/2016	Draft #1- IRB including outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team.
8/14/2016-8/21/2016	Prepare Draft #1 of APhA Grant application. Grant is due in September. Check website for exact submission date: <a href="http://www.aphafoundation.org/incentive-grants">http://www.aphafoundation.org/incentive-grants</a>
8/21/16	Draft #1 APhA Grant Application DUE to Project Team
8/21/16-08/28/16	Revise IRB Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline and set additional drafts/meetings as determined by Project Team
8/28/2016	Final IRB: Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team
8/31/2016	SUBMIT IRB SVdP/MedManagers/FRHC- Submit ONLY to UC IRB CHD- Submit to CHD IRB first. Contact Dr. Camille Jones at <a href="mailto:Camille.jones@cincinnati-oh.gov">Camille.jones@cincinnati-oh.gov</a> . Once approved, submit to UC IRB.
8/31/2016	Begin preparation to initiate project as soon as IRB is approved
8/31/16-9/15/16	Develop a protocol from Outlines; Prepare APhA Abstract
9/4/16-9/15/16	Revise Grant Application and set additional drafts/meetings as determined by Project Team
9/11/16	Final Draft APhA Grant Application DUE to Project Team
9/18/16	Draft #1 research protocol and APhA Poster Abstract DUE to project team
9/18/16-9/25/16	Revise research protocol and APhA Poster abstract and set additional drafts/meetings as determined by Project Team
9/25/2016	Final Draft research Protocol and APhA abstract DUE to project team
End of September	Submit APhA Foundation Incentive Grant Application
10/1/16	Resident to submit APhA Abstract for Midyear poster presentation (due early October- <b>resident to confirm tentative dates</b> )
10/1/16- completion	Develop, implement, and evaluate project according to the project specific timeline. Report to project team through weekly resident activity reports.
2/12/17	Submit abstract to OPA for poster/podium presentation ( <b>resident to confirm tentative dates</b> )
2/29/17	Draft #1 Ohio Residency Conference Abstract DUE to project team for review
1/1/17 to 3/1/17	Start working on Poster for Presentation at APhA
3/1/17	Draft #1 APhA poster DUE to project team
3/1/17-3/10/17	Revise APhA poster and set additional drafts/meetings as determined by Project Team
3/17/17	Final Draft- APhA poster DUE to project team and UC for printing. APhA meeting 3/24 to 3/27
3/24/17 to 3/27/17	APhA (Poster Presentation), San Francisco, CA.
4/1/17	Ohio Pharmacy Residency Conference Abstract, Learning Objectives and CV Submission Due ( <b>resident to confirm tentative dates</b> )

4/15/17	Draft #1 OPRC slides DUE to Project Team
4/21/17-4/23/17	OPA (Poster/Podium Presentation)
4/15/17-4/28/17	Create and Practice OPRC presentation
4/28/17	Final OPRC slides DUE to Project Team
4/28/17	OPRC Presentation Upload Due ( <b>resident to confirm tentative dates</b> )
5/12/17	Ohio Pharmacy Residency Conference ( <b>resident to confirm tentative dates</b> )
5/16/17-06/01/17	Prepare manuscript using appropriate journal article format
06/01/17	Draft #1 Manuscript DUE to Project Team
06/01/17-06/17/17	Revise manuscript and set additional drafts/meetings as determined by Project Team
6/24/17	Deadline for Final Manuscript DUE to project team

Goals & Objectives	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b><i>Outcome R1: Manage and improve the medication-use process</i></b>					
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>					
OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.		TE-Q1/3	T-Q1 E-Q2/4		
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>					
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	T-Q1	T-Q1 E-Q3			
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.	T-Q1	T-Q1 E-Q3			
OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.		T-Q1 E-Q3			
OBJ R1.2.4: (Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.			T-Q1 E-Q3		
OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization's medication-use system with the objective of improving quality.		T-Q1 E-Q3			
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>					
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	T-Q1	TE-Q1			
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.	T-Q1	TE-Q1			
OBJ R1.3.3: (Application) Dispense medication products following the organization's policies and procedures.	T-Q1	TE-Q1			

OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.	T-Q1	TE-Q1			
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.	T-Q1	TE-Q1			

<i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>					
OBJ R2.1.1: (Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.			TE-Q1		
OBJ R2.1.2: (Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.			TE- Q3		
OBJ R2.1.3: (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.		TE-Q3	T-Q1 E-Q3 MD/RN snapshot	T-Q1 TE-Q3/4	
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>					
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>					
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	TE-Q1		TE-Q1		
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	T-Q1	TE-Q1/3	T-Q1 E-Q2		
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	T-Q1	TE-Q1/3	T-Q1 E-Q2		

OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	T-Q1	TE-Q1/3	T-Q1 E-Q2		
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>					
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.5: Design evidence-based monitoring plans for patients.</b>					
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan.</b>					
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.	T-Q1		T-Q1 E-Q2/4		

<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>					
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals			T-Q1 E-Q2/4		
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>					
OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization's policies and procedures.			TE-Q1		
OBJ R2.8.2: (Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.		E-Q1/3	T- Q1 E- Q3		
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.	T-Q1		TE Q1/Q2 RN snapshot		
OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	T-Q1		T-Q1 E- Q3		
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	T-Q1		T-Q1 E-Q3		
<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>					
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	T-Q1		T-Q1 E-Q3		
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.	T-Q1		T-Q1 E-Q3		

<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>					
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.			T-Q1 E-Q3		
<b>Goal R2.11: Document patient care activities appropriately.</b>					
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	T-Q1	TE-Q1	TE-Q1		
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	T-Q1	TE-Q1	TE-Q1		
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.	T-Q1		T-Q1 TE-Q2/4		

<i><b>Outcome R3: Exercise leadership and practice management skills.</b></i>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>					
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	T-Q1	TE-Q2/4		T-All E-Q4	
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	T-Q1	TE-Q2/4			
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	T-Q1	TE-Q4			
OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.		TE-Q4		T- all E Q2/3	
OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care		TE-Q3			
OBJ R3.1.6: (Comprehension) Explain the role and importance of pharmacist active engagement in the political and legislative process.				T-Q1 E-Q3	

<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>					
OBJ R3.2.1: (Synthesis) Participate in the pharmacy's planning processes		TE-Q4		T- all E Q2/3	
OBJ R3.2.2: (Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		TE-Q4		T- all E Q2/3	
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	T-Q1			T- all E Q2/3	
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	TE-Q1	TE-Q3			
OBJ R3.2.5: (Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.		T-Q1 E-Q4			
OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.		TE-Q2			
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	T-Q1	TE-Q4			
<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>					
OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.		TE-Q4			
OBJ R3.3.2: (Synthesis) Develop a business plan for a new service or an enhanced service, if applicable		T-Q3 E-Q4			
OBJ R3.3.3: (Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		T-All E-Q4			
OBJ R3.3.4: (Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		T-All E-Q4			
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.		TE-Q4			
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.		TE-Q4			

OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.		TE-Q4			
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.		TE-Q4			

<b><i>Outcome R4: Demonstrate project management skills.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>					
OBJ R4.1.1: (Synthesis) Identify a topic for a practice-related project of significance for community pharmacy					TE- Q1
OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project					T- Q1 TE- Q2
OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one's design of a practice-related project.					TE- Q1
OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.					TE- Q2 TE- Q3
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.					T- Q3 TE- Q4
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.					TE- Q4
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.					TE- Q4

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>					
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	T-Q1		T-Q1 E-Q3	T-all E-Q2/4	

OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.	T-Q1		TE- Q3 Diabetes education program team	T-all E-Q2/3	
OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).				T-all E-Q2/3	
OBJ R5.1.4 (Application) Use public speaking skills to speak effectively in large and small group situations.				T-all E-Q2/3	
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>					
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.		TE-Q2	TE-Q1/4		
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses		TE-Q2	TE-Q1/4		
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.		TE-Q2	TE-Q1/4		
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.		TE-Q2	TE-Q1/4		
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation		TE-Q2	TE-Q1/4		

<i>Outcome R6: Utilize medical informatics</i>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>					
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	TE- Q1	TE-Q1	TE- Q1		
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information		TE-Q1	TE- Q2		
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	TE- Q1	TE-Q1	T- Q1 TE- Q1		



# Five Rivers Health Centers

University of Cincinnati Community Based  
Pharmacy Residency Program

Five Rivers Health Centers

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

## Five Rivers Health Center Orientation

**Residency Director:** Bethanne Brown, Pharm.D.

**Preceptor:** Nicole Crase, PharmD  
Anne Metzger PharmD, BCPS, BCACP- Site Coordinator

**Other Health Care Professionals:**

TBD- will be determined at a later date

**Hours:** As determined by resident calendar

**Contact Information:** See contact information documents

**General Description**

Orientation is a required 1 to 2 month learning experience which will provide the resident an overview of the community pharmacy operations at each health department site. The resident will be involved in a UC orientation, residency orientation, teaching certificate program, and pharmacy orientation during this experience. The resident will also spend time at the College of Pharmacy for an orientation to teaching. This experience is designed to provide the baseline skills needed which will be further developed during the year-long residency experiences. The resident will interact with pharmacists, pharmacy technicians, pharmacy students, medical residents, nurses, physicians and other key providers.

The resident will be provided an orientation of the pharmacy services and computer systems as well as training of sufficient length to allow for comprehension of the system. The full length of training can vary and may be lengthened or shortened at the request of the preceptor or resident. The resident will be supervised initially by the preceptors, but then given more independence as skills are mastered.

This experience will help prepare the resident to practice as a member of the health care team and learn to manage the workflow of a community pharmacy, customer service and counseling.

**Preceptor Interaction**

Preceptors will be available during business hours of the pharmacy. If not immediately available, an alternate pharmacist will be identified who can be contacted to provide support if needed.

**Communication:**

- A. Daily meeting times: Set aside time to meet with your preceptor prior to the start of your scheduled time in the pharmacy. This check in will allow time for the communication of key issues related to the activities of the shift.
- B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
- C. Office/Cell phone: Appropriate for urgent questions pertaining to patient care. Refrain from personal cell phone use except on breaks.

This is an orientation experience. The length of time required for each activity will vary and will be customized based on resident's abilities and preceptors evaluation.

## **Evaluation Strategy**

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

## **Required readings/training**

1. IHI Open School Basic Certificate program found at:  
<http://app.ihl.org/lms/home.aspx?CatalogGUID=4cc435f0-d43b-4381-84b8-899b35082938>. Site registration is required and all 16 courses need to be completed by September 1, 2016.
2. Collaborative Practice Agreements:
  - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
  - b. OAC 4729-29: Consult Agreement found at:  
<http://www.pharmacy.ohio.gov/LawsRules/OAC.aspx>.
  - c. Ohio State Board of Pharmacy Guidance Document as of 4/30/2016 found at:  
<https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>
3. APhA Diabetes Certificate on-line pre-work and assessment.
  - a. To be completed in August
  - b. Upload certificate to BOX
4. Review ACIP guidelines for chronic disease state immunizations.
  - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>  
Focus on immunizations provided during vaccination days as well as Pneumococcal, Hep B and Influenza.
  - b. Upload APhA immunization certificate to Box
    - i. Upload your Basic Life Support Certificate to BOX
5. Policy and Procedures: ASHP, Residency Program, Site
  - a. FRHC- review all pharmacy Policy and Procedures - to be provided by preceptor.
    - i. Write a one-page reflection on importance of policies/procedures and what you feel is missing from the current documents.
    - ii. Update one policy- see preceptor for details
      1. Upload both documents (reflection and policy) to Box under Pharmacy Policy and Procedure Folder.

- b. ASHP: see ASHP Community Based Residency Standards and Intro to RLS- this will be reviewed during residency orientation on 7/1 and 7/5
  - c. For UC Community-Based Residency - see Box Residency Policy and Procedures
- 6. Review most recent guidelines the following disease states (all found on Box):
  - a. Diabetes- Standards of Care for Patients with Diabetes 2016 and Nutrition Recommendations for Patients with Diabetes
  - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
  - c. Asthma/COPD- GOLD guidelines, Asthma Guidelines.
- 7. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
- 8. Complete UC on-line training for HIPPA and Blood Borne Pathogens found at: [https://webcentral.uc.edu/cpd\\_online2/](https://webcentral.uc.edu/cpd_online2/). Upload certificates to Box.
- 9. Complete Five Rivers Health Centers Health Stream and HIPPA training- see site coordinator for details.
- 10. Meet with Fiver Rivers Health Centers compliance officer- Dr. Crase to set up.
- 11. Complete the University of Cincinnati Institutional Review Board training. Go to: <http://researchcompliance.uc.edu/HSR/IRB/Overview.aspx>., Click on Training Requirements (left side of screen), in the center of the page under CITI Training Instructions, click on UC Researchers- open file using Adobe Acrobat and follow the steps listed in this document and complete both biomedical and social behavioral training.
- 12. Complete OUTCOMES MTM/Mirixa training and add Fiver Rivers Health Centers pharmacies to account
  - a. See information sheet for OutcomesMTM found on Box
  - b. For Mirixa-see site coordinator
- 13. Participate in EPIC/QS1 training session with appropriate trainers. Date TBD
  - a. EPIC- two 4 hour blocks of time (see Dr, Metzger)
  - b. QS1- complete on-line modules (see Dr. Crase)
- 14. Participate in social determinants of health activities (7/5/15)
  - a. Bridges Out of Poverty
  - b. Playspent.com
- 15. Attend the research seminar given by faculty at the College of Pharmacy in August- TBD .
- 16. Review CLIA waiver requirements to understand the requirements 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>

17. Communication Skill Review (see Communication Skills folder):
  - a. Review Health Literacy- complete reading Health Literacy and Patient Safety: Help patients understand published by AMA foundation.
  - b. Phone conversations- how to discuss health topics over the phone
  - c. Investigative questioning/Medical Interviewing
  - d. Motivational Interviewing (MI) training:
    - i. To review this essential communication technique review the information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>.
    - ii. Then review the lecture slides and short Wall Street Journal article posted to Box.
    - iii. Participate in 1 hour review of technique with Dr. Brown on 7/1/15.
  - e. Adherence: reading posted on Box
  - f. Working with interpreters: view slide set and video posted to Box. Complete quiz and upload to Box
18. 340B training: Complete training and quiz. Upload quiz to Box.
  - a. Go to 340bpvp.com
  - b. Click on "Introduction to the 340B drug pricing program
  - c. Complete on-line work and quiz.
19. Complete 340BU on demand modules- upload certification of completion to BOX
20. Complete fraud/waste/abuse Medicare training. Take quiz and upload quiz results to Box
  - a. See Dr. Crase for URL.
21. Review pharmacy formulary at Five Rivers Health Centers. Gain understanding of the medications stocked and reasons for choices:
  - a. Read article titled: ASHP Guidelines on the P&T committee and the formulary system.
  - b. Review Five Rivers Formulary
  - c. Write one-page reflection – upload to BOX
22. Register for Pharmacists Letter- Directions can be found in the Academic and Teaching Learning Experience Document under Health Professions Students Teaching.
23. Complete Strengths Finder
  - a. Read the book and take the on-line assessment
  - b. Report your findings at residency committee meeting- no later than 7/29/16
  - c. Write reflection for the week on this activity

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able perform. These activities were also selected to help you work toward achieving specific objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal. Familiarize yourself with the objectives associated with each goal <http://www.ashp.org/DocLibrary/Accreditation/RTPCommunityCareGoalsObj2010.aspx>. Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

**Goals, Objectives and Activites Related to the Orientation (see Below)**

<i>Goals &amp; Objectives</i>	Activity	Assessment	When
<b><i>Outcome R1: Manage and improve the medication-use process</i></b>			
OBJ R1.2.1:(Comprehension) Explain the organization’s medication-use system and its vulnerabilities to adverse drug events (ADEs).	Read ISMP Improving Medication Safety in Community Pharmacy (See Below).Review and explain the sites medication use process and vulnerabilities for medication errors of each organization.	Verbal review with preceptor	T-Q1
OBJ R1.2.2:(Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization’s medication-use system.			T- Q1
Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization’s policies and procedures.			
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	Prepare medications and counsel patients following established policies and procedures of each pharmacy	Resident will be mentored by preceptors at pharmacy verbal feedback provided	T-Q1
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization’s policies and procedures.			
OBJ R1.3.3: (Application) Dispense medication products following the organization’s policies and procedures.			
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.			
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.			

