

Structure of Saint Joseph Health System (SJHS) – Family Medicine Center (FMC) PGY1 Pharmacy Residency Learning Experiences

Orientation Plus Quadrimester Residency Rotations:

Orientation - Block

Ambulatory Diana (AC Diana) – First or Second Quadrimester

Ambulatory Ed (AC Ed) – First or Second Quadrimester

Ambulatory Faculty (AC Faculty) – Third Quadrimester

Education – Longitudinal (added to the Ambulatory Diana, Ed, and Faculty learning descriptions)

Practice Leadership-Mgmt-Admin – Longitudinal (added to the Ambulatory Diana, Ed, and Faculty learning descriptions)

At a Glance Listing of Potential Learning Experiences within Rotations:

Pharmacy residents must complete all the required experiences of the residency programs; these are included in the residency program's standard quadrimester and longitudinal rotation descriptions. Depending on the interests and experience of the incoming pharmacy resident as part of the initial development plan, the experience time may be shortened or kept the same but with expectations of independence reached at an earlier time. Elective experiences may be added to the quadrimester rotations based on the pharmacy resident's interest and availability of the faculty. Once completed, required experiences may be taken again as elective experiences as long as the experience does not comprise more than 1/3 of the residency program. Some elective experiences may be scheduled in a block rotation format. In this case the pharmacy resident still attends to his/her longitudinal responsibilities. In instances where a pharmacy resident has an interest that is not a current rotation, the program will strive to develop or find an outside rotation as per the Learning Description Development Policy.

Required Rotations

Experience	Required or Elective	Length of Time	Site	Preceptor
Orientation	Required	Two to Three Week Block	FMC, Hospital	Ed Sheridan, Residents
Ambulatory Diana	Required	One Quadrimester	FMC	Diana Mechelay
Included in Ambulatory Diana:	Annual Wellness Visit Clinic	One half day clinic weekly -Friday afternoons	FMC	Diana Mechelay
	Diabetes Clinic and Class	<u>Clinics:</u> Two half day clinics weekly -Tuesdays and Friday mornings <u>Class:</u> Two hour class weekly -Tuesday afternoons	FMC	Diana Mechelay, Chris Gildea
	Home Visits	<u>Annually:</u> Two visits required as a minimum graduation requirement with an expectation of completing 4 visits should the opportunity present.	FMC	Diana Mechelay
	Physician Network Quality Indicator/Med Adherence	Two Medication Adherence Calls Weekly	FMC	Diana Mechelay
	Team Pharmacist	Two half days weekly -Monday afternoons and Thursday mornings	FMC	Diana Mechelay
	Education	Experiential precepting -As scheduled Lectures/Lavs -Three per quadrimester max Pharmacy residency didactics -Wednesday afternoons weekly Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	Ed Sheridan, Jason Isch
	Residency Project	Two admin days weekly -Monday mornings and Wednesday afternoons Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	TBD Based on Project
	Practice Leadership -Mgmt - Admin	Two admin days weekly -Monday mornings and Wednesday afternoons Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	Ed Sheridan

Ambulatory Diana

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Admin (Leadership)	DM Clinic	Didactics	Teams	DM Clinic
PM	Teams	DM Classes (1400-1600)	Admin (Leadership)	Elective	AWV Clinic

Experience	Required or Elective	Length of Time	Site	Preceptor
Ambulatory Ed	Required	One Quadrimester	FMC	Ed Sheridan
Included in Ambulatory Ed:	Anticoagulation Clinic	Clinics: Two half days weekly -Tuesday and Thursday mornings Phone patients: One half days' worth time in the schedule (but phone patients scheduled per patient need and resident's schedule)	FMC	Ed Sheridan
	Pharmacotherapy/MTM – PGY1 Clinic	One half day clinic weekly -Friday afternoons	FMC	Ed Sheridan
	Sister Maura Brannick Clinic/Staffing	One half day weekly -Tuesdays from 4pm to 7pm	SMBHC	Blair Gingerich
	Home Visits	<u>Annually</u> : Two visits required as a minimum graduation requirement with an expectation of completing 4 visits should the opportunity present.	FMC	Diana Mechelay
	Physician Network Quality Indicator/Med Adherence	Two Medication Adherence Calls Weekly	FMC	Primary Preceptor
	Team Pharmacist	Two half days weekly -Monday afternoons and Thursday mornings	FMC	Primary Preceptor
	Education	Experiential precepting -As scheduled Lectures/Lavs -Three per quadrimester max Pharmacy residency didactics -Wednesday afternoons weekly Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	Ed Sheridan, Jason Isch
	Residency Project	Two admin days weekly -Monday mornings and Wednesday afternoons Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	TBD Based on Project
	Practice Leadership -Mgmt - Admin	Two admin days weekly -Monday mornings and Wednesday afternoons Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	Ed Sheridan

Ambulatory Ed

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Teams	Anticoagulation Clinic	Didactics	Anticoagulation Clinic	Anticoagulation Phone Patients
PM	Admin (Leadership)	Elective	Admin (Leadership)	Teams	PGY1 Clinic
		Staffing (SMBHC) 4-7			

Experience	Required or Elective	Length of Time	Site	Preceptor
Ambulatory Faculty	Required	One Quadrimester	Faculty Office	Chris Gildea, Jason Isch, Or Katie Clark
Included in Ambulatory Faculty:	Patient care clinics	Four half days weekly -Dependent on faculty schedules		
	Home Visits	<u>Annually</u> : Two visits required as a minimum graduation requirement with an expectation of completing 4 visits should the opportunity present.	FMC	Diana Mechelay
	Physician Network Quality Indicator/Med Adherence	Two Medication Adherence Calls Weekly	FMC	Primary Preceptor
	Team Pharmacist	Two half days weekly -Monday afternoons and Thursday mornings	FMC	Primary Preceptor
	Education	Experiential precepting -As scheduled Lectures/Lavs -Three per quadrimester max Pharmacy residency didactics -Wednesday afternoons weekly Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	Ed Sheridan, Jason Isch
	Residency Project	Two admin days weekly -Monday mornings and Wednesday afternoons Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	TBD Based on Project
	Practice Leadership -Mgmt - Admin	Two admin days weekly -Monday mornings and Wednesday afternoons Longitudinal, goals and objectives added to AC Ed, Diana, and Faculty descriptions	FMC	Ed Sheridan

Ambulatory Faculty

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Patient Care Clinic	Elective	Didactics	Patient Care Clinic	FMC Teams
PM	Patient Care Clinic	Admin (Leadership)	Admin (Leadership)	Patient Care Clinic	

Elective Rotations

Experience	Required or Elective	Length of Time	Site	Preceptor
Advanced Adult General Medicine	Elective	Four weeks	Hospital	Lisa Ribble-Fay
Cardiology	Elective	Four Weeks	Hospital	Angela Schurman
Cardiology – Outpatient	Elective	One Quadrimester, One day weekly	SJ Cardiology	Katie Clark
Critical Care	Elective	Four Weeks	Hospital	Angela Schurman
Faculty Practice	Elective	One Quadrimester, One half day weekly	Faculty Practice	TBD
Nursing Home	Elective	One Quadrimester, One half day weekly	Sanctuary at Holy Cross	Ed Sheridan
Home Infusion	Elective	One Quadrimester	Hospital	Danniel Cline
Infectious Disease	Elective	Four Weeks	Hospital	Laura Gillespie
Nutrition Support	Elective	Four Weeks	Hospital	Linda Lim
Pain/Palliative Care	Elective	One Quadrimester	Hospital	Lisa Ribble