<b><i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i></b>	Activity	Assessment	When
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Review training associated with Motivational Interviewing , Adherence, health literacy and how to work with interpreters	Resident will be evaluated by direct observation by preceptor and weekly written feedback	T- Q1
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Review patient assessment skills during orientation and training opportunities for Diabetes certificate	Achievement of certificates issued by APhA and check off of skills by RPD/preceptors	TE- Q1
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Training in TCC and CDTM clinics with Dr. Metzger	Review work completed by resident in Epic	T- Q1
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			T- Q1
OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient’s healthcare needs.			T- Q1

<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Training in TCC and CDTM clinics with Dr. Metzger	Review work completed by resident in Epic	T- Q1
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			T- Q1
<b>Goal R2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient’s medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Training in TCC and CDTM clinics with Dr. Metzger	Verbal feedback provided and Review work completed by resident in Epic	T- Q1
<b>Goal R2.6: Design patient education for a patient’s regimen and monitoring plan.</b>			
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient’s therapeutic plan, how to adhere to it, and the importance of adherence.	Training in TCC and CDTM clinics with Dr. Metzger	Review work completed by resident in Epic	T- Q1
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient’s medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			T- Q1

<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	Research and review collaborative practice agreements and participate in a discussion with preceptors. See required readings as a starting point.	Discussion- application will be later in residency.	T- Q1
OBJ R2.8.5: (Application) Use a working knowledge of the organization’s referral process to make any necessary patient referrals.	Shadow nurse practitioner, social worker and physician. Resident to write out referral process- upload to Box	Resident will write reflection of experience and post to Box	T- Q1
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	Review policies and procedures for dispensing and counseling of medications at each site. Record patient outcomes as appropriate.	Resident’s written work will be evaluated by preceptor in Epic/OutcomesMTM/ Mirixa	T- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			T- Q1
OBJ R2.11.3: (Application) Record patient outcomes according to the organization’s policies and procedures.			T- Q1

<b><i>Outcome R3: Exercise leadership and practice management skills.</i></b>	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Complete residency documentation training with RPD including: weekly resident activity report, drug information questions, Pharmacademic, and Box residency portfolio	Resident's work will be evaluated by either RPD or preceptor-feedback provided during orientation	T- Q1
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Complete the IHI Open School Basic Certificate of Completion. See <a href="http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx">http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx</a> . For full details. Maintain each certificate of completion in residency portfolio.	Completion of certificate program	T- Q1
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	In addition to APhA, join a professional organization of your choice, research committees of interest, join and actively participate, Maintain a journal of your participation in the residency portfolio	Discussions and reflective journals	T- Q1

<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	See IHI information above and Teaching Certificate Program	Completion of certificate program	T- Q1
OBJ R 3.2.4: (Synthesis): Integrate compliance with community practice accreditation, legal, regulatory and safety requirements into daily practice	Complete all training required by sites including but not limited to: HIPAA and Blood Borne Pathogens, BLS/CPR and Medicare Part D training. Upload certificates to Box.	Completion of program	TE-Q1
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	See IHI information above	Completion of certificate program	T- Q1

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>			
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	Attend a 2 day seminar on teaching at the COP and begin to develop a written teaching philosophy	Teaching portfolio	T- Q1
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.			T- Q1

<b><i>Outcome R6: Utilize medical informatics</i></b>	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Become proficient in regular pharmacy operations using available technology- QS1,Epic, and OUTCOMES/Mirixa MTM systems. Understand the security and patient protections required by law and by each site.	Direct observation by preceptors	TE- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Learn about the available resources at each site Facts and Comparisons, Pharmacists Letter, Medical Letter	Discussion with preceptors	TE- Q1

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Professional Staffing and Pharmacy Management- Five Rivers Health Centers (FRHC)

Residency Director: Bethanne Brown, Pharm.D.

Preceptors: Nicole Crase PharmD- Site Coordinator

### **Professional Staffing:**

The professional service/staffing experience is intended to provide advanced training and practice in traditional pharmacy dispensing and counseling services in the community pharmacy setting.

Residents will spend an overall average of 8 hours per week staffing the pharmacy. The staffing component may occur in blocks of time (ie for 1 week) or be spread out over the course of a month. The goal is for this component to be no more than 30% of your total time during this residency year (excluding orientation).

Modeling of this component will be completed during Orientation. The site coordinator will create an environment in which there is direct observation and continued coaching and facilitation of the resident as needed.

The staffing component will focus on patient counseling and dispensing. The goal of this experience is to gain experience and acceptance as a pharmacist practitioner.

### **Pharmacy Management:**

The pharmacy management portion of this learning experience is intended to provide advanced training and professional development for the purpose of managing pharmacy programs, including a community pharmacy and residency program. This experience is designed to provide an opportunity for the resident to practice leadership and management skills in the community pharmacy. The resident will gain experience in workflow and support staff management, as well as relationship building. Overall, the learning experience presents an opportunity for residents to learn skill sets and mechanisms needed to foster a culture of practice collaboration and integration throughout the pharmacy.

The primary preceptor will model, coach, and facilitate the behaviors associated with this experience throughout the residency year. Direct instruction, readings, and discussion will be included early in the residency year, and a reading list will be provided. The resident will need to be able to manage workflow and support staff while practicing in the pharmacy and initial focus will be around these skills. The resident will gradually be given more responsibilities associated with site management and integration as relationships, skills, and confidences develop. The Pharmacy Director/Primary Preceptor will arrange opportunities needed for resident professional growth, as well as provide feedback on performance.

The resident will be assigned management projects by the preceptor at the Fiver Rivers Health Centers. Time to complete these projects throughout the residency will be adjusted according to the type of project

and work load of the resident. In addition, documentation required for residency accreditation and activities for residency program development will be assessed by the RPD.

The goal of this experience is to gain the skills needed to be an effective and efficient patient care manager and/or pharmacy manager by the end of the residency. The resident will aim to practice at a level that can serve as a role model to other pharmacists and pharmacy students. This learning experience will focus on management skills needed to become a community pharmacy manager and preceptor in a community residency program. The goal is to gain experience as a manager of various pharmacy programs.

**Evaluation:**

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/PharmAcademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

2. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on an as needed basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
3. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to answer 1 drug information question in the weekly resident activity report.
4. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.

Outcome R1: Manage and improve the medication-use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Interview patients effectively to accurately gather, organize, and analyze patient specific information during dispensing and counseling activities Identify medication related problems Recommend solutions to identified problems to patient and/or patient's physician Prioritize problems Identify non-adherence	Verbal feedback through direct observation by preceptor	TE- Q1, Q3,
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	Based on orientation reading and pharmacy QI system, determine vulnerabilities in the medication-use system.	Participate in Five Rivers Health Center QI daily/quarterly reporting. Upload to Box	T- Q1 E- Q3 Possibly all to evaluate based on project

<p>OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.</p>	<p>Attend and report at quarterly P&amp;T committee meetings around quality and attend quality meetings as schedule allows.</p>	<p>Participate in Five Rivers Health Center QI daily/quarterly reporting</p>	<p>T-Q1 TE- Q3</p>
<p>OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.</p>			<p>TE- Q3</p>
<p>OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization's medication-use system with the objective of improving quality.</p>	<p>Analyze monthly data and discuss with pharmacy manager potential interventions</p>	<p>Write reflection on QI system improvements.</p>	<p>T-Q1 E-Q3- no later than</p>
<p><b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b></p>			
<p>OBJ R1.3.1:(Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.</p>	<p>Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers using QS1</p>	<p>Direct observation of the resident by pharmacy staff  Documentation of errors made  Self-reflection by resident</p>	<p>T- Q1  TE-Q1- \ Others- written summary of</p>

<p>OBJ R1.3.2:(Application) Prepare medications using appropriate techniques and following the organization’s policies and procedures.</p>	<p>Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers</p>	<p>Direct observation and feedback to resident by preceptor. Special attention paid to non-oral dosage forms- especially dosage forms which requires specific storage/mixing or instructions for use</p>	<p>T- Orientation- TE-Q1 All- Written Summary</p>
<p>OBJ R1.3.3(Application) Dispense medication products following the organization’s policies and procedures.</p>	<p>Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures</p>	<p>Review updated policy and procedures manual</p>	<p>T- Orientation- TE-Q1 All- written summary</p>
<p>OBJ R1.3.4:(Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.</p>	<p>Effectively counsel patients using appropriate health literacy, cultural competence and communication skills on new and refill medications</p>	<p>Direct observation and feedback to resident by preceptor</p>	<p>T- Orientation- TE-Q1- All written summary</p>
<p>OBJ R1.3.5:(Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.  *also possible during MTM sessions</p>	<p>Identify patients who may require additional assistance or other patient care services during counseling activities to improve patient outcomes.</p>	<p>Direct observation and feedback to resident by preceptor</p>	<p>T- Orientation- TE-Q1- All- written summary</p>

Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>			
OBJ R2.1.3:(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Communicate effectively and efficiently with pharmacy staff , physicians and other health care professionals involved with the care of the patient during dispensing and counseling activities	Preceptor to provide feedback on daily basis to resident. Thru examination of the individual relationship between the resident and a particular physician or health care provider with whom he or she interacts when fulfilling practice responsibilities through a combination of direct observation, anecdotal records, and interviews with staff Resident reflections Provider verbal feedback- RN/MA and MD	T- COP/FRHC TE- Q3

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	D&C activities at pharmacy  Interview patients effectively to accurately gather, organize, and analyze patient specific information during dispensing and counseling activities	Direct observation and feedback to resident by preceptor	T- Orientation  TE- Q1-  TE- Q3
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	•Identify medication related problems		
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	•Recommend solutions to identified problems to patient and/or patient's physician •Prioritize problems •Identify non-adherence		
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	Resident to use verbal teach back method during counseling session to determine effectiveness of educational intervention	Direct observation of resident by preceptor	TE- Q1,Q3-
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Resident to appropriately maintain per site guidelines	Review of resident documentation in OutcomesMTM. Upload OutcomesMTM report monthly to Box (intervention type only)	T- Orientation  TE- Q1-
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	Use OutcomesMTM to document patient encounters	Preceptors to review patient documentation completed by resident	T- Orientation  TE- Q1-

R3: Exercise Leadership and Practice Management Skills	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Document weekly reflections in resident activity report, document residency progress in PharmAcademic	Review of weekly activity log by preceptor and RPD	TE- Q2, Q4
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Reflective Journal Completion  Discussions with preceptor about ethical issues in practice that each has professionally encountered.	Review of reflective journal by preceptors/RPD  Attend Five Rivers Health Centers appropriate Meetings.	TE- Q2, Q4
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	Continue with association activities as determined in orientation.  Provide periodic reports documenting activities.	Document activities on Resident Activity Log	TE-Q4
OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.	Discussions with preceptors on how to be effective role models. Attend preceptor training offered by College.  Role model practice when mentoring PY4 students and leading: topic discussions, journal clubs, clinical updates or new drug talks.	PY4 student evaluations of resident as mentor	TE Q4-  Resident to precept PY4 students March, May and June

OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care	Track organization skills, maintaining Weekly Resident Activity Report	Observation of resident for meeting deadlines, reflective journals,	T- All TE- Q3
<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes	Participation in Five Rivers Health Centers management meetings –  1. P&T, 2. Quality Meeting- quarterly 3. Pharmacy monthly meeting with administration 4. Monthly 340B Calls	Documentation of resident's participation by writing up reflection about experiences or posting presentation documents.  Resident to present formulary additions to P&T committee	TE-Q4
OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal			
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	Understand role of HIPAA compliance officer, Revise Policy and Procedure manual in coordination with pharmacy manager.  Review ISMP monthly newsletter. Determine potential impact to FRHC-	Complete HIPAA training program at both sites (UC and Five Rivers)  Write reflection about meetings with compliance officer and impact of ISMP newsletter on pharmacy operations.	TE- Q3
OBJ R3.2.5:(Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.	Prioritize workflow to maintain maximum patient safety and customer service.	Direct observation and feedback (verbal and written) to resident by pharmacist/preceptor of resident performance	T- Orientation/Q1 E-Q4-

OBJ R3.2.6:(Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.	Review policies/procedures. Compare and apply during daily practice. Prioritize workflow to maintain maximum patient safety and customer service.		TE- Q2
OBJ R3.2.7:(Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	Homeless program- as it evolves the resident will be involved in key aspects this program	Preceptor/RPD to review documentation related to changes in program	TE-Q4
<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>	Activity	Assessment	
OBJ R3.3.1:(Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.	Revamping of MTM services	Review of grant application with preceptor	TE- Q4
OBJ R3.3.2:(Synthesis) Develop a business plan for a new service or an enhanced service, if applicable		Review formal business plan based on new service proposed by grant	T- Q3 E- Q4
OBJ R3.3.3:(Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		Provide feedback from presentation of new service to pharmacy and potentially upper management	T- All  E- Q4
OBJ R3.3.4:(Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		Successful implementation of business plan proposal	TE – Q4
OBJ R3.3.5:(Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.			
OBJ R3.3.6:(Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.			
OBJ R3.3.7:(Synthesis) Implement a new or enhanced service according to the business and marketing plans.			

OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.	Report final report- funding organization	Review of documentation from clinical service report to grant funding organization	TE- Q4
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Outcome R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	Log to serve as documentation of ability to answer DI questions appropriately.	Direct observation and review of DI log in weekly activity reports	TE- Q2
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

Outcome R6: Utilize medical informatics	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Discussion with pharmacist and updating policy and procedures	Preceptor review with resident both of security concerns and the ability of the systems to provide data for analysis.	TE- Q1
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information	Utilize QS1/Epic and reporting system to collect data for patient care initiatives	Review reports run by resident and appropriate application of data to practice	TE- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Utilize electronic resources to answer DI questions	Ability of resident to perform DI searches. Resident to document sources in Resident Activity Report	T- Q1 TE- Q1

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## Direct Patient Care- FRHC

**Preceptors:** Bethanne Brown PharmD, BCACP- Residency Preceptor Director  
Ann Metzger PharmD, BCPS - Site Coordinator  
Nicole Crase PharmD,

### **Description:**

This longitudinal experience will provide the resident with experience in both direct patient care and practice site management. These experiences begin in August, after orientation, and extend throughout the remainder of the training year.

**Direct Patient Care:** 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 resident will be integrated as part of a team of pharmacy personnel - technicians, support personnel and other pharmacists. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in the community pharmacy setting.

Direct patient care services may include: immunizations, health care screenings and point of care testing, medication therapy management (MTM), smoking cessation, diabetes coaching, heart healthy coaching, nutrition and weight management, and diabetes self- management education. The resident will participate in many of these services possibly under a collaborative practice agreement with the primary care physician.

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

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

## **Evaluation:**

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/PharmAcademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

5. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
6. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to submit to preceptor(s) 1 drug information question per week for review through weekly resident activity reports.
7. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.

Resident will maintain electronic log of collaborative efforts, interventions and referrals (both accepted and denied) initiated by the resident in an effort to improve patient care (being aware of HIPAA).

Resident will participate in QI activities related to the direct patient care experience.

R1: Manage and improve the medication use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1:(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Participation in direct patient care activities.	Verbal feedback through direct observation by preceptor	T- Q1 E- Q2/4
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.4:(Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.	Join the P&T and QI committees. P&T- class review/others QI- project TBD Attend PCMH meetings with clinic management connection for pharmacy	Review of P&T and QI work. PCMH meeting- reflection on activities within this committee	T- Q1 E-Q3

R2: Provide evidence-based, patient centered care and collaborate with other health care professionals to optimize patient care	Activity:Thursdays (1 day): CDTM/TCC. Homeless Clinic (1/2 day). Primary Care (1 day):	Assessment:	When
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>			
OBJ R2.1.1:(Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.	Resident to research, understand CPA and therapeutic interchange. Both Ohio law and for FRHC specifically. create an overview for nurses/medical residents to be given in July/Aug	Review presentation to residents	TE- Q1
OBJ R2.1.2:(Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.	Resident to create new CPA for FRHC based on needs (smoking cessation)	Review document created- P&T committee	TE- Q3
OBJ R2.1.3:(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Resident to spend 2.5 days/week with physician/RN/Pharmacist at various clinics	Provide verbal and written input to resident for evaluation purposes (SNAPSHOT). Resident reflections	T- Q1 E- Q3  RN/MD Snapshots
<b>Goal R2.2: Establish collaborative pharmacist-patientrelationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Resident to establish relationships with patients who are being seen for disease state management/ OutcomesMTM to provide patient centered care. Both in person appointments and on the phone follow-up calls. Using the modeling approach.	RPD to evaluate and provide feedback to resident on performance as needed. Review of EPIC documentation and observe patient interviews. Resident Reflections. All documentation will take place in EPIC- either MedRec or Disease state management	T-Q1  E-Q2/Q4

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1:(Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Skills Check will be conducted during Orientation to cover basic physical assessment skills for community.	Training will take place in orientation on 7/5. Review skills in clinic for final check. Review EPIC documentation	TE-Q1
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Disease state management at CHD to obtain thorough and accurate medication history through interview and available health information (EPIC).	See Clinical competency checklist	T- Q1  E- Q2/4
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	Resident to write comprehensive progress notes during/after patient encounters at each site.		
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	Determine and document Subjective, Objective and Assessment sections.		
<b>Goal R2.4:Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Disease state management. Resident to document appropriately during/after patient encounters at each site. Determine and document appropriate patient centered <u>Plan</u>	See Clinical competency checklist	T- Q1  E- Q2, Q4
OBJ R2.4.2:(Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			

<b>Goal R.2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient’s medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Disease state management. Resident document appropriately during/after patient encounters at each site. Determine and document appropriate patient centered <u>Plan</u>	See Clinical competency checklist	T- Q1  E- Q2, Q4
<b>Goal R2.6: Design patient education for a patient’s regimen and monitoring plan.</b>			
OBJ R2.6.1:(Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient’s therapeutic plan, how to adhere to it, and the importance of adherence.	Disease state management. Resident to document appropriately during/after patient encounters at each site. Determine and document appropriate patient centered <u>Plan</u>	See Clinical competency checklist	T- Q1  E- Q2, Q4
OBJ R2.6.2:(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient’s medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			
<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>			
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals	Resident to appropriately contact physicians/other health care professionals involved with patient care and document interactions using site determined protocol (EPIC).  Resident to contact physician for verbal consultation as needed. Forward patient chart through EPIC.	See Clinical competency checklist	T- Q1 E- Q2, Q4

<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.1:(Application) When appropriate, order or conduct tests according to the organization’s policies and procedures.	Resident to document when tests are ordered and appropriate using EPIC.	See Clinical competency checklist	TE- Q1
OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients’ needs and empower patients to become active participants in their care.	Resident to provide patient centered educational interventions. Document education provided to patient in EPIC. Review progress at patient follow-ups	See Clinical competency checklist	T- Q1 E- Q3
OBJ R2.8.3:(Complex Overt Response) When permissible, use skills to administer immunizations.	Provide Immunizations at FRHC during flu season under the supervision of an interprofessional team.	Training and skills check completed at Orientation	TE Q1/Q2 RN snapshot
OBJ R2.8.4:(Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	See FRHC CPA’s	Resident to document patient outcomes in EPIC. See Clinical competency checklist	T- Q1 E- Q3
OBJ R2.8.5: (Application) Use a working knowledge of the organization’s referral process to make any necessary patient referrals.	Orientation time with nutrition, SW, financial assistance at FRHC  MTM Interviews during/after patient encounters. Determine and document appropriate progress note (which included documentation of referral plan)	Reflection after each orientation with each provider. RPD will train resident/monitor resident’s ability to determine appropriate referrals through EPIC.	T-Q1  E-Q3

<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	Follow-up disease state management. Resident to monitor progress towards patient centered goals and modify therapeutic plan as needed.	RPD will train resident/monitor resident's ability to determine appropriate progress. Review documentation of disease state management program and OUTCOMES MTM reporting.	T-Q1 E- Q3
OBJ R2.9.2:(Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1:(Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Resident to maintain all patient interaction information within EPIC to ensure appropriate communication.	Utilize EPIC and care everywhere system as appropriate. See Clinical competency checklist	T- Q1 E- Q2/4
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.	Using EPIC for communication purposes	Epic training	T-Q1 TE- Q3
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Resident to document all patient outcomes per disease state management protocols.	See Clinical competency checklist	TE- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			TE- Q1
OBJ R2.11.3:(Application) Record patient outcomes according to the organization's policies and procedures.	Entry of activities into and EPIC	Resident to present disease state management outcomes to preceptor or healthcare team as appropriate.	T- Q1 TE- Q2/4

R5: Provide medication and practice-related information, education and/or training	Activity	Assessment	When
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	Resident Activity Report to serve as documentation of ability to answer DI questions appropriately.	Resident Activity Report to be reviewed weekly activity log by preceptors	TE- Q1/4
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

# University of Cincinnati Community Pharmacy Practice Residency Program in Underserved Populations

## ACADEMIC AND TEACHING EXPERIENCE- FIVE RIVERS HEALTH CENTERS

**Residency Director:** Bethanne Brown, Pharm.D, BCACP- Site Coordinator

**Teaching Mentors:** Bethanne Brown PharmD, BCACP – Pharmacy Practice II  
Karissa Kim PharmD, BCPS- Pharmacy Practice I, Health Literacy  
Anne Metzger, PharmD, BCPS- Case Studies

**Preceptors:** College:

Michael Doherty PharmD, BCACP-Advocacy, Michael Hegener, PharmD, BCACP- Skills Lab I/II  
Heidi Luder PharmD, MS,- OTC Course, Teresa Cavanaugh, PharmD, MS- Case Studies  
Nicole Avant PharmD- Pharmacy Practice II  
Site: Nicole Crase PharmD- Site Coordinator and Ambulatory Care Elective

### **General Description:**

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

### **Teaching Certificate Program**

To provide a theoretical foundation for teaching, the residents will complete a Teaching Certificate program at the College. This program consists of a 2-day orientation and periodic active learning based seminars on topics related to teaching and learning. Each session is mandatory in order to complete the program.

- a. Orientation: 2 day orientation in August- held at the College
  - ii. See calendar posted to BOX
- b. Other dates will be announced periodically during the academic year- attendance is mandatory.

### **Teaching Mentor:**

Each resident will be assigned a teaching mentor. This faculty member will be responsible for mentoring you as you gain experiences in all aspects of teaching:

Your responsibilities include:

1. Meet with teaching mentor prior to fall and spring semesters to discuss upcoming teaching experiences, time line for completion of drafts and concerns related to teaching
2. Provide mentor teaching schedule as soon as available to facilitate #3
3. Arrange for your teaching mentor to observe your teaching based on the type of experience
  - i. Skills Lab- observe first teaching session of a 4 week module
  - ii. Recitation- observe day 1 of recitation
  - iii. Lectures- observe all lectures

4. Meet with your teaching mentor/designee after the teaching experience observation to obtain immediate feedback.
5. Meet with your teaching mentor at the end of each semester to review progress towards teaching certificate and ways to improve.
6. Prior to end of the semester meeting with mentor, write a one-page reflection on your teaching experiences. Send to mentor one week in advance of the semester meeting.

## Overview of Teaching Experiences

### Pharmacy Student Teaching

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

**Skills Lab:** Each resident will teach three different learning modules per semester. Each resident will teach a learning module 4 times to different small groups of students. During the fall semester, the resident will be coached/mentored by your faculty teaching mentor. In the spring semester after the residents' small group teaching skills have been refined, they will be only coached on the first time teaching a new learning model.

During the teaching semester, residents will also be expected to function as a "module lead" where applicable in preparing the Skills Lab learning activities. This includes updating teaching materials based on new therapeutic information, developing and/or revising assessments, identifying supplies that may be needed for teaching, providing feedback to students on their performance, etc.

**Pharmacy Practice I/II(fall/spring):** This course provides PY1 students the foundational skills to care for patients. The skills taught in this course include communication skills (verbal, written, difficult situations and non-verbal), cultural competence, and basic physical assessment skills. Residents will provide teaching in both large group lectures and recitation.

**OTC Course (fall):** Residents will be involved in the OTC course and will create/update and deliver lectures and recitations.

**Case Studies (spring/fall):** Residents will be involved in Case Studies for both spring/fall. They will precept patient presentations by students 1 or 2 times per semester. Dates and times to be determined

**Fall:** Case studies I/III

**Spring:** Case studies II/IV

**Law(spring):** Residents will provide 1 lecture in the law course based on a topic related to their practice site. You may work with the Cincinnati Health Department Resident to complete this teaching

**Ambulatory Care Elective (spring):** Working with Dr. Crase, update and deliver the lecture on 340b in this elective.

The activities of the resident during the longitudinal academic component for pharmacy student teaching are cyclical based on the academic year. Below is an outline of expected progression of resident responsibility on this learning experience.

- July – August           Based on the learnings from TCP program, the resident will develop/revise various learning activities with guidance from their teaching mentor in the following courses: Case Studies, Pharmacy Practice I, Pharmacy Practice Skills Development II and OTC courses. Teaching load will be balanced and reflects needs of the College and interests of the resident
- August – Dec.           Resident will teach and be evaluated on presentation of lectures, recitations and Skills Lab modules by teaching mentor. Resident will write reflections on teaching activity specifically noting areas for future improvement.
- Dec – April              Resident to be assigned to teach and design/update assigned modules in Pharmacy Practice II, Pharmacy Practice Skills Development I, Case Studies and Pharmacy Practice II courses. Resident expected to demonstrate increased ability and confidence in teaching and facilitating small and large group discussions. Resident will write reflections on teaching activity specifically noting areas for future improvement. Teaching load will be balanced and reflect needs of the College and interests of the resident.

Time Commitment: Each lecture will need approximately 20 to 30 hours of preparation time at the beginning due to the newness of the skill. This will be reduced over time to approximately 8-10 hours per lecture. Each Skills Lab module will need approximately 20 hours of preparation time – from creation to delivery

### **Health Professions Teaching:**

Educating other health care professionals is an important skill the resident will practice during the residency year experience. The resident will be responsible for providing on-going education (live and written) to health professionals based on the needs of the clinics.

**Pharmacists:** Residents will create and deliver one continuing education (CE) presentation each to the pharmacists and technicians at Five Rivers Health Center. This CE presentation must meet ACPE standards for credit for both pharmacists and technicians (see Dr. Kelly Epplen/Laura Carnaghi for complete details). The presentation must be 45 minutes in length with 15 minutes for questions and answers. Topic of interest will be determined by consulting with site coordinator. Date for completion is 6/1/17.

**Greater Cincinnati Health Department Community:** Working with Dr. Nicole Crase, write, edit and submit 4 monthly newsletter articles for publication. See Dr. Crase for full details.

**Nursing Education:** Create and deliver 2 nurse education mini sessions for the nursing staff at FRHC Please work with your direct patient care preceptor and clinic nurse manager to determine logistics and topic of interest. Presentation must follow best practices for continue education. Deadline for completion is 6/1/2017.

Evaluations must be completed by your audiences for pharmacist/technicians for continuing education and for nursing education. Please upload these documents to Box.

## **Health Profession Student Mentoring:**

### **Advanced Pharmacy Practice Students:**

Mentoring APPE students is an important skill for any pharmacist to practice and gain experience. APPE student mentoring will begin in January and run thru June. As with other experiences, the resident will be guided/mentored initially and given more responsibility for the APPE experience over time. By March, the resident will be the preceptor on record.

~January -February	Direct observation and participation of preceptor with APPE students- including orientation, mid-point and final evaluations
March-June	Full responsibility for APPE students- orientation, project assignments, work flow descriptions, syllabus updating, mid-point and final evaluations.

### **Pre-Mentoring Training:**

Log into the Pharmacist Letter website and go to PL CE & training site. Under the heading Preceptor Home, Click Preceptor Training CE. Complete the appropriate questions (indicating precepting for University of Cincinnati only). Complete the following CE courses:

5. Precepting in the Community Pharmacy Part I
6. Precepting in the Community Pharmacy Part II
7. Precepting in the Community Pharmacy Part III
8. Others at your discretion.

Upload copy of the CE quiz documents to Box, Academic and Teaching Folder.

### **Access to PharmacistsLetter:**

Each resident will need to set up a University of Cincinnati Preceptor CE ID #. Your CE ID # will be automatically created and you'll be able to use it from any Internet-connected computer to access

Preceptor Training & Resource Network. **CLICK THIS LINK:**

[www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn)

(If you can't click the link, copy and paste this exact URL into your web browser address bar.) TIP: Bookmark or add this webpage to your "Favorites," so you can easily return to the Preceptor Training & Resource Network any time.

Here's how to access Preceptor Training & Resource Network any time in the future: Once you have set up your access, return to [www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn), enter your login information on the right side and click Login. You can also find this link on the UC experiential site using your preceptor log-in.