Structure and Sequencing of Experiences During the Residency Year:

The residency program does have standard rotation learning descriptions that encompass the required experiences, competencies, goals, and objectives. Though rotations are a Quadrimester long, for purposes of timing and tracking of percentages in different areas as well as for scheduling of electives that must take place in a block, the experience sequence is planned out on a weekly planner consisting of three quadrimesters, for example:

First Quadrimester (July, August, September, October): Ambulatory Ed																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
<p>Patient Care: Anticoagulation (clinic and phone), PGY1 Clinic, Home Visits, FMC Team Pharmacist, Physician Network Quality Indicator/MA, Elective</p> <p>Staffing: PTO, Vacation Coverage, Sister Maura Brannick Health Center,</p> <p>Education: Create Teaching Materials, Weekly Teaching Discussions, and Start Co-Precepting, then Precepting, Lecture Pharmacy Didactics</p> <p>Practice Leadership: Leadership Books, Class Identity, (MUE, Two Newsletters, Performance Improvement Project, and Drug Class Review, Drug Monograph, or Disease Protocol by end of residency program)</p> <p>Residency Project: IRB, Research Background, and Implementation</p>																	
Second Quadrimester (November, December, January, February): Ambulatory Diana																	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
<p>Patient Care: Diabetes Clinic, Diabetes Class, AWW Clinic, Home Patients, FMC, Team Pharmacist, Physician Network Quality Indicator/MA, Elective</p> <p>Staffing: PTO, Vacation Coverage</p> <p>Education: Continue Precepting, Didactic lectures</p> <p>Practice Leadership: Leadership Books, Personal Mission Statement, Budget, Business Plan, Preceptor Availability</p> <p>Residency Project: Implementation, Midyear and Interim Data</p>																	
Third Quadrimester (March, April, May, June): Ambulatory Faculty																	
35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
<p>Patient Care: Faculty's Practice, Home Patients, FMC, Team Pharmacist, Physician Network Quality Indicator/MA, Elective</p> <p>Staffing: PTO, Vacation Coverage</p> <p>Education: Continue Precepting, Develop Orientation, Create Development Plans, Mentor Incoming Class, Create Overall Learner Schedule</p> <p>Practice Leadership: Business Plan, Budget, Interviews</p> <p>Residency Project: Great Lakes and Manuscript</p>																	

Learning Descriptions for Required Rotations

Orientation
Main preceptor: Ed Sheridan, Current Residents
Preceptor Interaction: note on calendar

General Description of Practice Area

Family Medicine Center, Mishawaka

The Family Medicine Center functions as a primary care office with regularly scheduled office hours. The center was designed to serve uninsured and underinsured patients, but also cares for patients with insurance. More than 8,000 families, or approximately 12,000 patients, are cared for in the Family Medicine Center. Patients are primarily selected as family units in order to provide experience of caring of an entire family. In addition to direct patient care, the Family Medicine Center is unique in its educational focus. Being connected to the hospital increases collaboration between the two pharmacy residency programs, both residents and faculty

Role of Pharmacist

Orientation	
Site(s)	FMC, Hospital
Preceptor Job Description	Preceptors are ambulatory care pharmacy leaders housed at the FMC

General Faculty Practice

Education (To Teach): Pharmacy faculty have various teaching roles and responsibilities within and outside of the walls of the family medicine center. Faculty not only teach didactically and clinically, but also create the curriculum and syllabus for the experiences. They teach pharmacy students, pharmacy residents, medical students, and medical residents.

Patient Care (To treat): Each faculty member has his own clinic time where they see patients independently, face to face. To varying extents, the faculty also see patients at the same time as the physicians. Each faculty member also assists medical residents and pharmacy residents in the care of their patients. Pharmacy faculty practice throughout SJRMC hospital. Specifically, the family medicine center pharmacy faculty round on the family medicine. An adjunct faculty member is also present at Sister Maura Brannick Center where they dispense medications as no cost to patients and manage select chronic disease states.

Practice Management (To Lead): Pharmacy faculty responsibilities in building patient care services are extensive. They develop the business plans to financially/clinically justify the services, execute the plan to initiate services, and continually monitor indicators of success for the services

Expectations of Residents

1. Ask questions for clarification as they come up
2. Be attentive, prepared, and engaged in orientation activities
3. Contact primary preceptor to schedule meeting prior to the start of the first quadrimester rotation
4. Review the learning description and schedule with the primary preceptor
5. Follow duty hours. Be "on" as per camp responsibilities
6. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
7. Take ownership for patients entrusted to your care, including: work up, communication, visits, follow up..etc
8. Thoughtfully complete required evaluations and discuss with primary preceptor

By the completion of the orientation period the pharmacy resident will have a broad overview of the site/program and will have taken care of HR responsibilities. The pharmacy resident will have gained technical skills and begun to develop professional relationships.

Progression:

Faculty will keep in close communication with both the site and the resident over the course of the rotation. The resident pharmacists will shadow preceptors at their different sites in their area of responsibility. The preceptors will be initially assessing the incoming resident pharmacist's skill in different areas. This assessment is combined with the initial residency questionnaire as a starting point for the year- long residency training plan. We realize not everything will be remembered from orientation. Feel free to ask questions or clarify along the way.

Feedback/Assessment:

The resident and preceptor will meet for weekly feedback. Informal formative feedback while on a learning experience will be timely and continuous. Formal summative evaluation will take place at midpoint, and at rotation's end.

Rotation Goals, Objectives, Tasks

Goals, Objectives, and Activities Key

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SJHS Activity/task through which the objective will be practiced and assessed

Goal R2.2:	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.		
OBJ R2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	<ul style="list-style-type: none"> • Appropriately identifies problems and opportunities for improvement and analyzes relevant background data. • Determines an appropriate topic for a practice-related project of significance to patient care. • Uses best practices or evidence-based principles to identify opportunities for improvements. • Accurately evaluates or assists in the evaluation of data generated by health information technology • or automated systems to identify opportunities for improvement. 	Define an area of need that can serve as the subject for the residency project. Also note the graduation responsibilities for PDCA cycles.

Goal R3.1:	Demonstrate leadership skills.		
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and practice leadership responsibilities. The resident will conduct formative and summative self-assessments

**Ambulatory Diana
First Quadrimester**

Main preceptor: Diana Mechelay
 Adjunct preceptors: Chris Gildea, Jason Isch, Ed Sheridan
 Preceptor Interaction: note on calendar

General Description of Practice Area

Family Medicine Center, Mishawaka

The Family Medicine Center functions as a primary care office with regularly scheduled office hours. The center was designed to serve uninsured and underinsured patients, but also cares for patients with insurance. More than 8,000 families, or approximately 12,000 patients, are cared for in the Family Medicine Center. Patients are primarily selected as family units in order to provide experience of caring of an entire family. Additionally, the center provides obstetrical care for women and a medication assistance program, which provides prescription medication to patients at a reduced cost. In addition to direct patient care, the Family Medicine Center is unique in its educational focus. Being connected to the hospital increases collaboration between the two pharmacy residency programs, both residents and faculty

Family Medicine Faculty Physicians, Mishawaka

This separate office houses the private practice of some of the family medicine faculty. Apart from other residency duties, each faculty member routinely sees patients two half-days weekly. Practicing the entire spectrum of family medicine, they care for a patient population of over 1,000 patients.