Need help? Contact Preceptor Training & Resource Network with questions. [preceptor@pletter.com](mailto:preceptor@pletter.com)

## **Interprofessional Health Professions Student Mentoring:**

Mentoring other health professions students is an important skill for all pharmacists as team based care becomes more prevalent within our health care system. Gaining this experience during the residency year, will allow the resident to gain the skills needed to mentor all types of health professions learners in the future. To fulfill this requirement, each resident will be working with both medical residents and medical students. The resident must create and present 4 topic discussions for medical students/resident in their clinic education forum throughout the residency year. Hours must be documented on the weekly activity log as Other (IPE). Training will be provided by your teaching mentor, pre-experience reading and on-site by other health professions faculty. At least twice during the year, use the IPE evaluation tool to ask IPE students to evaluate your mentoring ability. Upload to Box.

Pre-interprofessional student mentoring reading: Interprofessional Mentoring Guide. While written for Canadian Interprofessional Competencies, this guide provides practical tips for helping students gain the most from interprofessional experiences. Please focus on: Section I, II, IV, and V.

## **Community Health Education: Homeless Clinic Group Classes**

Tailoring a presentation to various audiences is a difficult skill and one that should be mastered as a community pharmacist. The resident will work with faculty and other health care providers as part of a team to create and present health related educational topics at the homeless program. See Dr. Crase for full details

## **Advocacy:**

As part of this longitudinal experience, the resident will gain experience in being an advocate- both as learner and mentor/facilitator. The skills and techniques needed to be an advocate at the patient, provider, state and federal levels will be reviewed and refined.

Activities include:

1. Attend OPA legislative day both in the Fall and Spring semesters

Fall: attend to learn about advocacy, how to interact with our legislators and promote the view of the profession. Scheduled for early November, 2016

Spring: lead a group of pharmacy students in the activities conducted in the fall. Scheduled for early February.

## **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/ Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of ALL teaching including the information required of the TCP program. However, once those requirements are met- the resident should continue to document in this same format.

**Goals and Objectives Related to the Academic Experience:**

<b><i>Outcome R2: Provide evidence-based, patient centered care and collaborate with other health care professional to optimize patient care</i></b>	Activity	Assessment	When: T and TE (Orien/Quarter)
Goal R2.1.3: Develop a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of patients	Developing and delivering educational materials to other health care professionals.	Feedback from preceptors/RPD	T- Q1, TE- Q3/4
<b><i>Outcome R3: Exercise leadership and practice management skills</i></b>	Activity	Assessment	When: T/TE
Goal R3.1: Exhibit essential personal skills of a practice leader.			
OBJ R3.1.1:(Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.	Attend seminars on educational topics as part of the Teaching Certificate Program	Portfolio for Teaching Certificate Program	T- all E- Q4
OBJ R3.1.4:(Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.	Serve as a role model to health professions students in all teaching situations	Evaluations from APPE/Interprofessional Experience students and TCP required requirements	T-all EQ2-3
OBJ R3.1.6: Comprehension: Explain the role of pharmacists active engagement in the political and legislative process	OPA legislative Day-fall and spring	Reflections Direct observation (fall) Mentoring students (spring)	T- Q1 E-Q3

GOAL R3.2: Exhibit practice leadership in organizational and management activities.			
OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes	Participate in team discussions and decisions as it relates to the creation and delivery of educational materials and participate in Teaching Certificate Program	Discussions with team members	T-all E-Q2/3
OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		Discussions with team members	T-all E-Q2-3
OBJ R3.2.3:(Application) Use group participation skills when leading or working as a member of a committee or informal work group.		Discussions with team members	T-all E-Q2-3

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When: T/TE
Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.			
OBJ R5.1.1:(Application) Use effective educational techniques in the design of all educational activities.	Develop and/or modify instructional modules for teaching experiences at all levels: Health Professionals, pharmacists, Patients and community	Teaching Certificate Program portfolio and student, community evaluations of performance	T-all E-Q2/4
OBJ R5.1.2:(Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation	Develop and/or modify assessment strategies teaching experiences at all levels: Health Professionals, pharmacists, Patients and community		T-all E-Q2/4
OBJ R5.1.3(Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	Deliver instruction in a variety of teaching environments to gain experience in teaching in a variety of settings (e.g. one-on-one, large group lecture, group of 20, small group, etc.)		T-all E-Q2/4
OBJ R5.1.4(Application) Use public speaking skills to speak effectively in large and small group situations			T-all E-Q2/4

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

## Primary Research Project Learning Experience Description

**Residency Preceptor Director:** Bethanne Brown, PharmD.

**Project Team:** Each residency site will have a designated project team consisting of RPD, one or two preceptors and select faculty from the College of Pharmacy who can add expertise in the area of research.

SVdP: RPD+ Rusty Curington PharmD, Mike Espel RPh

CHD: RPD+ Jon Burns PharmD, Patricia Wigle PharmD

FRHC: RPD+ Anne Metzger PharmD, Nicole Crase PharmD, Ana Hincapie PhD

MedManagers:

Resident 1: RPD+ Sue Paul RPh, Dan Healy PharmD

Resident 2: RPD + Chad Worz PharmD, Karissa Kim PharmD

The residency project is a longitudinal learning experience, beginning in July and continuing throughout the training year. Residents are expected to complete all project requirements within a prescribed timetable (see below).

Attendance at a research seminar will be required during the Orientation period or in the beginning of the project experience. This seminar will serve as an introduction to basic research methodology, and help the resident prepare for the research requirements of the project.

The project will be assigned to the resident by site based on the needs of the site for clinical services development. All projects are prospective in nature.

**Project Team:** Each resident will have a project team. Project team composition is described above. The resident will be primarily responsible for organizing the research project and calling project team meetings. The project team will be responsible for providing direct guidance and feedback for all components of the project. During the year, the resident will request team meetings as needed. Through these meetings and many individual interactions, members of the team will provide instruction, guidance and verbal/written feedback as appropriate. The resident will be responsible for leading and organizing the project team to accomplish required tasks.

**Leading a Team Meeting:** The resident will be responsible for leading the research team meetings. In order to facilitate this process it is important for the resident to do the following:

7. Know who is involved in projects/meetings: Identify all members of the research team and their areas of expertise (what do they bring to the team)
8. Gain insight on their level of involvement and background knowledge of the site- either by surveying the team or asking preceptors/RPD.
9. Assess previous meetings/projects to understand precedent – what has happened in the past, what are the expectations moving forward.
10. If unclear or receiving different information, clarify the expectations of the resident's roles at each meeting.
11. Create an agenda to help facilitate the meeting
12. Conduct an assessment- both self and with RPD after the meeting/project. How did it go, what can be improved upon.

Prior to the initial meeting only: working with RPD and preceptors, pick a proposed topic, complete a preliminary literature search, write the draft background (why is this topic important) and draft proposed research question to present to the research committee.

**Goals , Objectives Major Activities, and Products Related to Primary Project:**

Goals and Objectives	Q1	Q2	Q3	Q4
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>	X	X	X	X
<b>OBJ R4.1.1:(Synthesis) Identify a topic for a practice-related project of significance for community pharmacy.</b>	X			
Activity: 5. Conduct systematic literature search to refine project idea and provide background 6. Review the identified practice related projects that meet criteria established for project by the residency program 7. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 8. Determine time table for development, implementation and evaluation				
<b>OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project.</b>	X	X		
Activity: 10. Conduct systematic literature search to refine project idea and provide background 11. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 12. Determine time table for development, implementation and evaluation 13. Effectively organize and lead meetings with project team to ensure established deadlines are met 14. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team and UC/SVdP research committee 15. Prepare and submit APhA or other grant application if applicable 16. Complete and submit abstract and application to present poster at APhA Annual Meeting and Ohio Pharmacists Annual Meeting and podium presentation at Pharmacy Residency Conference (TBD) 17. Work closely with project team to implement project plan 18. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis				
<b>OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one’s design of a practice-related project.</b>	X			
Activity: 3. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team. 4. Complete IRB application and gain approval from all appropriate IRB boards.				
<b>OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.</b>		X	X	

Activity: 4. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 5. Effectively organize and lead meetings with project team to ensure established deadlines are met 6. Work closely with project team to implement project plan				
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.			X	X
Activity: 2. Present project in various formats and before various audiences including, but not limited to, clinical and management staff, preceptors, and at local and national meetings				
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.				X
Activity: Prepare final, written manuscript in publishable format 3. Manuscript contains all elements (Background, Objectives, Methodology, Results, Discussion and Conclusion) in an organized, well written, and accurate fashion. 4. Manuscript is acceptable journal format				
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.				X
Activity: 3. Analyze and evaluate data appropriately				

**Evaluation:** Preceptors will provide verbal and written feedback during each phase of the project. Resident is responsible for providing team with adequate time to submit feedback in writing or verbally. Resident will save EACH draft of the work to BOX on this project to document progression in learning. Summary of residency project goals, objectives and typical schedule for formal points of evaluation is found below. Each project may have slight adjustments to the schedule outlined

**Presentation Expectations:** The resident will promote the residency and research at the following professional meetings:

7. UC Residency Showcase (Cincinnati, OH) – recruitment for residency
8. OSHP Residency Showcase (Columbus, OH) – recruitment for residency
9. ASHP Midyear Meeting (Las Vegas, NV) – recruitment for residency
10. APhA Midyear Meeting (San Francisco, CA) – research poster presentation
11. OPA Annual Conference (Columbus, OH) – research poster or podium presentation
12. Ohio Pharmacy Residency Conference (Ada, OH) – podium presentation

<b>Residency Project Timetable</b>	
<b>Additional deadlines will be added for project team meetings and project deadlines during each quarter. During year deadlines will be adjusted if needed to meet preceptor and resident availability.</b>	
<b>Date</b>	<b>Requirement</b>
	Completion of IRB training mandatory prior to first project team meeting. See Orientation Learning Experience Documentation
7/31/16	First Team Meeting by this date; Presentation of Project Ideas; Project Assigned
TBD	Research Seminar with Heidi Luder
Research Seminar-TBD	Develop research question, objectives, evaluation strategy, and outline; determine project timeline. Work with project preceptors and review previous resident projects for direction/examples.
8/14/2016	Draft #1- IRB including outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team.
8/14/2016-8/21/2016	Prepare Draft #1 of APhA Grant application. Grant is due in September. Check website for exact submission date: <a href="http://www.aphafoundation.org/incentive-grants">http://www.aphafoundation.org/incentive-grants</a>
8/21/16	Draft #1 APhA Grant Application DUE to Project Team
8/21/16-08/28/16	Revise IRB Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline and set additional drafts/meetings as determined by Project Team
8/28/2016	Final IRB: Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team
8/31/2016	SUBMIT IRB SVdP/MedManagers/FRHC- Submit ONLY to UC IRB CHD- Submit to CHD IRB first. Contact Dr. Camille Jones at <a href="mailto:Camille.jones@cincinnati-oh.gov">Camille.jones@cincinnati-oh.gov</a> . Once approved, submit to UC IRB.
8/31/2016	Begin preparation to initiate project as soon as IRB is approved
8/31/16-9/15/16	Develop a protocol from Outlines; Prepare APhA Abstract
9/4/16-9/15/16	Revise Grant Application and set additional drafts/meetings as determined by Project Team
9/11/16	Final Draft APhA Grant Application DUE to Project Team
9/18/16	Draft #1 research protocol and APhA Poster Abstract DUE to project team
9/18/16-9/25/16	Revise research protocol and APhA Poster abstract and set additional drafts/meetings as determined by Project Team
9/25/2016	Final Draft research Protocol and APhA abstract DUE to project team
End of September	Submit APhA Foundation Incentive Grant Application
10/1/16	Resident to submit APhA Abstract for Midyear poster presentation (due early October- <b>resident to confirm tentative dates</b> )
10/1/16- completion	Develop, implement, and evaluate project according to the project specific timeline. Report to project team through weekly resident activity reports.
2/12/17	Submit abstract to OPA for poster/podium presentation ( <b>resident to confirm tentative dates</b> )
2/29/17	Draft #1 Ohio Residency Conference Abstract DUE to project team for review
1/1/17 to 3/1/17	Start working on Poster for Presentation at APhA
3/1/17	Draft #1 APhA poster DUE to project team
3/1/17-3/10/17	Revise APhA poster and set additional drafts/meetings as determined by Project Team
3/17/17	Final Draft- APhA poster DUE to project team and UC for printing. APhA meeting 3/24 to 3/27
3/24/17 to 3/27/17	APhA (Poster Presentation), San Francisco, CA.
4/1/17	Ohio Pharmacy Residency Conference Abstract, Learning Objectives and CV Submission Due ( <b>resident to confirm tentative dates</b> )

4/15/17	Draft #1 OPRC slides DUE to Project Team
4/21/17-4/23/17	OPA (Poster/Podium Presentation)
4/15/17-4/28/17	Create and Practice OPRC presentation
4/28/17	Final OPRC slides DUE to Project Team
4/28/17	OPRC Presentation Upload Due ( <b>resident to confirm tentative dates</b> )
5/12/17	Ohio Pharmacy Residency Conference ( <b>resident to confirm tentative dates</b> )
5/16/17-06/01/17	Prepare manuscript using appropriate journal article format
06/01/17	Draft #1 Manuscript DUE to Project Team
06/01/17-06/17/17	Revise manuscript and set additional drafts/meetings as determined by Project Team
6/24/17	Deadline for Final Manuscript DUE to project team

UC COP Community Pharmacy Based Residency in Underserved Communities

Table Goals & Objectives/ Learning Experiences 2016-2017

Goals & Objectives	Orientation	Staffing/ Mgmt	Direct Patient Care	Teachin g	Research Project
<b><i>Outcome R1: Manage and improve the medication-use process</i></b>					
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>					
OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.		TE-Q1/3	T-Q1 E-Q2/4		
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>					
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	T-Q1	T-Q1 E-Q3			
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.	T-Q1	T-Q1 E-Q3			
OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.		TE-Q3			
OBJ R1.2.4: (Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.			T-Q1 E-Q3		
OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization's medication-use system with the objective of improving quality.		T-Q1 E-Q3			
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>					
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	T-Q1	TE-Q1			
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.	T-Q1	TE-Q1			

OBJ R1.3.3: (Application) Dispense medication products following the organization's policies and procedures.	T-Q1	TE-Q1			
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.	T-Q1	TE-Q1			
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.	T-Q1	TE-Q1			

<b><i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>					
OBJ R2.1.1: (Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.			TE-Q1		
OBJ R2.1.2: (Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.			TE-Q3		
OBJ R2.1.3: (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.		TE-Q3	TE-Q3 MD/RN snapshot	T-a1 TE- Q3/4	
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>					
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>					
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	TE-Q1		TE-Q1		
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	T-Q1	T-Q1 E-Q3	T-Q1 E-Q2/4		
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	T-Q1	T-Q1 E-Q3	T-Q1 E-Q2/4		

OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	T-Q1	T-Q1 E-Q3	T-Q1 E-Q2/4		
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>					
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.5: Design evidence-based monitoring plans for patients.</b>					
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan.</b>					
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.	T-Q1		T-Q1 E-Q2/4		

<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>					
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals			T-Q1 E-Q2/4		
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>					
OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization's policies and procedures.			TE-Q1		
OBJ R2.8.2: (Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.		TE-Q1/3	T- Q1 E- Q3		
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.			TE Q1/Q2 RN snapshot		
OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	T-Q1		T-Q1 E- Q3		
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	T-Q1		T-Q1 E-Q3		
<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>					
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.			T-Q1 E-Q3		
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			T-Q1 E-Q3		

<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>					
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.			T-Q1 E-Q2/4		
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.			T-Q1 E-Q3		
<b>Goal R2.11: Document patient care activities appropriately.</b>					
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	T-Q1	TE-Q1	TE-Q1		
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	T-Q1	TE-Q1	TE-Q1		
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.	T-Q1		T-Q1 E-Q2/4		

<b><i>Outcome R3: Exercise leadership and practice management skills.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>					
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	T-Q1	TE-Q2/4		T-All E-Q4	
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	T-Q1	TE-Q2/4			
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	T-Q1	TE-Q4			
OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.		TE-Q4		T- all E Q2/3	
OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care		TE-Q3			
OBJ R3.1.6: (Comprehension) Explain the role and importance of pharmacist active engagement in the political and legislative process.				T-Q1 E-Q3	

<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>					
OBJ R3.2.1: (Synthesis) Participate in the pharmacy's planning processes		TE-Q4		T- all E Q2/3	
OBJ R3.2.2: (Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		TE-Q3		T- all E Q2/3	
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	T-Q1			T- all E Q2/3	
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	TE-Q1	TE-Q3			
OBJ R3.2.5: (Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.		T-Q1 E-Q4			
OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.		TE-Q2			
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	T-Q1	TE-Q4			
<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>					
OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.		TE-Q4			
OBJ R3.3.2: (Synthesis) Develop a business plan for a new service or an enhanced service, if applicable		T-Q3 E-Q4			
OBJ R3.3.3: (Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		T-All E-Q4			
OBJ R3.3.4: (Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		T-All E-Q4			
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.		TE-Q4			
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.		TE-Q4			

OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.		TE-Q4			
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.		TE-Q4			

<b><i>Outcome R4: Demonstrate project management skills.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>					
OBJ R4.1.1: (Synthesis) Identify a topic for a practice-related project of significance for community pharmacy					TE- Q1
OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project					T- Q1 TE- Q2
OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one's design of a practice-related project.					TE- Q1
OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.					TE- Q2 TE- Q3
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.					T- Q3 TE- Q4
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.					TE- Q4
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.					TE- Q4

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>					
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	T-Q1			T-all E- Q2/4	
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.	T-Q1			T-all E- Q2/4	

OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).				T-all E- Q2/4	
OBJ R5.1.4 (Application) Use public speaking skills to speak effectively in large and small group situations.				T-all E- Q2/4	
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>					
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.		TE-Q2	TE-Q1/4		
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses		TE-Q2	TE-Q1/4		
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.		TE-Q2	TE-Q1/4		
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.		TE-Q2	TE-Q1/4		
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation		TE-Q2	TE-Q1/4		
<b><i>Outcome R6: Utilize medical informatics</i></b>	Orientati on	Staffing/ Mgmt	Direct Patient Care	Teach ing	Research Project
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>					
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	TE- Q1	TE-Q1			
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information		TE-Q1			
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	TE- Q1	TE-Q1			



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

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

## Orientation at Medication Managers/LifeLine

**Residency Director:** Bethanne Brown, Pharm.D, BCACP

**Preceptors:** Danielle Dobek- MM  
Rick Hytree- MM  
Chad Worz-MM  
Craig Stiens- Site Coordinator- MedManagers (MM)  
Jodi Hoffman- Site Coordinator LifeLine (LL)  
John Wright- LL

### **General Description**

Orientation is a required 1 to 2 month learning experience which will provide the resident an overview and training for the upcoming residency year. The resident will be required to attend the University of Cincinnati new employee orientation and participate in residency-specific orientation, teaching certificate program, pharmacy staffing and management and consulting orientation. This experience is designed to provide the baseline skills needed which will be further developed during the year-long residency experiences. The resident will interact with a variety of professionals including: pharmacists, pharmacy technicians, pharmacy students, and other health care professionals.

The resident will be provided an orientation of the pharmacy services and computer systems as well as training of sufficient length to allow for comprehension of the systems for each residency role. The full length of training can vary and may be lengthened or shortened at the request of the preceptor and/or resident with the approval of all involved (including RPD). The resident will be supervised initially by the preceptors, but then given more independence as skills are mastered.

This experience will help prepare the resident to practice as a member of the health care team and learn to manage the workflow of a long term care pharmacy and consulting services

### **Preceptor Interaction**

Preceptors will be available during business hours of the pharmacy and as needed. If not immediately available, an alternate pharmacist will be identified who can be contacted to provide support if needed.

### **Communication:**

- A. Daily meeting times: Set aside time to meet with your preceptor prior to the start of your scheduled time in the pharmacy or visit to the facility. This check in will allow time for the communication of key issues related to the activities of the shift.
- B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
- C. Office/Cell phone: Appropriate for urgent questions pertaining to patient care.

This is an orientation experience. The length of time required for each activity will vary and will be customized based on resident's abilities and preceptor's evaluation.

### **Evaluation Strategy**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.
- 

### **Required readings/training**

1. IHI Open School Basic Certificate program found at;  
<http://app.ihi.org/lms/home.aspx?CatalogGUID=4cc435f0-d43b-4381-84b8-899b35082938>. Site registration is required and all 16 courses need to be completed by September 1, 2016.
2. Collaborative Practice Agreements:
  - a. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on Box.
  - b. OAC 4729-29: Consult Agreement found at:  
<http://www.pharmacy.ohio.gov/LawsRules/OAC.aspx>.
  - c. Ohio State Board of Pharmacy Guidance Document as of 4/30/2016 found at:  
<https://pharmacy.ohio.gov/Documents/Pubs/Special/Consult/Pharmacist%20Consult%20Agreement%20with%20Physicians.pdf>.
3. APhA Diabetes Certificate on-line pre-work and assessment.
  - a. To be completed in August
  - b. Upload certificate to BOX
4. Review ACIP guidelines for chronic disease state immunizations.
  - a. CDC website: <http://www.cdc.gov/vaccines/hcp/acip-recs/>
    1. Focus on Pneumococcal and Influenza.
  - b. Upload APhA immunization certificate to Box
    1. Upload your BLS certification as well to BOX

5. Communication Skill Review (see Communication Skills folder):
  - a. Review Health Literacy- complete reading Health Literacy and patient Safety: Help patients understand published by AMA foundation
  - b. Motivational Interviewing (MI) training:
    - i. To review this essential communication technique review the information found on this web site: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>
    - ii. Then review the lecture slides and short Wall Street Journal article posted to Box.
    - iii. Participate in 1 hour review of technique with Dr. Brown on 7/1/16.
  - c. Adherence: reading posted on Box
6. Policy and Procedures: ASHP, Residency Program and Site.
  - a. ASHP: see ASHP Community Based Residency Standards and Intro to RLS- this will be reviewed during residency orientation on 7/1 and 7/5
  - b. For UC Community-Based Residency - see Box Residency Policy and Procedures
  - c. For Med Managers- see site coordinator
7. Attend the research seminar given by faculty at the College of Pharmacy in August.
8. Review most recent guidelines the following disease states (all found on Box):
  - a. Diabetes- Standards of Care for Patients with Diabetes 2016 and Nutrition Recommendations for Patients with Diabetes
  - b. CV risk factors: Hypertension, Hyperlipidemia - JNC8, AHA lipid guidelines
  - c. Psychiatric Disorders including: Depression, BiPolar and Schizophrenia
  - d. Asthma/COPD- GOLD guidelines, Asthma Guidelines
  - e. Beers Criteria
  - f. Clinical Practice Guidelines for Quality Palliative Care
    - i. Alzheimer Disease
9. Review ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found on BOX or at: <http://www.safetynetrx.ca/resources/ISMP-US%20Assess%20Err%20Manual.pdf>.
  - a. Review and be able to apply do not crush list- found on BOX
  - b. Conduct as a team the Community Self- Assessment. Due date is 9/1/2016.
10. State Operations Manual for Long Term Care Pharmacy- from CMS found on BOX
  - a. Appendix PP- Guidance for surveyors for LCT facilities focusing only on:
    1. 483.25(1), (m), (n):
    2. 483.60 (a-e):
    3. 483.65 (a-c):
11. Complete UC on-line training for HIPAA and Blood Borne Pathogens found at: [https://webcentral.uc.edu/cpd\\_online2/](https://webcentral.uc.edu/cpd_online2/). Upload certificates to Dropbox.
12. Complete the University of Cincinnati Institutional Review Board training. Go to: <http://researchcompliance.uc.edu/HSR/IRB/Overview.aspx>., Click on Training Requirements (left side of screen), in the center of the page under CITI Training Instructions, click on UC Researchers- open file using Adobe Acrobat and follow the steps listed in this document and complete both biomedical and social behavioral training.

13. Review CLIA waiver requirements and determine the status in regards to compliance with these rules/regulations. This information can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>
14. Complete Strengths Finder
  - a. Read the book and take the on-line assessment
  - b. Report your findings at residency committee meeting- no later than 7/29/16
  - c. Write reflection for the week on this activity.
15. Participate in social determinants of health activities (7/5/15)
  - a. Bridges Out of Poverty
  - b. Playspent.com
16. Attend meetings as needed

**Goals, Objectives and Activities Related to the Orientation (see Below)**

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able perform. These activities were also selected to help you work toward achieving specific objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal.

Familiarize yourself with the objectives associated with each goal: <http://www.ashp.org/DocLibrary/Residents/PGY1-Community-Based-Pharmacy-Standard.pdf>. Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

<i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i>	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other health care practitioners involved in the care of the patient</b>			
OBJ 2.1.3: (synthesis) Implement a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of the patient	Resident to connect with providers/nurses at CQI/QA meetings at each assigned home.	Resident will write reflection based on experiences with each profession.	T-Q1
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Review training associated with Motivational Interviewing and Adherence during orientation	Resident will be evaluated by direct observation by preceptor	T- Q1

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Participate in College of Pharmacy orientation/training and APhA Diabetes certificate program	Skills Check completed by faculty mentors at College of Pharmacy	TE- Q1
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy			T- Q1
OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			T- Q1
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>			
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, which meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and non- medication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.			T- Q1

<b>Goal R.2.5: Design evidence-based monitoring plans for patients.</b>			
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient’s medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1
<b>Goal R2.6: Design patient education for a patient’s regimen and monitoring plan.</b>			
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient’s therapeutic plan, how to adhere to it, and the importance of adherence.	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient’s medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			T- Q1
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.	Review AICP guidelines	Discuss guidelines with preceptor during Medication Regimen Reviews	T- Q1

OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	Resident to orient with preceptor on formulary process during orientation at LifeLine	Preceptor to provide feedback to resident, assign formulary projects as needed.	T- Q1
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	Training in Medication Regimen Review with preceptor at site.		T- Q1
<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			T- Q1
<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1

<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	Training in Medication Regimen Review with preceptor at site.	Preceptor to mentor resident during orientation and provide feedback both verbal and written	T- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			T- Q1
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.			T- Q1

Goals & Objectives	Activity	Assessment	When
<b><i>Outcome R1: Manage and improve the medication-use process</i></b>			
<b>R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.1:(Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	Read ISMP Improving Medication Safety and do not crush lists. Review and explain the sites medication use process and vulnerabilities for medication errors with preceptors	Verbal review with pharmacist	T-Q1
OBJ R1.2.2:(Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.			T- Q1
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>			
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	Prepare medications following established policies and procedures of site	Resident will be mentored by preceptors - given more responsibility as proficiency is obtained	T-Q1
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.			T- Q1
OBJ R1.3.3: (Application) Dispense medication products following the organization's policies and procedures.			T-Q1
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.			T- Q1
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.			T-Q1

<b><i>Outcome R3: Exercise leadership and practice management skills.</i></b>	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Complete residency documentation training with RPD including: weekly resident activity report, drug information questions, Pharmacademic, and Box residency portfolio	Resident's work will be evaluated by preceptor-feedback provided during orientation	T- Q1
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	Complete the IHI Open School Basic Certificate of Completion. See <a href="http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx">http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/OpenSchoolCertificates.aspx</a> . For full details. Maintain each certificate of completion in residency portfolio. Complete IRB training.	Completion of certificate program	T- Q1
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	Join ASCP. Rresearch committee of interest, join this committee, and actively participate, Maintain a journal of your participation in the residency portfolio	Discussions and reflective journals	T- Q1
<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	See IHI information above	Completion of certificate program	T- Q1

OBJ R 3.2.4: (Synthesis): Integrate compliance with community practice accreditation, legal, regulatory and safety requirements into daily practice	Complete all training required by sites including by not limited to: HIPAA and Blood Borne Pathogens. Upload certificates to Box.  Read Standard Operations Manual document sections assigned	Complete program  Discussion with preceptors.	T-Q1
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	See IHI information above	Completion of certificate program	T- Q1

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>			
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	Attend a 2 day seminar on teaching at the COP and begin to develop a written teaching philosophy	Teaching portfolio	T- Q1
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.			T- Q1

<i>Outcome R6: Utilize medical informatics</i>	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Become proficient in regular pharmacy operations using available technology. BlueWave, Point, Click, Care-Consulting LifeLine- Docutrack and Frameworks	Direct observation by preceptors	TE- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Learn about the available resources at each site	Discussion with preceptors	TE- Q1

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

## Professional Staffing and Pharmacy Management- MedManagers/LifeLine

Residency Director: Bethanne Brown, Pharm.D.

Preceptors:

Jody Hoffman RPh, PharmD- Site Coordinator

John Wright, PharmD- Preceptor

**Professional Staffing:**

The professional service/staffing experience is intended to provide advanced training and practice in traditional pharmacy dispensing and counseling services in the community-based pharmacy setting. Residents will spend an average of 10 hours per week participating in dispensing and consultation services with other health care professionals.

Modeling of this component will be completed during Orientation. The primary preceptor will create an environment in which there is direct observation and continued coaching and facilitation of the resident as needed.

The staffing component will focus on patient counseling and consultation skills. The goal of this experience is to gain experience and acceptance as a pharmacist practitioner.

**Pharmacy Management:**

The pharmacy management portion of this learning experience is intended to provide advanced training and professional development for the purpose of managing pharmacy programs, including a long term care pharmacy and Advanced Student Training programs. This experience is designed to provide an opportunity for the resident to practice leadership and management skills in the long term care pharmacy. The resident will gain experience in workflow and support staff management, as well as relationship building. Overall, the learning experience presents an opportunity for residents to learn skill sets and mechanisms needed to foster a culture of practice collaboration and integration throughout the pharmacy.

The primary preceptor will model, coach, and facilitate the behaviors associated with this experience throughout the residency year. Direct instruction, readings, and discussion will be included early in the residency year, and a reading list will be provided. The resident will need to be able to manage workflow and support staff while practicing in the pharmacy and initial focus will be around these skills. The resident will gradually be given more responsibilities associated with site management and integration as relationships, skills, and confidence develop. The Pharmacy Site Coordinator/Primary Preceptor will arrange opportunities needed for resident professional growth, as well as provide feedback on performance.

The resident will be assigned management projects by the preceptor at LifeLine/MedManagers. Time to complete these projects throughout the residency will be adjusted according to the type of project and work load of the resident. In addition, documentation required for residency accreditation and activities for residency program development will be assessed by the RPD.