Role of the Pharmacists in Teaching:

<u>Teaching Experience</u>	
Required	Longitudinal
Site(s)	FMC
Jason Isch Ed Sheridan	Teach didactic lectures and labs at Purdue and Manchester University Colleges of Pharmacy. Additionally, precept students from the respected colleges of pharmacy, in addition to precepting medical residents on rotation at the Family Medicine Center.

Role of the Pharmacists:

<u>Diabetes Clinic including Diabetes Class</u>	
Required	Longitudinal, one clinic weekly, one class weekly
Site(s)	FMC
Diana Mechelay (class sometimes Chris Gildea)	Care for patients with diabetes and chronic disease; Conduct diabetes education specific classes; Maintain applicable board certifications.

<u>Annual Wellness Visit Clinic</u>	
Required	One Quadrimester, One Clinic Weekly
Site(s)	FMC/FMFP
Diana Mechelay, PGY2	The AWV Pharmacist is responsible for conducting Medicare Annual Wellness Visits for eligible patients.

<u>Home Visits</u>	
Required	Longitudinal
Site(s)	FMC/Home
Primary Preceptor	Residents conduct MTM home visits, sometimes in conjunction with medical residents.

<u>Physician Network Quality Indicators/Med Adherence</u>	
Required	One Quadrimester and Longitudinal
Site(s)	FMC
Diana Mechelay	Improve quality metrics for patients in the Saint Joseph Physician Network (SJPNO). The SJPNO has several value-based contracts with different insurance providers where the reimbursement is based on STAR ratings. The Ambulatory Care Pharmacist works on these pharmacy-related metrics, including medication adherence.

Team Pharmacist	
Required	Longitudinal
Site(s)	FMC
Primary Preceptor	Serves as faculty in the family medicine residency, precepts both pharmacy and medical residents

Role of the Pharmacists in Leadership

Practice Leadership, Management, Administration	
Required	Longitudinal
Ed Sheridan, other faculty may join	The pharmacy director/manager is responsible for oversight of all pharmacy related operations of the hospital. They are accountable for both the clinical and financial performance of the department. The pharmacists help facilitate, mentor and participate when discussing various methods of practice and utilization of management/leadership tools with the residents.

Role of the Pharmacists in Project Management:

Residency Project	
Required	Longitudinal
TBD based on project	Review IRB submissions, guide residents in creating a timeline, and being available for residents to check in for progress meetings of their projects. Preceptors are also to review Great Lakes Pharmacy Residency Conference Slides, as well as review material for posters submitted for ASHP Midyear or other local, state, or national meetings. Preceptor is also to help guide resident on the creation of their manuscript.

Expectations of Residents

General Expectations

1. Remind/confirm elective preceptors at the previous midpoint
2. Contact primary preceptor to schedule meeting two weeks prior to the start of the rotation
3. Review the learning description and rotation schedule with the primary preceptor
4. Follow duty hours. Be "on" during operating hours of the FMC at a minimum
5. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
6. Take ownership for patients entrusted to your care, including: work up, communication, visits, follow up..etc
7. Manage the entire patient, ensuring the distinction between the reason for referral and other problems that may present.
8. Thoughtfully complete required evaluations and discuss with primary preceptor
9. Autonomy with patient care determined individually through observations with preceptor. Read over the responsibilities and deadlines below
10. Where applicable, choose a topic and preceptor mentor
11. Set appropriate meeting times/communications for various projects, deadlines and interim deadlines with appropriate preceptor
12. For activities that result in an end product requiring approval, communicate the project mentor's final approval to the RPD prior to uploading the document/documentation into pharmacademic.

Teaching Specific Expectations

Academia/Teaching Experience

At the completion of this longitudinal experience, the pharmacy resident will be able to effectively and efficiently precept pharmacy students independently. The pharmacy resident will design, organize, and precept rotations for PharmD candidates for at least one complete APPE rotation. Additionally, the resident will evaluate the PharmD candidate and assist them in the self-evaluation process. By the end of this experience, the pharmacy resident will be able to effectively present didactic lectures to pharmacy students and family medicine resident physicians. The pharmacy resident will create, administer and grade examination questions for nursing or pharmacy students. The pharmacy resident will have met the requirements for the Indiana Pharmacy Resident Teaching Certification by completion of the residency program. (Patient education will be addressed on specific direct patient care rotations.)

Teaching portfolio/Materials (R4.1.1)-Jason Isch, Ed Sheridan, TBD-SJHS teaching portfolio mentor.

Residents are encouraged to take part in IPTeC (certification is not a graduation requirement though creation of a teaching portfolio is). Residents are expected to choose and set up meetings with a SJHS specific teaching portfolio mentor in addition to the IPTeC teaching portfolio mentor. During the first three months (approximately) of the residency program on Tuesdays over lunch, residents and faculty meet to discuss different aspects of teaching. Residents are given reading materials for most sessions and asked to reflect on their past educational history. In this schedule (<https://mytrinityhealth.sharepoint.com/:w/r/sites/Didactics-PharmacyResidencyTH0365/Shared%20Documents/General/EducationTeaching/References/Teaching%20series.docx?d=w6fbefef085ee4310af4898b8d59c141a&csf=1&web=1&e=Dw2nxG>), they are also assigned due dates for a generic student calendar and monitoring form, a rotation learning description, and the teaching philosophy Due Date 10/01. Residents are free to create other materials such as evaluations. The intent is for them to be able to design and revise materials they would use at their future site. For SJHS, we do ask that they use the standard rotation description to ensure common expectation and workload amongst students on similar rotations.

Experiential Preceptorship (R4.2.1, R4.2.2) – Ed Sheridan/Jason Isch/PGY2

As a PGY1, assist in determining the next year's preceptor availability. Once the learner lists are determined, the Chief creates a master schedule of rotations delegating learner rotations to the residents in a see one, do one, teach one fashion, keeping numbers as equal as possible. Residents precept students from Manchester University and Purdue University as well as second and third year Family Medicine and first year Podiatric residents on pharmacotherapy rotations, and the pharmacy portion of the first year Family Medicine resident's geriatric rotation. Residents are expected to gain autonomy in teaching; however, faculty do request the ability to be present in the rotations by having the schedules be made such that they, or other faculty, can be present for such things as the beginning of block and end of block exams, journal clubs and case presentations, at least two sessions where patients are being reviewed, and when formal evaluations are being discussed.