The goal of this experience is to gain the skills needed to be an effective and efficient patient care manager and/or pharmacy manager by the end of the residency. The resident will aim to practice at a level that can serve as a role model to other pharmacists and pharmacy students. This learning experience will focus on management skills needed to become a community-based pharmacy manager and preceptor in a community-based residency program.

**Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation. The resident and the preceptor will then compare and discuss the evaluations. 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/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on an as needed basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to answer 1 drug information question in the weekly resident activity report.
3. The resident must maintain a reflective journal of experiences at each site. Preceptors will review resident's reflections regarding patient encounters on a periodic basis.

Outcome R1: Manage and improve the medication-use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1:(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	Understanding and applying policies and procedures for staffing functions.	Verbal feedback through direct observation by preceptor	TE Q1/3
<b>Goal R1.2:Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>			
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	Based on orientation readings, determine vulnerabilities in the medication-use system. Create a process flow with suggested improvement.	Review process flow chart.	TE- Q1/3
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.	Develop a QI system for medication-error reporting- focusing on near misses and errors that reach the homes	Evaluate proposed quality improvement plan for reducing medication error	TE- Q2/4
OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.			TE- Q2/4

OBJ 1.2.4 (Synthesis) (Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.	Using QI concepts- Work with preceptor to identify QI project based on current needs	Evaluation of draft protocols and implementation of system by those involved	T- Q1 E- Q4
OBJR1.2.5 (Synthesis) Design and implement pilot intervention to change problematic or potentially problematic aspects of the organizations mediation use system with the objective of improving quality.		Evaluate PDSA cycles and process flow diagrams to determine success. Expand based on information collected	T- Q1 E-Q4
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>			
OBJ R1.3.1:(Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories,	Direct observation of the resident by pharmacy staff Documentation of errors made Self-reflection by resident	T- Orientation-  TE- Q1/3
OBJ R1.3.2:(Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.	Perform, lead and staff in the pharmacists role in the daily operations of the pharmacy by understanding and working with existing inventories, counseling patients and following-up with providers	Direct observation and feedback to resident by preceptor. Special attention paid to non-oral dosage forms- especially dosage forms which requires specific storage/mixing or instructions for use	T- Orientation-  TE- Q1
OBJ R1.3.3(Application) Dispense medication products following the organization's policies and procedures.	Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures		T- Orientation-  TE- Q1/3

OBJ R1.3.5:(Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.	Identify patients who may require additional assistance or other patient care services during dispensing services to ensure appropriate medication access.	Direct observation and feedback to resident by preceptor	T- Orientation- TE- Q1/3
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Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care	Activity	Assessment	When
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>			
OBJ R2.1.3:(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Communicate effectively and efficiently with pharmacy staff, physicians and other health care professionals involved with the care of the patient during dispensing and consulting services	Preceptor to provide feedback on daily basis to resident. Thru examination of the individual relationship between the resident and a particular physician or health care provider with whom he or she interacts when fulfilling practice responsibilities through a combination of direct observation, anecdotal records, and interviews with staff Resident reflections	TE- Q1/3

<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Participate in dispensing functions within LifeLine as part of staffing duties.	Review productivity reports monthly and review with site coordinator.	T- Orientation TE- Q1/3
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Documenting interventions made and outcome of the intervention	Use Framework to document and review monthly with site coordinator.	T- Orientation TE-Q1/3
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			T- Orientation TE Q1/3

R3: Exercise Leadership and Practice Management Skills	Activity	Assessment	When
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>			
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	Document weekly reflections in resident activity report, document residency progress in Pharmacademic	Review of documentation	TE- ALL

<p>OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.</p>	<p>Reflective Journal Review</p> <p>Discussions with preceptor about ethical issues in practice that each has professionally encountered.</p>	<p>Review of reflective journal by MedManagers preceptor/RPD</p>	<p>TE- All</p>
<p>OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations</p>	<p>Continue with association activities as determined in orientation.</p> <p>Provide periodic reports documenting activities.</p>	<p>Document activities on Resident Activity Log</p>	<p>TE-Q4</p>
<p>OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.</p>	<p>Discussions with preceptors on how to be effective role models. Attend preceptor training.</p> <p>Role model practice when mentoring PY4/IPPE students and leading: topic discussions, patient case presentations, journal clubs, clinical updates, and new drug talks.</p>	<p>PY4 student evaluations of resident as mentor</p>	<p>TE Q4</p> <p>Resident to precept PY4 students Jan-June</p>
<p>OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care</p>	<p>Track organization skills, maintaining Weekly Resident Activity Report</p>	<p>Observation of resident for meeting deadlines, reflective journals,</p>	<p>T- All</p> <p>TE- Q3</p>

<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>			
OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes	Connecting with Pharmacy Management monthly to explore financial/planning side of LTC pharmacy.	Documentation of resident's participation.	TE-Q3
OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal			
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	Discuss and apply HIPPA implications on pharmacy practice in a LTC pharmacy with preceptors	Review of discussion of policy and procedures manual and HIPAA training program	TE- Q3
OBJ R3.2.5:(Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.	Prioritize workflow to maintain maximum patient safety and customer service.  Supervise and determine the accuracy of work completed by support personnel as needed.	Direct observation and feedback (verbal and written) to resident by pharmacist/preceptor of resident performance	TE-- Q1
OBJ R3.2.6:(Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.	Review policies/procedures. Compare and then apply during daily practice. Prioritize workflow to maintain maximum patient safety and customer service.		TE- Q2
OBJ R3.2.7:(Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	Create a process for evaluating emergency stock to decrease stat deliveries and ensure appropriate patient outcomes. Customized for each facility.	Preceptor to review implementation plan- both written and verbal presentations	TE-Q3

<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>	Activity	Assessment	When
OBJ R3.3.1:(Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.	Work with pharmacy management to identify potential business projects.	Preceptor will provide guidance, review all documentation related to business plan and guide resident during process.	TE- Q3
OBJ R3.3.2:(Synthesis) Develop a business plan for a new service or an enhanced service, if applicable	Write grant for new service.	Review formal business plan based on new service proposed by grant	T-all E- no later than Q4
OBJ R3.3.3:(Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		Preceptors to provide feedback from presentation of new service to pharmacy staff/management	T- All  TE- Q4
OBJ R3.3.4:(Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		Successful implementation of business plan proposal	TE – Q4
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.			
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.			
OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.	Evaluate new service based on service created.	Preceptor to review evaluation and discuss with residents.	TE- Q4
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.			

Outcome R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>			
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	Log to serve as documentation of ability to answer DI questions appropriately.	Direct observation and review of DI log in weekly activity reports	T- Q1 E- Q2
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses			
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.			
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.			
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation			

Outcome R6: Utilize medical informatics	Activity	Assessment	When
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Discussion with pharmacist and updating policy and procedures	Preceptor review with resident both of security concerns and the ability of the systems to provide data for analysis.	TE- Q1
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information	Learn how to incorporate/use Framework/Docutrack	Review reports run by resident and appropriate application of data to practice	TE- Q1
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Utilize electronic resources to answer DI questions	Ability of resident to perform DI searches. Resident to document sources in Resident Activity Report	TE- Q1

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

Direct Patient Care- MedManagers

**Residency Preceptor Director:** Bethanne Brown PharmD, BCACP- RPD

## **Preceptors:**

### **Resident #1 (Kevin)**

Garden Manor- Danielle Dobek

TriCounty

Meadowbrook- Chad Worz

Oak Pavilion

Oak Hills

### **Resident #2 (Josh)**

Ohio Valley Manor- Rick Hytree

Berkely/WestOver- Craig Stiens

## **Description:**

This longitudinal experience will provide the resident with experience in both direct patient care and practice site management. These experiences begin in July, after orientation, and extend throughout the remainder of the training year.

**Direct Patient Care:** The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients and providers of diverse backgrounds and beliefs. The resident will be integrated as part of a team of pharmacy and other health care professionals. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in the community-based/long term care pharmacy setting.

Direct patient care services may include and are site dependent: medication regimen review (MRR), immunizations, health care screenings and point of care testing, smoking cessation, diabetes coaching, heart healthy coaching, nutrition and weight management, medication adherence, and diabetes self-management education.

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

Residents will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the sites. Residents will gain experience with a number of health conditions due to the variety of patient interactions available. The overall aim is to provide the resident with direct patient care experiences totaling 60% of the hours worked toward residency completion.

### **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation. The resident and the preceptor will then compare and discuss the evaluation in order to enhance the feedback on performance as well as self-evaluation of the resident. Evaluations will be signed in Pharmacademic following this discussion.

- Formative evaluations/Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at quarterly throughout the residency year.

The following evaluation strategy will be used:

8. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate site preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
9. The resident must maintain a portfolio of drug information questions (with response) to be reviewed by the preceptors at each site. Resident to submit to preceptor(s) 1 drug information question per week for review through weekly resident activity reports.
10. The resident must maintain a reflective journal of residency experiences. RPD and Preceptors will review resident's reflections regarding patient encounters/staffing management on a periodic basis. This journal is part of the weekly resident activity report.

Resident will generate, review and submit pharmacist impact reports weekly to start then monthly as residency progresses to primary preceptor of each assigned home. This report will include but not limited to the following: number of recommendations, percentage of recommendations are being accepted, types of recommendations (by disease state) This report will be discussed at least monthly with preceptor.

R1: Manage and improve the medication use process	Activity	Assessment	When: T and TE (Orien/Quarter)
Goals/Objectives			
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>			
OBJ R1.1.1:(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.	During MRR activities, review for the following medication related concerns during: Transition of care issues (admission/stay or discharge and any health status change	Verbal feedback thru direct observation by preceptor	T- Q1 E-Q2/4
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization’s policies and procedures.</b>			
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.	Resident to work with patients at admission/discharge planning at all assigned facilities to ensure smooth transition of care to home/assisted living	Resident to submit appropriate documentation for review by preceptor (impact report) Initially weekly, then as independence is gained monthly, then as needed	TQ-1 E-Q2/4
OBJ R1.3.5:(Analysis Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.			

R2: Provide Evidence Based, Patient Centered care and collaborate with other health care professionals to optimize patient care	Activity	Assessment	When
Goals/Objectives			
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients</b>			
OBJ R2.1.1:(Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.	Complete orientation readings on collaborative practice agreements/Beers criteria.	Preceptor to review, provide feedback and attend presentation to staff.	T- Q1 E- Q3
OBJ R2.1.2:(Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community-based pharmacy.	Develop a facility formulary for a home that currently is not using a formulary. Present to staff for potential adoption		
OBJ R2.1.3:(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	Resident to engage with other health care professionals at assigned homes.	Preceptor to evaluate resident's ability to form relationships. Select providers will be asked to complete snapshots of residents performance	T-Q1 E-Q3

<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>			
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	Resident to work with patients at admission/discharge planning at all assigned facilities. Resident to provide services at assisted living facilities	Preceptor to observe resident until independent, then review residents documentation of encounters initially weekly, then monthly, then as needed. D/C reports to be uploaded to BOX (de-identified)-transitions of care folder	T- Q1 TE- Q2/4
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>			
OBJ R2.3.1:(Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	Resident will participate in health screenings as offered by the assigned home	Preceptor to observe resident during screening initially, once independent be available for questions/concerns	TE- Q1
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	Resident will participate in 600 bed MRR monthly at assigned homes	Resident to submit appropriate documentation for review by preceptor. initially weekly, then as independence is gained monthly, then as needed	T- Q1 E- Q2/4
OBJ R2.3.3:(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:			
OBJ R2.3.4:(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.			

<p><b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b></p>			
<p>OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.</p>	<p>Resident will participate in 600 bed MRR monthly at assigned homes</p>	<p>Resident to submit appropriate documentation for review by preceptor. initially weekly, then as independence is gained monthly, then as needed</p>	<p>T- Q1 TE- Q1,Q3</p>
<p>OBJ R2.4.2:(Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.</p>			
<p><b>Goal R.2.5: Design evidence-based monitoring plans for patients.</b></p>			
<p>OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient’s medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.</p>	<p>Resident will participate in 600 bed MRR monthly at assigned homes</p>	<p>Resident to submit appropriate documentation for review by preceptor. Initially weekly, then as independence is gained monthly, then as needed</p>	<p>T- Q1 TE- Q1, Q3</p>

<b>Goal R2.6: Design patient education for a patient’s regimen and monitoring plan.</b>			
OBJ R2.6.1:(Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient’s therapeutic plan, how to adhere to it, and the importance of adherence.	Resident to work with patients at admission/discharge planning at all assigned facilities	Resident to submit appropriate documentation for review by preceptor. Initially weekly, then as independence is gained monthly, then as needed	T- Q1  E-Q2/4
OBJ R2.6.2:(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient’s medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.			
<b>Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.</b>			
OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals	Resident will use consulting software to communicate to physician/nurse manager and follow-up at an appropriate time frames	Resident to review verbal/written interventions with preceptor until preceptor comfortable with resident’s ability. Then preceptor to conduct weekly, monthly then as needed checks	TE- Q1,Q3
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>			
OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization’s policies and procedures	Resident will participate in 600 bed MRR monthly at assigned homes	Resident to submit appropriate documentation for review by preceptor. Initially weekly, then as independence is gained monthly, then as needed	TE-Q1

OBJ R2.8.2:(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	Resident to work with patients and/or caregivers at admission/discharge planning all assigned facilities	Preceptor to observe resident during transitions of care events until independent, then provide support as needed for questions/concerns	T- Q1 E-Q3
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations	Participate in flu vaccine days at assigned homes. Resident to evaluate need for and recommend specific immunizations on admissions to various facilities	Preceptor to review protocol with resident and observe technique until preceptor comfortable	TE-Q1-2
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	Resident will participate in 600 bed MRR monthly at assigned homes and refer for services based on patient specific factors.	Resident to submit appropriate documentation for review by preceptor. Initially weekly, then as independence is gained monthly, then as needed	T-Q1 E-Q3
<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>			
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	Resident will participate in 600 bed MRR monthly at assigned homes	Preceptor will review impact report as described in evaluation strategy for interventions accepted, denied.	T- Q1 E- Q3
OBJ R2.9.2:(Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.			

<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>			
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	Resident will communicate using point click care and standard documentation at assigned homes	Resident to review verbal/written interventions with preceptor until preceptor comfortable with resident's ability. Then preceptor to conduct weekly, monthly then as needed checks	T-Q1 E-Q2/4
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.	Resident will follow-up on recommendations made based on patient needs	Preceptor will review impact report as described in evaluation strategy for interventions accepted, denied.	T- Q1 E-Q3
<b>Goal R2.11: Document patient care activities appropriately.</b>			
OBJ R2.11.1:(Analysis) Appropriately select patient -care activities for documentation	Resident will document on Bluewave and point click care as appropriate.	Resident to review verbal/written interventions with preceptor until preceptor comfortable with resident's ability. Then preceptor to conduct weekly, monthly then as needed checks	TE- Q1
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity			TE- Q1
OBJ R2.11.3:(Application) Record patient outcomes according to the organization's policies and procedures.			TE- Q1
		Preceptor will review impact report as described in evaluation strategy for interventions accepted, denied.	