At least two weeks prior to a rotation: Meet with fellow learner preceptors (MU, Purdue, Med and Podiatry Residents) to coordinate experiences (including clinic schedules, topic discussions, activities, etc...). **At least one week prior to a rotation:** Send finalized learner schedule to fellow preceptors, pharmacy faculty, and education preceptor to get feedback (and to ensure pharmacy faculty will be available for learner in clinic). **At least 1 week prior to rotation:** Send email to learner in response to share important information (does not need to include finalized rotation calendar). Learners should email academic preceptor liaison at least 2 weeks in advance (Jason – MU, Ed – Purdue) Collect all necessary equipment and papers in order to start orientation at 8AM on the first day (materials include, but not limited to: learner badge, computer, power cord, rotation folder, rotation calendar, syllabus, other instructional papers printed, etc...). **On first day of rotation:** Ensure appropriate personnel are available to "pick up" learner at designated location. Work with fellow learner preceptors to ensure effective orientation strategy (e.g. delegate various tasks like learning the computer system, tour of the facilities). **During rotation:** Send self-evaluation to education preceptor/teaching mentor (Jason/Ed/etc...) on the **Friday of each week** to include answers to: 1) What is going well? 2) What could be going better? 3) What resources are needed and/or how can the preceptors help facilitate learning experience. Review patients with learner while either academic APPE preceptor or other pharmacy faculty member is present **at least twice during the month** (to receive feedback on facilitating patient reviews)

Outside Didactic Lecture (R4.1.1, R4.1.2, R4.1.3) (Purdue, Manchester, Notre Dame, IPA/Conferences, etc...)-Jason Isch; If not Jason's class, resident is expected to have a SJHS mentor for all lectures.

For clarification, outside didactic lectures include such things as lectures, lab sessions, CE session... to a non SJHS audience. Outside lectures can be either virtual or face to face. PGY1 residents may have a max of 3 lectures per quadrimester during residency hour.

Before the lecture: Review time away policy found in the residency policy manual. **At least 3 months before the lecture,** meet with academic preceptor to develop personal objectives, lecture objectives, and deadlines to accomplish didactic leaning experience. Create calendar invites or other methods to communicate deadlines for academic preceptor and other faculty associated with the lecture (could be outside personnel). Give academic preceptor at least 1 week to review any applicable material before needing revised versions (Make sure to give self at least ~2 weeks before final drafts are due for faculty to review and then revisions to be made). **On the day of the lecture:** Ensure communication with academic preceptor and pharmacy preceptors of schedule for days events (e.g. send a calendar invite with expected times of travel/teaching/return). Collect feedback from learners AND lecture personnel and give to academic preceptor/residency preceptor This is required for experience to not count toward off-site experience allowance). **After the lecture:** Reflect on self-performance throughout the didactic experience and send on to academic preceptor/residency preceptor 1) What went well? 2) What could have gone better? 3) What areas of development persist for future development of this lecture (or application toward other lectures)? Ensure all follow-up assessment tasks are completed for learners within the course (grading of assignments, submission of exam/quiz questions, etc...).

Patient Care Specific Expectations

Diabetes Clinic

A diabetes clinic was initiated at the Family Medicine Center in 2011. Patients are initially scheduled for group sessions to learn more about diabetes; they then attend individual appointments with the pharmacist. Patients with diabetes are referred to the pharmacist for both education and management regarding their disease state. Clinics function in much the same way as the anticoagulation clinic. In addition to these clinics the ambulatory pharmacy services department works closely with specialty clinical services, including pediatric endocrinology. Physicians routinely welcome pharmacists to take part in their pediatric clinics.

Annual Wellness Visits

The pharmacy resident will perform Medicare Annual Wellness Visits for qualified patients. Patients will be scheduled for one-hour appointments where the pharmacy resident will complete a health risk assessment, update patient chart, review medications and allergies, screen for depression, assess functional ability and level of safety, gather vital signs, assess cognitive function, and order referrals, screenings, and labs as indicated. Pharmacy resident will provide list of recommended services to the patient.

Home Visits

See the graduation policy for the appropriate number of patient encounters. The pharmacy resident is to develop a patient care plan before going to the patient's home. All attempts must be made to schedule the visit at a time when preceptor can take part in the first few visits. Should the appointment take place with only the resident, the preceptor should be notified so that they can assist in telephonic support as needed. The patient care is documented in the patient's record. This experience is designed to help the resident understand the non-medical factors that impact patient adherence to health care regimens. Please see the safety document ([Home Visits 2.0.docx](#))

Physician Network Quality Indicators, med adherence

Medication Adherence patients distributed to residents weekly. The pharmacy resident will be given two calls weekly. At the completion of this experience, the pharmacy resident will be able to comprehend which metrics are being evaluated as quality indicators for patients within our physician network. This will include assisting with some Transitions of Care, Medication Use Compliance, educating prescribers on appropriate medication prescribing, and improving the care of patients throughout the network by ensuring that their medications are appropriate and their lists up-to-date within our EMR. The pharmacy resident will also be able to explain the reimbursement process for improving quality scores within the network.

Team Pharmacist

This longitudinal experience focuses on building a consistent presence within the Family Medicine Center. Residents will be assigned to a team of medical residents and will serve as pharmacy support for the team. Responsibilities will include being present in the team-work room 1 day per week, answering drug information questions, conducting scheduled/impromptu visits and patient education sessions as requested by the medical team and appropriately documenting all interventions. Residents also have the opportunity to assist the care manager with patients transitioning from the inpatient to outpatient setting. The pharmacy resident is expected to

reconcile the patient's inpatient and outpatient medication list as well as call the patient for clarification and elimination of barriers to adherence. The resident documents the patient encounter as a TOC note and sends the note to the patient's PCP. If the patient comes in on a team's day, the resident is more than welcome to discuss the potential of a collaborative visit with the patient's PCP.

Initiated as a 2013 pharmacy resident project, transitions of care pharmacy services seek to decrease hospital readmissions and improve patient outcomes. Resident pharmacist is to provide Transitions of Care services to high-risk patients recently discharged from the hospital as identified by care manager or other source. Resident is to work within a multidisciplinary team to promptly ensure patient's medication list is accurately updated, promote medication adherence, address patient concerns after discharge, and recommend appropriate changes to patient's medication regimens upon follow-up. Resident is expected to follow-up through phone conversation. Resident should then communicate the results of that medication review, identifying any concerns or recommendations, with the patient's PCP through a TOC progress note and/or direct message to the PCP. Resident should copy preceptor on all TOC progress notes, respond to feedback from preceptor, and refer patient to care manager for further follow-up as indicated. Resident should understand current billing codes and legal issues associated with this TOC clinical service.

Leadership Specific Expectations

Practice Leadership, Management, Administration Experience

The scope of practice and structure of pharmacy services is complex. There are many stakeholders, and pharmacists must interact with a variety of health professionals on a daily basis. To be successful in this environment the pharmacist resident must gain expertise in managing his or her pharmacy practice. The pharmacy resident will be expected to explore generalities of practice management by reading books, reviewing articles and discussing these issues with preceptors. (Examples of topics include personal mission statement, time management, project management etc.) The pharmacy resident will have opportunities in all rotations to hone their ability to manage their practice and observe how the preceptor manages his or her practice. However, because some topics may not be experienced during the course of a specific rotation, practice management will have longitudinal components as weekly topics and as required projects as part of the longitudinal experience. A working administrative skill set is as important to a pharmacist as a patient care skill set. In this rotation, the PGY1 pharmacy resident will develop his/her own department budget, great a business plan based in his/her perceived next practice and conduct a SWOT analysis as the first step to prioritizing a new initiative.

Pharmacy and Therapeutics Meetings (R3.1.1) - Lisa Ribble- Fay

Pharmacy residents are expected to attend Saint Joseph Health System Pharmacy and Therapeutic meetings which occur every other month. The resident will take meeting minutes at least once across the residency year. Residents learn the approval and ongoing monitoring of efficacy and safety of medications and services in the hospital setting.

Department meetings (R3.2.1, R3.2.3) – Ed Sheridan

Pharmacy residents are expected to attend ambulatory pharmacy services' weekly huddle and WIG meetings: leading, documenting productivity metrics, and/or presenting as assigned. These meetings are usually held over lunch and are placed on the residents' outlook calendars. Residents learn teamwork as well as where ambulatory pharmacy fits within the larger health system during these meetings.

Practice Leadership Series (didactics) R3.1.1, R4.1.2) – PGY2s

The practice leadership curriculum is embedded in the pharmacy residency didactics sessions that occur on Wednesday afternoons. The curriculum is designed to promote professional and personal growth to further facilitate the resident's success in the residency program, and his/her professional career. Though the curriculum will be explained in further detail in an associated document, the resident will read and host discussions on assigned texts, reflecting and discussing how the books are relevant to their current and future practice. Deadlines and books as assigned by PGY2s.

Ambulatory Pharmacy Services Newsletter (R4.1.3) – TBD

Each resident will create two, one page (front and back) pharmacist's letter-like newsletter across the residency year. Topics for the newsletter may come from such things as current events within the department, commonly asked drug information questions, new landmark trials or guidelines, practice leadership books, new residency standards, new teaching techniques, and current trends within ambulatory care. The newsletter is meant to be assist in keeping the department up to date while at the same time giving the resident the chance to practice his/her writing skills. Excerpts of this newsletter may be given to the Volker Blankenstein fellow for the FMC newsletter. In lieu of a newsletter, the resident may opt to publish an article/case study in the journal of his/her choosing; in this case, a summary of the article would suffice in lieu of a newsletter. The residency class (inclusive of first and second years) will determine the order and therefore deadlines for the newsletter. It is suggested that the resident ask their current primary preceptor to serve as the mentor for this project.

Residency Class Identity (R3.1.1) – Chief and Ed Sheridan

Akin to the personal mission statement, this may be thought of as the residency class (first and second years, acute and ambulatory). The Chief resident will schedule time with the entire residency class and Ed Sheridan to intentionally create a class identity. The goal is for the class to determine what their legacy will be upon leaving SJHS: How will SJHS remember them – and how will they remember each other, or– if SJHS was to write a letter of recommendation for the entire residency class as a group, what would the letter say? The identity will be written by the group to sent to Ed Sheridan and Lisa Ribble-Fay as well as for future review and reflection. In addition to the meeting where the Identity is created, the Chief resident will schedule a group meeting with the pharmacy residents and directors two other times across the course of the year to reflect and discuss how well they have attained and maintained the identity. Creation due date July 31st.

Residency Project Specific Expectations

Residency Project – Mentor TBD based on project

(R2.2.1-R2.2.5) The pharmacy resident will complete a pharmacy residency project that is either research or performance improvement based. The project will be relevant and useful to the respective site. The pharmacy resident will present the final project at Great Lakes Residency Conference in April (required) and at ASHP Midyear in December (if interim data is available). The PGY1 resident will take necessary steps during the course of the residency to publish the article in an appropriate journal.

Topic Choice – Determines Mentor

The residency program does maintain a list of potential residency projects relevant to the practice site (SHOULD ASSIGN THIS). As residents are sent the introduction questionnaire, they are also asked for potential project ideas. The goal is to marry a topic that is both relevant to the site and also of interest to the resident. Projects are solidified during orientation alongside the resident's development plan. The project IRB convenes early in the year – usually the latest being August – necessitating the resident focus on the project early on in the residency year.

Project Timeline

The resident is expected to develop a project timeline including personal deadlines for background research, intervention planning, intervention initiation, data collection, data analysis, planning for sustainability as well as such things as abstract – poster – slide submissions for various research conferences. At the beginning of the year, the resident is expected to schedule appropriate touch bases meetings, determine communication pathways, and project responsibilities (unless otherwise agreed upon, the project is meant to be the resident’s responsibility with guidance from the mentor) with the project mentor.

Example of weekly rotation schedule (see education longitudinal & leadership tasks included below):

Monday	Tuesday	Wednesday	Thursday	Friday
Admin (Leadership)	DM Clinic	Didactics	Teams	DM Clinic
Teams	DM Classes (1400-1600)	Admin (Leadership)	Elective	AWV Clinic

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated.
3. End of Rotation Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated.

Milestones for the first quadrimester:

End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • No formal teaching experience this early. • Should be able to reflect on own rotation experiences and didactic learning to begin to conceptualize teaching style. • Active participation in the weekly teaching series 	<ul style="list-style-type: none"> • Observe other’s precepting. • Be comfortable leading parts of other’s rotations with supervision and feedback. • Actively participate in discussions on educational topics. • Observe preceptors lecture to patients with Diabetes. • Active participation in the weekly teaching series 	<ul style="list-style-type: none"> • Though taking over the role of primary preceptor still a beginner in precepting (unconsciously and consciously incompetent) needing observation and feedback. • Able to lecture to patients with observation. Beginning stages of creating formal lectures. • Make teaching philosophy and reflect. • Make learning description. 	<ul style="list-style-type: none"> • Able to reflect on preceptor style and rotation and make adjustments as necessary. • Develops students’ schedules and shares with residency faculty. • More comfortable with preceptor role. • May have given a formal lecture, certainly has had lab experience with formal feedback on performance.

End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • Having working knowledge of the patient chart. Can find appropriate information but may not be yet efficient. • Gaining footing with workflow in the different aspects of patient care. • Working up and presenting detailed patient plans to the faculty before interacting with patients. • Interviewing patients with observation; present adjusted patient care plan to faculty. • All notes sent to faculty for sign off. • Prioritizes patient care responsibility • Able to dispense with phone call backup. 	<ul style="list-style-type: none"> • Gaining efficiency and mastery of patient chart. • Collecting appropriate information for straightforward patients. • Begin to present pertinent positives for more simple patients. Workflow more streamlined. • Patient interactions either observed via camera or debriefed after the patient interaction. • Possible for a few instances of preceptor not immediately present, but always still immediately available. • Notes still sent for sign off. 	<ul style="list-style-type: none"> • Beginner in patient care • Unconsciously incompetent with long term patient relationship and with confidence in owning entire patients. • Patient care skills developing. • Begins stating" I think this is what I should do." • Presents pertinent positives of more straightforward patients. • Able to see patients more independently but with preceptor immediately available. • Faculty and resident may define the patient population for which more independent practice is appropriate. • Appropriately prioritizes patient care • Notes still signed off by faculty. 	<ul style="list-style-type: none"> • Able to navigate the patient chart and pull out pertinent information in an efficient manner • Able to apply skill sets to different types of patients • Cautiously works up more complex patients • Beginning to prioritize problems to address during the visit • Leads patient visit in a fruitful and efficient manner quickly gaining autonomy • Notes written clearly and concisely
End of July	End of August	End of September- Quarter 1 (unconsciously incompetent; consciously incompetent)	End of October
<ul style="list-style-type: none"> • Beginning to understand the concepts of practice management and leadership as it relates to the residency 	<ul style="list-style-type: none"> • Demonstrates self-awareness • Actively participates in practice management leadership series • Headway made on some of the PM projects • IRB proposal completed 	<ul style="list-style-type: none"> • Leading some of the practice management leadership sessions • Able to describe practice management as it relates to the residency and future career • Time management being tested • Beginning to develop a method to stay up with the literature 	<ul style="list-style-type: none"> • Adjust time management style to meet the needs of the patient population and duties • Manages project tasks efficiently and effectively • Controls the agenda for the faculty/resident touch bases • Beginning stages of planning out what the residency week looks like