R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>			
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	Resident to work with patients and/or caregivers at admission/discharge planning all assigned facilities	Preceptor to observe resident during transitions of care events until independent, then provide support as needed for questions/concerns	T-Q1 E-Q3
OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.	Resident to work with patients and/or caregivers at admission/discharge planning all assigned facilities	Preceptor to observe resident during transitions of care events until independent, then provide support as needed for questions/concerns	T-Q1 E-Q3
OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	Resident to supervise PY4 students on rotation starting approximately in Jan. Resident to model preceptor roles. Resident to attend all preceptor development sessions at UC COP.	PY4 student evaluations	T-Q3 TE- Q4

<p><b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b></p>			
<p>OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.</p>	<p>Resident Activity Report to serve as documentation of ability to answer DI questions appropriately.</p>	<p>Direct observation and review of DI log in weekly activity reports</p>	<p>T-Q1 E-Q1/4</p>
<p>OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses</p>			
<p>OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.</p>			
<p>OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.</p>			
<p>OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation</p>			

R5: Provide medication and practice-related information, education, and/or training	Activity	Assessment	When
<i>Outcome R6: Utilize medical informatics</i>			
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>			
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	Resident to work with preceptors to understand needs for security around IT within consulting environment	Preceptor to review security measures and ensure resident adheres to guidelines provided	TE-Q1
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information	Learn how to incorporate/use Point/Click/Care and Bluewave for direct patient care activities	Preceptor to review resident notes/comments for improvements	T-Q1 E-Q2
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	Resident to use available resources at each site	Preceptor to monitor	TE-Q1

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

## ACADEMIC AND TEACHING EXPERIENCE- MEDMANAGERS

**Residency Director:** Bethanne Brown, Pharm.D, BCACP- Site Coordinator

**Teaching Mentors:** Bethanne Brown PharmD, BCACP – Pharmacy Practice II  
Karissa Kim PharmD, BCPS- Pharmacy Practice I  
Anne Metzger, PharmD, BCPS- Case Studies

**Preceptors:** College:

Michael Doherty PharmD, BCACP-Advocacy, Michael Hegener, PharmD, BCACP- Skills Lab I/II  
Heidi Luder PharmD, MS,- OTC Course, Teresa Cavanaugh, PharmD, MS- Case Studies  
Nicole Avant PharmD- Pharmacy Practice II  
Site: Jodi Hoffman PharmD- LifeLine

### **General Description:**

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

### **Teaching Certificate Program**

To provide a theoretical foundation for teaching, the residents will complete a Teaching Certificate program at the College. This program consists of a 2-day orientation and periodic active learning based seminars on topics related to teaching and learning. Each session is mandatory in order to complete the program.

- a. Orientation: 2 day orientation in August- held at the College
  - i. See calendar posted to BOX
- b. Other dates will be announced periodically during the academic year- attendance is mandatory.

### **Teaching Mentor:**

Each resident will be assigned a teaching mentor. This faculty member will be responsible for mentoring you as you gain experiences in all aspects of teaching:

Your responsibilities include:

1. Meet with teaching mentor prior to fall and spring semesters to discuss upcoming teaching experiences, time line for completion of drafts and concerns related to teaching
2. Provide mentor teaching schedule as soon as available to facilitate #3
3. Arrange for your teaching mentor to observe your teaching based on the type of experience
  - i. Skills Lab- observe first teaching session of a 4 week module
  - ii. Recitation- observe day 1 of recitation
  - iii. Lectures- observe all lectures
4. Meet with your teaching mentor/designee after the teaching experience observation to obtain immediate feedback.
5. Meet with your teaching mentor at the end of each semester to review progress towards teaching certificate and ways to improve.

6. Prior to end of the semester meeting with mentor, write a one-page reflection on your teaching experiences. Send to mentor one week in advance of the semester meeting.

## Overview of Teaching Experiences

### Pharmacy Student Teaching

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

**Skills Lab:** Each resident will teach three different learning modules per semester. Each resident will teach a learning module 4 times to different small groups of students. During the fall semester, the resident will be coached/mentored by your faculty teaching mentor. In the spring semester after the residents' small group teaching skills have been refined, they will be only coached on the first time teaching a new learning model.

During the teaching semester, residents will also be expected to function as a "module lead" where applicable in preparing the Skills Lab learning activities. This includes updating teaching materials based on new therapeutic information, developing and/or revising assessments, identifying supplies that may be needed for teaching, providing feedback to students on their performance, etc.

**Pharmacy Practice I/II(fall/spring):** This course provides PY1 students the foundational skills to care for patients. The skills taught in this course include communication skills (verbal, written, difficult situations and non-verbal), cultural competence, and basic physical assessment skills. Residents will provide teaching in both large group lectures and recitation.

**OTC Course (fall):** Residents will be involved in the OTC course and will create/update and deliver lectures and recitations.

**Case Studies (spring/fall):** Residents will be involved in Case Studies for both spring/fall. They will precept patient presentations by students 1 or 2 times per semester. Dates and times to be determined

**Fall:** Case studies I/III

**Spring:** Case studies II/IV

**Law(spring):** Residents will provide 1 lecture in the law course based on a topic related to their practice site.

**Geriatrics Elective (Fall):** Resident to attend geriatric team meeting in summer 2016. Teaching will be determined by team at this time.

The activities of the resident during the longitudinal academic component for pharmacy student teaching are cyclical based on the academic year. Below is an outline of expected progression of resident responsibility on this learning experience.

- July – August           Based on the learnings from TCP program, the resident will develop/revise various learning activities with guidance from their teaching mentor in the following courses: Case Studies, Pharmacy Practice I, Pharmacy Practice Skills Development II and OTC courses. Teaching load will be balanced and reflects needs of the College and interests of the resident
- August – Dec.           Resident will teach and be evaluated on presentation of lectures, recitations and Skills Lab modules by teaching mentor. Resident will write reflections on teaching activity specifically noting areas for future improvement.
- Dec – April              Resident to be assigned to teach and design/update assigned modules in Pharmacy Practice II, Pharmacy Practice Skills Development I, Case Studies and Pharmacy Practice II courses. Resident expected to demonstrate increased ability and confidence in teaching and facilitating small and large group discussions. Resident will write reflections on teaching activity specifically noting areas for future improvement. Teaching load will be balanced and reflect needs of the College and interests of the resident.

**Time Commitment:** Each lecture will need approximately 20 to 30 hours of preparation time at the beginning due to the newness of the skill. This will be reduced over time to approximately 8-10 hours per lecture. Each Skills Lab module will need approximately 20 hours of preparation time – from creation to delivery

### **Health Professions Teaching:**

Educating other health care professionals is an important skill the resident will practice during the residency year experience. The resident will be responsible for providing on-going education (live and written) to health professionals based on the needs of the facilities and LifeLine.

**Pharmacists:** Residents will create and deliver one continuing education (CE) presentation each to the pharmacists and technicians at Life/Line and MedManagers. This CE presentation must meet ACPE standards for credit for both pharmacists and technicians (see Dr. Kelly Epplen/Laura Carnaghi for complete details). The presentation must be 45 minutes in length with 15 minutes for questions and answers. Topic of interest will be determined by consulting with site coordinator. Date for completion is 6/1/17.

**Greater Long Term Care Community:** A monthly pharmacy news related article will be written and published by the residents. This newsletter will cover topics of interest identified by preceptors/site coordinator. See site coordinator for details. Residents will alternate months beginning in September completing 5 each over the course of the residency year.

**Technician Training:** Residents will work together to create and conduct a technician training program for the technicians at LifeLine. This program must be qualifications set by Emily's Law. See Site Coordinator for details. Deadline for completion is 1/1/2017.

**Nursing Education:** Each resident will create and deliver one medication related presentation for the nursing staff at one of the residents assigned facilities. Please work with your direct patient care preceptor to determine logistics and topic of interest. This presentation must follow best practices for continue education. Deadline for completion is 6/1/2017.

Evaluations must be completed by your audiences for pharmacist/technician continuing education, technician training and nursing education. Please upload these documents to Box.

### **Health Profession Student Mentoring:**

#### **Advanced Pharmacy Practice Students:**

Mentoring APPE students is an important skill for any pharmacist to practice and gain experience. APPE student mentoring will begin in January and run thru June. As with other experiences, the resident will be guided/mentored initially and given more responsibility for the APPE experience over time. By March, the resident will be the preceptor on record.

~January -February      Direct observation and participation of preceptor with APPE students- including orientation, mid-point and final evaluations

March-June                Full responsibility for APPE students- orientation, project assignments, work flow descriptions, syllabus updating, mid-point and final evaluations.

#### **Pre-Mentoring Training:**

Log into the Pharmacist Letter website and go to PL CE & training site. Under the heading Preceptor Home, Click Preceptor Training CE. Complete the appropriate questions (indicating precepting for University of Cincinnati only). Complete the following CE courses:

1. Precepting in the Community Pharmacy Part I
2. Precepting in the Community Pharmacy Part II
3. Precepting in the Community Pharmacy Part III
4. Others at your discretion.

Upload copy of the CE quiz documents to Box, Academic and Teaching Folder.

#### **Access to PharmacistsLetter:**

Each resident will need to set up a University of Cincinnati Preceptor CE ID #. Your CE ID # will be automatically created and you'll be able to use it from any Internet-connected computer to access

Preceptor Training & Resource Network. **CLICK THIS LINK:**

[www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn)

(If you can't click the link, copy and paste this exact URL into your web browser address bar.) TIP: Bookmark or add this webpage to your "Favorites," so you can easily return to the Preceptor Training & Resource Network any time.

Here's how to access Preceptor Training & Resource Network any time in the future: Once you have set up your access, return to [www.pharmacistsletter.com/?referer=ucincinnati/ptrn](http://www.pharmacistsletter.com/?referer=ucincinnati/ptrn), enter your login information on the right side and click Login. You can also find this link on the UC experiential site using your preceptor log-in.

Need help? Contact Preceptor Training & Resource Network with questions. [preceptor@pletter.com](mailto:preceptor@pletter.com)

## **Interprofessional Health Professions Student Mentoring:**

Mentoring other health professions students is an important skill for all pharmacists as team based care becomes more prevalent within our health care system. Gaining this experience during the residency year, will allow the resident to gain the skills needed to mentor all types of health professions learners in the future. To fulfill this requirement, each resident must spend 2 to 3 hours per month in this role from the following available options.

Option 1: Drop Inn Shelter (medicine/pharmacy students): Tuesdays or Thursdays 6:30 to 8:30pm

Option 2: IHI Open School (all health professions learner from UCAHC): Saturdays 8:30 to 11:30am

Document the hours provided on the weekly activity log as Other (add designation of OS/Drop). Training will be provided by your teaching mentor, pre-experience reading and on-site by other health professions faculty. At least twice during the year, use the IPE evaluation tool to ask IPE students to evaluate your mentoring ability. Upload to Box.

Pre-interprofessional student mentoring reading: Interprofessional Mentoring Guide. While written for Canadian Interprofessional Competencies, this guide provides practical tips for helping students gain the most from interprofessional experiences. Please focus on: Section I, II, IV, and V.

## **Community Health Education:**

Tailoring a presentation to various audiences is a difficult skill and one that should be mastered as a community-based pharmacist. The resident will create and present an educational session to the assisted living section of one of your assigned homes. This 30-minute group education class must follow the principles of effective community education. Data must be collected to determine the effectiveness of the presentation. See Community Health Education folder on Box for guidance.

## **Advocacy:**

As part of this longitudinal experience, the resident will gain experience in being an advocate- both as learner and mentor/facilitator. The skills and techniques needed to be an advocate at the patient, provider, state and federal levels will be reviewed and refined.

Activities include:

2. Attend OPA legislative day both in the Fall and Spring semesters

Fall: attend to learn about advocacy, how to interact with our legislators and promote the view of the profession. Scheduled for early November, 2016

Spring: lead a group of pharmacy students in the activities conducted in the fall. Scheduled for early February.

## **Evaluation:**

Pharmacademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in Pharmacademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. 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/ Pharmacademic Snapshots: These scheduled snapshots were pre-selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed at regularly scheduled intervals.

The following evaluation strategy will be used:

1. Verbal feedback will be provided on a regular, timely basis. A written, summative evaluation will be provided on a quarterly basis by the appropriate preceptor. Written, formative and summative evaluation will be used to teach resident self-evaluation.
2. The resident must maintain a portfolio of ALL teaching including the information required of the TCP program. However, once those requirements are met- the resident should continue to document in this same format.

**Goals and Objectives Related to the Academic Experience:**

<b><i>Outcome R2: Provide evidence-based, patient centered care and collaborate with other health care professional to optimize patient care</i></b>	Activity	Assessment	When: T and TE (Orien/Quarter)
Goal R2.1.3: Develop a strategy that effectively establishes cooperative, collaborative and communicative working relationships with other health care professionals involved in the care of patients	Developing and delivering educational materials to other health care professionals.	Feedback from preceptors/RPD	T- Q1, TE- Q3/4
<b><i>Outcome R3: Exercise leadership and practice management skills</i></b>	Activity	Assessment	When: T/TE
Goal R3.1: Exhibit essential personal skills of a practice leader.			
OBJ R3.1.1:(Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.	Attend seminars on educational topics as part of the Teaching Certificate Program	Portfolio for Teaching Certificate Program	T- all E- Q4
OBJ R3.1.4:(Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.	Serve as a role model to health professions students in all teaching situations	Evaluations from APPE/Interprofessional Experience students and TCP required requirements	T-all EQ2-3
OBJ R3.1.6: Comprehension: explain the role of pharmacists active engagement in the political and legislative process	OPA legislative Day-fall and spring	Reflections Direct observation (fall) Mentoring students (spring)	T- Q1 E-Q3

GOAL R3.2: Exhibit practice leadership in organizational and management activities.			
OBJ R3.2.1:(Synthesis) Participate in the pharmacy's planning processes	Participate in team discussions and decisions as it relates to the creation and delivery of educational materials and participate in Teaching Certificate Program	Discussions with team members	T-all E-Q2/3
OBJ R3.2.2:(Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		Discussions with team members	T-all E-Q2-3
OBJ R3.2.3:(Application) Use group participation skills when leading or working as a member of a committee or informal work group.		Discussions with team members	T-all E-Q2-3

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Activity	Assessment	When: T/TE
Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.			
OBJ R5.1.1:(Application) Use effective educational techniques in the design of all educational activities.	Develop and/or modify instructional modules for teaching experiences at all levels: Health Professionals, pharmacists, Patients and community	Teaching Certificate Program portfolio and student, community evaluations of performance	T-all E-Q2/4
OBJ R5.1.2:(Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation	Develop and/or modify assessment strategies teaching experiences at all levels: Health Professionals, pharmacists, Patients and community		T-all E-Q2/4
OBJ R5.1.3(Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	Deliver instruction in a variety of teaching environments to gain experience in teaching		T-all E-Q2/3
OBJ R5.1.4(Application) Use public speaking skills to speak effectively in large and small group situations	in a variety of settings (e.g. one-on-one, large group lecture, group of 20, small group, etc.)		T-all E-Q2-3

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

## Primary Research Project Learning Experience Description

**Residency Preceptor Director:** Bethanne Brown, PharmD.

**Project Team:** Each residency site will have a designated project team consisting of RPD, one or two preceptors and select faculty from the College of Pharmacy who can add expertise in the area of research.