Goals, Objectives, Tasks Related to Teaching:

Goals, Objectives, and Activities Key

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SJHS Activity/task through which the objective will be practiced and assessed

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.1:	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> • Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient). • Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs. • Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling). • Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices. • Includes accurate citations and relevant references and adheres to applicable copyright laws. 	Create teaching philosophy. Develop rotation description for APPE students, family medicine residents, and podiatric residents. <u>Design a rotation schedule that allows the presence of the majority of his/her colleagues.</u> Incorporate (and discuss with preceptor) more than one educational tool / assignment approach in the following settings: small group discussion, classroom didactic session, will implement techniques to differentiate between education targeting patients, medical residents, medical students and pharmacy students. Discuss these techniques with preceptor. Discuss with preceptor the resident's approach to selecting breadth and depth of information necessary for various teaching settings

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.3:	(Applying) Use effective written communication to disseminate knowledge.	<ul style="list-style-type: none"> Writes in a manner that is easily understandable and free of errors. Demonstrates thorough understanding of the topic. Notes appropriate citations and references. Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic. Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate. Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public). Creates one's own work and does not engage in plagiarism 	(Remember the newsletter graduation requirement described in the leadership learning description). Write/complete written assignments in a professional manner – with correct spelling, grammar, and style. Including but not limited to: presentations, medication use evaluations, PDCA cycles, residency project materials, personal mission statement, business plan, teaching philosophy...etc

Goal R4.2:	Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).		
OBJ R4.2.1:	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	<ul style="list-style-type: none"> Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating). <ul style="list-style-type: none"> Selects direct instruction when learners need background content. Selects modeling when learners have sufficient background knowledge to understand the skill being modeled. Selects coaching when learners are prepared to perform a skill under supervision. Selects facilitating when learners have performed a skill satisfactorily under supervision. 	Read Bloom's taxonomy on the different levels of learners. Will provide example to preceptor of when each role is appropriate and for what type of learner. Intentionally choose preceptor role before didactic lectures or experiential rotation events. Debrief choice with preceptor.

Goal R4.2:	Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).		
OBJ R4.2.2:	(Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> Instructs students, technicians, or others as appropriate. Models skills, including "thinking out loud," so learners can "observe" critical-thinking skills. Coaches, including effective use of verbal guidance, feedback, and questioning, as needed. Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance. 	Directly observed using the different preceptor roles. Will also reflect with preceptor when different roles have been used in situations not directly observed,

Goals, Objectives, Tasks Related to Patient Care:

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> Interactions are cooperative, collaborative, communicative, and respectful. Demonstrates skills in negotiation, conflict management, and consensus building. Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patient's team, and when on FMC teams.

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OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> Interactions are respectful and collaborative. Uses effective communication skills. Shows empathy. Empowers patients to take responsibility for their health. Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Collection/organization methods are efficient and effective. • Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> ○ History of present illness. ○ Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. ○ Social history. ○ Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. ○ Laboratory values. ○ Pharmacogenomics and pharmacogenetic information, if available. ○ Adverse drug reactions. ○ Medication adherence and persistence. ○ Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. • Sources of information are the most reliable available, including electronic, face-to-face, and others. • Recording system is functional for subsequent problem solving and decision making. • Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.

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OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Health and functional status. ○ Risk factors. ○ Health data. ○ Cultural factors. ○ Health literacy. ○ Access to medications. ○ Immunization status. ○ Need for preventive care and other services, when appropriate. ○ Other aspects of care, as applicable. • Identifies medication therapy problems, including: <ul style="list-style-type: none"> ○ Lack of indication for medication. ○ Medical conditions for which there is no medication prescribed. ○ Medication prescribed or continued inappropriately for a particular medical condition. ○ Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). ○ Therapeutic duplication. ○ Adverse drug or device-related events or the potential for such events. ○ Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions. ○ Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. ○ Patient not receiving full benefit of prescribed medication therapy. ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. ○ Discrepancy between prescribed medications and established care plan for the patient. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmacoeconomic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. ○ If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s). ○ When applicable, reflects preferences and needs of the patient. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines). Include care management opportunities such as: medication affordability, resource coordination: referral to care management, PCP, community resources, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

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OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> • Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> ○ Recommendation is persuasive. ○ Presentation of recommendation accords patient's right to refuse treatment. ○ If patient refuses treatment, pharmacist exhibits responsible professional behavior. ○ Creates an atmosphere of collaboration. ○ Skillfully defuses negative reactions. ○ Communication conveys expertise. ○ Communication is assertive but not aggressive. ○ Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. • Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> ○ Therapy corresponds with the recommended regimen. ○ Regimen is initiated at the appropriate time. ○ Medication orders are clear and concise. ○ Activity complies with the health system's policies and procedures. ○ Tests correspond with the recommended monitoring plan. ○ Tests are ordered and performed at the appropriate time. • Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). • Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. • Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). • Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. • Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. • Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> • Selects appropriate direct patient care activities for documentation. • Documentation is clear. • Documentation is written in time to be useful. • Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate appropriate documentation in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> • Gives priority to patient care activities. • Plans prospectively. • Routinely completes all steps of the medication management process. • Assumes responsibility for medication therapy outcomes. • Actively works to identify the potential for significant medication-related problems. • Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. • Helps patients learn to navigate the health care system, as appropriate. • Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. • Determines barriers to patient compliance and makes appropriate adjustments. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R1.2: Ensure continuity of care during patient transitions between care settings.			
OBJ R1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> Effectively participates in obtaining or validating a thorough and accurate medication history. Conducts medication reconciliation when necessary. Participates in thorough medication reconciliation. Follows up on all identified drug-related problems. Participates effectively in medication education. Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate. Follows up with patient in a timely and caring manner. Provides additional effective monitoring and education, as appropriate. Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions 	Conduct a thorough medication reconciliation upon patient discharge from the health system. Identifies discrepancies by speaking with the discharging facility, patient, family members, PCP offices and pharmacies. Reports discrepancies to attending physician and offers appropriate resolution (including to update medication list) for the PCP.
Goal R3.1: Demonstrate leadership skills.			
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). Effectively uses a self-evaluation process for developing professional direction, goals, and plans. Effectively engages in self-evaluation of progress on specified goals and plans. Demonstrates ability to use and incorporate constructive feedback from others. Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.
Goal R3.2: Demonstrate management skills.			
OBJ R3.2.4	(Applying) Manages one's own practice effectively.	<ul style="list-style-type: none"> Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice. Makes accurate, criteria-based assessments of one's own ability to perform practice tasks. Regularly integrates new learning into subsequent performances of a task until expectations are met. Routinely seeks applicable learning opportunities when performance does not meet expectations. Demonstrates effective workload and time-management skills. Assumes responsibility for personal work quality and improvement. Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). Sets and meets realistic goals and timelines. Demonstrates awareness of own values, motivations, and emotions. Demonstrates enthusiasm, self-motivation, and a "can-do" approach. Strives to maintain a healthy work-life balance. Works collaboratively within the organization's political and decision-making structure. Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. <ul style="list-style-type: none"> Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).			
OBJ R4.1.2:	(Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Captures and maintains learner/audience interest throughout the presentation. • Implements planned teaching strategies effectively. • Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning). • Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections). • Body language, movement, and expressions enhance presentations. • Summarizes important points at appropriate times throughout presentations. • Transitions smoothly between concepts. <p>Effectively uses audio-visual aids and handouts to support learning activities</p>	Leads DM classes. Builds rapport with patients. Ensure the content and delivery of any education is at appropriate level. . Appropriately self reflects with a few points to improve for the next session.
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> • Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity. • Provides timely, constructive, and criteria-based feedback to learner. • If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction. • Determines how well learning objectives were met. • Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met. • Identifies ways to improve education-related skills. • Obtains and reviews feedback from learners and others to improve effectiveness as an educator. 	Accurately identify patient’s areas of strength and of improvement adjusting techniques to suit the class