SVdP: RPD+ Rusty Curington PharmD, Mike Espel RPh

CHD: RPD+ Jon Burns PharmD, Patricia Wigle PharmD

FRHC: RPD+ Anne Metzger PharmD, Nicole Crase PharmD, Ana Hincapie

MedManagers:

Resident 1: RPD+ Sue Paul RPh, Dan Healy PharmD

Resident 2: RPD + Chad Worz PharmD, TBD

The residency project is a longitudinal learning experience, beginning in July and continuing throughout the training year. Residents are expected to complete all project requirements within a prescribed timetable (see below).

Attendance at a research seminar will be required during the Orientation period or in the beginning of the project experience. This seminar will serve as an introduction to basic research methodology, and help the resident prepare for the research requirements of the project.

The project will be assigned to the resident by site based on the needs of the site for clinical services development. All projects are prospective in nature.

**Project Team:** Each resident will have a project team. Project team composition is described above. The resident will be primarily responsible for organizing the research project and calling project team meetings. The project team will be responsible for providing direct guidance and feedback for all components of the project. During the year, the resident will request team meetings as needed. Through these meetings and many individual interactions, members of the team will provide instruction, guidance and verbal/written feedback as appropriate. The resident will be responsible for leading and organizing the project team to accomplish required tasks.

**Leading a Team Meeting:** The resident will be responsible for leading the research team meetings. In order to facilitate this process it is important for the resident to do the following:

1. Know who is involved in projects/meetings: Identify all members of the research team and their areas of expertise (what do they bring to the team)
2. Gain insight on their level of involvement and background knowledge of the site- either by surveying the team or asking preceptors/RPD.
3. Assess previous meetings/projects to understand precedent – what has happened in the past, what are the expectations moving forward.
4. If unclear or receiving different information, clarify the expectations of the resident's roles at each meeting.
5. Create an agenda to help facilitate the meeting
6. Conduct an assessment- both self and with RPD after the meeting/project. How did it go, what can be improved upon.

Prior to the initial meeting only: working with RPD and preceptors, pick a proposed topic, complete a preliminary literature search, write the draft background (why is this topic important) and draft proposed research question to present to the research committee.

**Goals , Objectives Major Activities, and Products Related to Primary Project:**

Goals and Objectives	Q1	Q2	Q3	Q4
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>	X	X	X	X
OBJ R4.1.1:(Synthesis) Identify a topic for a practice-related project of significance for community pharmacy.	X			
Activity: 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				
OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project.	X	X		
Activity: 5. Conduct systematic literature search to refine project idea and provide background 6. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy 7. Determine time table for development, implementation and evaluation 8. Effectively organize and lead meetings with project team to ensure established deadlines are met 9. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team and UC/SVdP research committee 10. Prepare and submit APhA or other grant application if applicable 11. Complete and submit abstract and application to present poster at APhA Annual Meeting and Ohio Pharmacists Annual Meeting and podium presentation at Pharmacy Residency Conference (TBD) 12. Work closely with project team to implement project plan 13. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis				
OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one’s design of a practice-related project.	X			
Activity: 14. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team. 15. Complete IRB application and gain approval from all appropriate IRB boards.				

OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.		X	X	
Activity: 16. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team 17. Effectively organize and lead meetings with project team to ensure established deadlines are met 18. Work closely with project team to implement project plan				
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.			X	X
Activity: 19. Present project in various formats and before various audiences including, but not limited to, clinical and management staff, preceptors, and at local and national meetings				
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.				X
Activity: Prepare final, written manuscript in publishable format 20. Manuscript contains all elements (Background, Objectives, Methodology, Results, Discussion and Conclusion) in an organized, well written, and accurate fashion. 21. Manuscript is acceptable journal format				
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.				X
Activity: 22. Analyze and evaluate data appropriately				

**Evaluation:** Preceptors will provide verbal and written feedback during each phase of the project. Resident is responsible for providing team with adequate time to submit feedback in writing or verbally. Resident will save EACH draft of the work to BOX on this project to document progression in learning. Summary of residency project goals, objectives and typical schedule for formal points of evaluation is found below. Each project may have slight adjustments to the schedule outlined

**Presentation Expectations:** The resident will promote the residency and research at the following professional meetings:

1. UC Residency Showcase (Cincinnati, OH) – recruitment for residency
2. OSHP Residency Showcase (Columbus, OH) – recruitment for residency
3. ASHP Midyear Meeting (Las Vegas, NV) – recruitment for residency
4. APhA Midyear Meeting (San Francisco, CA) – research poster presentation
5. OPA Annual Conference (Columbus, OH) – research poster or podium presentation
6. Ohio Pharmacy Residency Conference (Ada, OH) – podium presentation

<b>Residency Project Timetable</b>	
<b>Additional deadlines will be added for project team meetings and project deadlines during each quarter. During year deadlines will be adjusted if needed to meet preceptor and resident availability.</b>	
<b>Date</b>	<b>Requirement</b>
	Completion of IRB training mandatory prior to first project team meeting. See Orientation Learning Experience Documentation
7/31/16	First Team Meeting by this date; Presentation of Project Ideas; Project Assigned
TBD	Research Seminar with Heidi Luder
Research Seminar-TBD	Develop research question, objectives, evaluation strategy, and outline; determine project timeline. Work with project preceptors and review previous resident projects for direction/examples.
8/14/2016	Draft #1- IRB including outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team.
8/14/2016-8/21/2016	Prepare Draft #1 of APhA Grant application. Grant is due in September. Check website for exact submission date: <a href="http://www.aphafoundation.org/incentive-grants">http://www.aphafoundation.org/incentive-grants</a>
8/21/16	Draft #1 APhA Grant Application DUE to Project Team
8/21/16-08/28/16	Revise IRB Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline and set additional drafts/meetings as determined by Project Team
8/28/2016	Final IRB: Outline w/ Research Question, Objectives, and Evaluation Strategy and Timeline DUE to project team
8/31/2016	SUBMIT IRB SVdP/MedManagers/FRHC- Submit ONLY to UC IRB CHD- Submit to CHD IRB first. Contact Dr. Camille Jones at <a href="mailto:Camille.jones@cincinnati-oh.gov">Camille.jones@cincinnati-oh.gov</a> . Once approved, submit to UC IRB.
8/31/2016	Begin preparation to initiate project as soon as IRB is approved
8/31/16-9/15/16	Develop a protocol from Outlines; Prepare APhA Abstract
9/4/16-9/15/16	Revise Grant Application and set additional drafts/meetings as determined by Project Team
9/11/16	Final Draft APhA Grant Application DUE to Project Team
9/18/16	Draft #1 research protocol and APhA Poster Abstract DUE to project team
9/18/16-9/25/16	Revise research protocol and APhA Poster abstract and set additional drafts/meetings as determined by Project Team
9/25/2016	Final Draft research Protocol and APhA abstract DUE to project team
End of September	Submit APhA Foundation Incentive Grant Application
10/1/16	Resident to submit APhA Abstract for Midyear poster presentation (due early October- <b>resident to confirm tentative dates</b> )
10/1/16- completion	Develop, implement, and evaluate project according to the project specific timeline. Report to project team through weekly resident activity reports.
2/12/17	Submit abstract to OPA for poster/podium presentation ( <b>resident to confirm tentative dates</b> )
2/29/17	Draft #1 Ohio Residency Conference Abstract DUE to project team for review
1/1/17 to 3/1/17	Start working on Poster for Presentation at APhA
3/1/17	Draft #1 APhA poster DUE to project team
3/1/17-3/10/17	Revise APhA poster and set additional drafts/meetings as determined by Project Team
3/17/17	Final Draft- APhA poster DUE to project team and UC for printing. APhA meeting 3/24 to 3/27

3/24/17 to 3/27/17	APhA (Poster Presentation), San Francisco, CA.
4/1/17	Ohio Pharmacy Residency Conference Abstract, Learning Objectives and CV Submission Due <b>(resident to confirm tentative dates)</b>
4/15/17	Draft #1 OPRC slides DUE to Project Team
4/21/17-4/23/17	OPA (Poster/Podium Presentation)
4/15/17-4/28/17	Create and Practice OPRC presentation
4/28/17	Final OPRC slides DUE to Project Team
4/28/17	OPRC Presentation Upload Due <b>(resident to confirm tentative dates)</b>
5/12/17	Ohio Pharmacy Residency Conference <b>(resident to confirm tentative dates)</b>
5/16/17-06/01/17	Prepare manuscript using appropriate journal article format
06/01/17	Draft #1 Manuscript DUE to Project Team
06/01/17-06/17/17	Revise manuscript and set additional drafts/meetings as determined by Project Team
6/24/17	Deadline for Final Manuscript DUE to project team

UC COP Community Pharmacy Residency in Underserved Communities: MedManagers Residency

Table Goals & Objectives/ Learning Experiences 2016-2017

Goals & Objectives	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b><i>Outcome R1: Manage and improve the medication-use process</i></b>					
<b>Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>					
OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.		TE-Q1/3	T-Q1 E-Q2/4		
<b>Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.</b>					
OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).	T-Q1	TE-Q1/3			
OBJ R1.2.2: (Analysis) Analyze the structure (resources, equipment, staff, technology, workspace, etc.), analyze the process (procedures, methods, steps for providing services/products), and measure outcomes of the organization's medication-use system.	T-Q1	TE-Q2/4			
OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.		TE-Q2/4			
OBJ R1.2.4: (Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.		T-Q1 E-Q4	T-Q1 E-Q3		
OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization's medication-use system with the objective of improving quality.		T-Q1 E-Q4			
<b>Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.</b>					
OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.	T-Q1	TE-Q1/3			
OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.	T-Q1	TE-Q1			

OBJ R1.3.3: (Application) Dispense medication products following the organization's policies and procedures.	T-Q1	TE-Q1/3			
OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.	T-Q1		T- QI E-Q2/4		
OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.	T-Q1	TE-Q1/3	T- QI E-Q2/4		

<b><i>Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.</b>					
OBJ R2.1.1: (Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.			T-Q1 E-Q3		
OBJ R2.1.2: (Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.			T-Q1 E-Q3		
OBJ R2.1.3: (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	T-Q1	TE-Q1/3	T-Q1 E-Q3	TE- Q2	
<b>Goal R2.2: Establish collaborative pharmacist-patient relationships.</b>					
OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	T-Q1		T-Q1 E-Q2/4		
<b>Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.</b>					
OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	TE-Q1		TE-Q1		
OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	T-Q1	TE-Q1/3	T-Q1 E-Q2/4		
OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:	T-Q1	TE-Q1/3	T-Q1 E-Q2/4		

OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	T-Q1	TE-Q1/3	T-Q1 E-Q2/4		
<b>Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.</b>					
OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	T-Q1		T-Q1 E-Q1/3		
OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.	T-Q1		T-Q1 E-Q1/3		
<b>Goal R2.5: Design evidence-based monitoring plans for patients.</b>					
OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	T-Q1		T-Q1 E-Q1/3		
<b>Goal R2.6: Design patient education for a patient's regimen and monitoring plan.</b>					
OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.	T-Q1		T-Q1 E-Q2/4		

OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals			T-Q1 E-Q1/3		
<b>Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.</b>					
OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization's policies and procedures.			TE-Q1		
OBJ R2.8.2: (Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.			T- Q1 E- Q3		
OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.	T-Q1		TE Q1/Q2 RN snapshot		
OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	T-Q1		T-Q1 E- Q3		
OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	T-Q1		T-Q1 E-Q3		
<b>Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.</b>					
OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	T-Q1		T-Q1 E-Q3		
OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.	T-Q1		T-Q1 E-Q3		

<b>Goal R2.10: Communicate ongoing patient information to other healthcare professionals.</b>					
OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	T-Q1		T-Q1 E-Q2/4		
OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.			T-Q1 E-Q3		
<b>Goal R2.11: Document patient care activities appropriately.</b>					
OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation	T-Q1	E-Q1/3	TE-Q1		
OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity	T-Q1	E-Q1/3	TE-Q1		
OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.	T-Q1		T-Q1 E-Q2/4		

<b><i>Outcome R3: Exercise leadership and practice management skills.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R3.1: Exhibit essential personal skills of a practice leader.</b>					
OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	T-Q1	TE-ALL		T-All E-Q4	
OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.	T-Q1	TE-ALL			
OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations	T-Q1	TE-Q4			
OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.		TE-Q4		T- all E Q2/3	
OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care		TE-Q3			
OBJ R3.1.6: (Comprehension) Explain the role and importance of pharmacist active engagement in the political and legislative process.				T-Q1 E-Q3	

<b>Goal R3.2: Exhibit practice leadership in organizational and management activities.</b>					
OBJ R3.2.1: (Synthesis) Participate in the pharmacy's planning processes		TE-Q3		T- all E Q2/3	
OBJ R3.2.2: (Synthesis) Use knowledge of an organization's political and decision making structure to influence the accomplishment of a practice area goal		TE-Q3		T- all E Q2/3	
OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.	T-Q1			T- all E Q2/3	
OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.	T-Q1	TE-Q3			
OBJ R3.2.5: (Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.		TE-Q1			
OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.		TE-Q2			
OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	T-Q1	TE-Q3			
<b>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</b>					
OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.		TE-Q3			
OBJ R3.3.2: (Synthesis) Develop a business plan for a new service or an enhanced service, if applicable		T-ALL E-Q4			
OBJ R3.3.3: (Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service		T-All E-Q4			
OBJ R3.3.4: (Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.		T-All  E-Q4			
OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.		TE-Q4			
OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.		TE-Q4			

OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.		TE-Q4			
OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.		TE-Q4			

<b><i>Outcome R4: Demonstrate project management skills.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R4.1: Conduct a practice-related project using effective project management skills.</b>					
OBJ R4.1.1: (Synthesis) Identify a topic for a practice-related project of significance for community pharmacy					TE- Q1
OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project					T- Q1 TE- Q2
OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one's design of a practice-related project.					TE- Q1
OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.					TE- Q2 TE- Q3
OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.					T- Q3 TE- Q4
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.					TE- Q4
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.					TE- Q4

<b><i>Outcome R5: Provide medication and practice-related information, education, and/or training.</i></b>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.</b>					
OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.	T-Q1		T-Q1 E-Q3	T-all E-Q2/3	

OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.	T-Q1		TE- Q3	T-all E-Q2/3	
OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).			T-Q3 E-Q4	T-all E-Q2/3	
OBJ R5.1.4 (Application) Use public speaking skills to speak effectively in large and small group situations.				T-all E-Q2/3	
<b>Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.</b>					
OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.		TE-Q2	TE-Q1/4		
OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses		TE-Q2	TE-Q1/4		
OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.		TE-Q2	TE-Q1/4		
OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.		TE-Q2	TE-Q1/4		
OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation		TE-Q2	TE-Q1/4		

<i>Outcome R6: Utilize medical informatics</i>	Orientation	Staffing/ Mgmt	Direct Patient Care	Teaching	Research Project
<b>Goal R6.1: Use information technology to make decisions and reduce error</b>					
OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.	TE- Q1	TE-Q1	TE- Q1		
OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information		TE-Q1	TE- Q2		
OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions	TE- Q1	TE-Q1	T- Q1 TE- Q1		