Goals, Objectives, Tasks Related to Leadership:

Goal R3.1: Demonstrate leadership skills.			
OBJ R.3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Demonstrates effective time management. • Manages conflict effectively. • Demonstrates effective negotiation skills. • Demonstrates ability to lead interprofessional teams. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals. • Effectively expresses benefits of personal profession-wide leadership and advocacy. 	<p>Begin developing a personal mission statement. Participate in the creation of the class identity. Participate in the leadership series, reflecting on and implementing some of the philosophies. Complete assigned and delegated duties by appropriate timelines. Demonstrate accountability and preparedness for responsibilities. Learn the difference between those opportunities offered and those delegated or assigned; For those things offered, review other commitments before accepting. Resolve conflicts amicably. More generally, the preceptor will observe the resident in a variety of different team settings.</p> <p>(Note: Whereas R3.2.4 activities relate to the patient care practice setting, this objective is used for overarching time management, interpersonal skills this objective relates more to the activities ACROSS THE RESIDENCY PROGRAM)</p>
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and practice leadership responsibilities. The resident will conduct formative and summative self-assessments

Goals, Objectives, Tasks Related to Residency Project:

Goal R2.2:	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.		
OBJ R2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	<ul style="list-style-type: none"> • Appropriately identifies problems and opportunities for improvement and analyzes relevant background data. • Determines an appropriate topic for a practice-related project of significance to patient care. • Uses best practices or evidence-based principles to identify opportunities for improvements. • Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement. 	Define an area of need that can serve as the subject for the residency project. Also note the graduation responsibilities for PDCA cycles. (PDCA Assessed under R3.2.3 as the R2.2 goals are commonly ACH with the project).
OBJ R2.2.2	(Creating) Develop a plan to improve the patient care and/or medication-use system.	<ul style="list-style-type: none"> • Steps in plan are defined clearly. • Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately. • Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders. Applies evidence-based principles, if needed. • Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate. • Develops a feasible design for a project that considers who or what will be affected by the project. • Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project. • Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable. • Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency 	Conduct a literature review to find published materials on how similar issues have been addressed. The resident will develop a detailed plan to impact the area of need, as well as a detailed timeline for implementation, collection tool, evaluation, presentation, and publication. Also note the graduation responsibilities for PDCA cycles. (PDCA Assessed under R3.2.3 as the R2.2 goals are commonly ACH with the project).

**Ambulatory Ed
First Quadrimester**

Main preceptor: Ed Sheridan;
Adjunct preceptors: Blair Gingerich, Jason Isch
Preceptor Interaction: note on calendar

General Description of Practice Area

Family Medicine Center, Mishawaka

The Family Medicine Center functions as a primary care office with regularly scheduled office hours. The center was designed to serve uninsured and underinsured patients, but also cares for patients with insurance. More than 8,000 families, or approximately 12,000 patients, are cared for in the Family Medicine Center. Patients are primarily selected as family units in order to provide experience of caring of an entire family. Additionally, the center provides obstetrical care for women and a medication assistance program, which provides prescription medication to patients at a reduced cost.

In addition to direct patient care, the Family Medicine Center is unique in its educational focus. Being connected to the hospital increases collaboration between the two pharmacy residency programs, both residents and faculty

Family Medicine Faculty Physicians, Mishawaka

This separate office houses the private practice of some of the family medicine faculty. Apart from other residency duties, each faculty member routinely sees patients two half-days weekly. Practicing the entire spectrum of family medicine, they care for a patient population of over 1,000 patients.

Sister Maura Brannick, CSC, Health Center, South Bend

The SHBHC is specifically designed for those patients with no health insurance or government assistance for medical care. It focuses on providing healthcare for the unemployed or working poor, providing services for those who fall below 200 percent of the federally designated poverty level. Patients must be ineligible for Medicaid and Medicare, unable to obtain health insurance and meet the financial guideline requirements. A medical director, pharmacist and several volunteer physicians are responsible for approximately 6,000 patient visits annually. Pharmacist responsibilities include dispensing medications/vaccinations, providing diabetes education, managing patients taking warfarin, and overseeing medication adherence/education

Role of the Pharmacists in Teaching:

<u>Teaching Experience</u>	
Required	Longitudinal
Site(s)	FMC
Jason Isch Ed Sheridan	Teach didactic lectures and labs at Purdue and Manchester University Colleges of Pharmacy. Additionally, precept students from the respected colleges of pharmacy, in addition to precepting medical residents on rotation at the Family Medicine Center.

Role of the Pharmacists in Patient Care:

<u>PGY1 Clinic Paired with Anticoagulation</u>	
Required	Longitudinal, one clinic weekly
Site(s)	FMC
Ed Sheridan	Identify patients that may benefit from complete pharmacotherapy review, medication therapy, and chronic disease management. Conduct visits with patients to gather appropriate information and prepare medication therapy plan for provider approval if applicable.

<u>Anticoagulation Clinic Paired with PGY1 Clinic</u>	
Required	Longitudinal, one clinic weekly
Site(s)	FMC
Ed Sheridan	Conducts anticoagulation and other chronic disease patient care visits in person and telephonically, educating patients and managing medication; Maintain applicable board certifications.

<u>Home Visits</u>	
Required	Longitudinal
Site(s)	FMC/Home
Primary Preceptor	Residents conduct MTM home visits, sometimes in conjunction with medical residents.

<u>Team Pharmacist</u>	
Required	Longitudinal, one day weekly
Site(s)	FMC
Primary Preceptor	Serves as faculty in the family medicine residency, precepts both pharmacy and medical residents

<u>Physician Network Quality Indicators/Med Adherence</u>	
Required	One Quadrimester and Longitudinal
Site(s)	FMC
Ed Sheridan	Improve quality metrics for patients in the Saint Joseph Physician Network (SJPNO). The SJPNO has several value-based contracts with different insurance providers where the reimbursement is based on STAR ratings. The Ambulatory Care Pharmacist works on these pharmacy-related metrics, including medication adherence.

<u>Sister Maura Brannick Clinic Experience (and staffing)</u>	
Elective	One Quadrimester, Tuesday 1-7pm
Site(s)	Sister Maura Brannick, CSC Health Center
Blair Gingerich	Pharmacist will help in the provision of healthcare to underserved patients of the community. Role may include dispensing of medications and work with prescription assistance programs, with a focus on the education of patients, volunteers, and medical students. Medication and supply inventory will be maintained in the most cost-effective manner for SMBHC depending on medication availability from various non-profit suppliers. Vaccines will be managed according to Vaccines for Children requirements and appropriate vaccine recommendations will be made to providers seeing patients in clinic. Pharmacist will contact patients by phone or in-person to monitor medication adherence and blood glucose records then document in a progress note. Pharmacist will be responsible for appointments for diabetes education, INR checks, and any medication questions or counseling. Pharmacist will be available to answer questions from other clinical staff regarding medications or patient assistance programs. Pharmacist will help maintain and expand ambulatory care services.

Role of the Pharmacists in Leadership

<u>Practice Leadership, Management, Administration</u>	
Required	Longitudinal
Ed Sheridan, other faculty may join	The pharmacy director/manager is responsible for oversight of all pharmacy related operations of the hospital. They are accountable for both the clinical and financial performance of the department. The pharmacists help facilitate, mentor and participate when discussing various methods of practice and utilization of management/leadership tools with the residents.

Role of the Pharmacists in Project Management:

<u>Residency Project</u>	
Required	Longitudinal
Preceptor Job Description	Review IRB submissions, guide residents in creating a timeline, and being available for residents to check in for progress meetings of their projects. Preceptors are also to review Great Lakes Pharmacy Residency Conference Slides, as well as review material for posters submitted for ASHP Midyear or other local, state, or national meetings. Preceptor is also to help guide resident on the creation of their manuscript.

Expectations of Residents

General Expectations

1. Remind/confirm elective preceptors at the previous midpoint
2. Contact primary preceptor to schedule meeting two weeks prior to the start of the rotation
3. Review the learning description and schedule with the primary preceptor
4. Follow duty hours. Be "on" during operating hours of the FMC at a minimum
5. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
6. Take ownership for patients entrusted to your care, including: work up, communication, visits, follow up..etc
7. Manage the entire patient, ensuring the distinction between the reason for referral and other problems that may present.
8. Thoughtfully complete required evaluations and discuss with primary preceptor
9. Autonomy with patient care determined individually through observations with preceptor. Read over the responsibilities and deadlines below
10. Where applicable, choose a topic and preceptor mentor
11. Set appropriate meeting times/communications for various projects, deadlines and interim deadlines with appropriate preceptor
12. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
13. For activities that result in an end product requiring approval, communicate the project mentor's final approval to the RPD prior to uploading the document/documentation into pharmacademic.

Teaching Specific Expectations

Academia/Teaching Experience

At the completion of this longitudinal experience, the pharmacy resident will be able to effectively and efficiently precept pharmacy students independently. The pharmacy resident will design, organize, and precept PharmD candidate rotation material for at least one complete APPE rotation. Additionally, the resident will evaluate the PharmD candidate and assist them in the self-evaluation process. By the end of this experience, the pharmacy resident will be able to effectively present didactic lectures to pharmacy students and family medicine resident physicians. The pharmacy resident will create, administer and grade examination questions for nursing or pharmacy students. The pharmacy resident will have met the requirements for the Indiana Pharmacy Resident Teaching Certification by completion of the residency program. (Patient education will be addressed on specific direct patient care rotations.)

Teaching portfolio/Materials (R4.1.1)-Jason Isch, Ed Sheridan, TBD-SJHS teaching portfolio mentor.

Residents are encouraged to take part in IPTeC (certification is not a graduation requirement though creation of a teaching portfolio is). Residents are expected to choose and set up meetings with a SJHS specific teaching portfolio mentor in addition to the IPTEC teaching portfolio mentor. During the first three months (approximately) of the residency program on Tuesdays over lunch, residents and faculty meet to discuss different aspects of teaching. Residents are given reading materials for most sessions and asked to reflect on their past educational history. In this schedule (<https://mytrinityhealth.sharepoint.com/w:/r/sites/Didactics-PharmacyResidencyTH0365/Shared%20Documents/General/EducationTeaching/References/Teaching%20series.docx?d=w6fbefef085ee4310af4898b8d59c141a&csf=1&web=1&e=Dw2nxG>), they are also assigned due dates for a generic student calendar and monitoring form, a rotation learning description, and [the teaching philosophy Due Date 10/01](#). Residents are free to create other materials such as evaluations. The intent is for them to be able to design and revise materials they would use at their future site. For SJHS, we do ask that they use the standard rotation description to ensure common expectation and workload amongst students on similar rotations.

Experiential Preceptorship (R4.2.1, R4.2.2) – Ed Sheridan/Jason Isch/PGY2

As a PGY1, the PGY2s assist in determining the next year's preceptor availability. Once the learner lists are determined, the Chief creates a master schedule of rotations delegating learner rotations to the residents in a see one, do one, teach one fashion, keeping numbers as equal as possible. Residents precept students from Manchester University and Purdue University as well as second and third year Family Medicine and first year Podiatric residents on pharmacotherapy rotations, and the pharmacy portion of the first year Family Medicine resident's geriatric rotation. Residents are expected to gain autonomy in teaching; however, faculty do request the ability to be present in the rotations by having the schedules be made such that they, or other faculty, can be present for such things as the beginning of block and end of block exams, journal clubs and case presentations, at least two sessions where patients are being reviewed, and when formal evaluations are being discussed.

At least two weeks prior to a rotation: Meet with fellow learner preceptors (MU, Purdue, Med and Podiatry Residents) to coordinate experiences (including clinic schedules, topic discussions, activities, etc...). **At least one week prior to a rotation:** Send finalized learner schedule to fellow preceptors, pharmacy faculty, and education preceptor to get feedback (and to ensure pharmacy faculty will be available for learner in clinic). **At least 1 week prior to rotation:** Send email to learner in response to share important information (does not need to include finalized rotation calendar). Learners should email academic preceptor liaison at least 2 weeks in advance (Jason – MU, Ed – Purdue) Collect all necessary equipment and papers in order to start orientation at 8AM on the first day (materials include, but not limited to: learner badge, computer, power cord, rotation folder, rotation calendar, syllabus, other instructional papers printed, etc...) **On first day of rotation:** Ensure appropriate personnel are available to "pick up" learner at designated location. Work with fellow learner preceptors to ensure effective orientation strategy (e.g. delegate various tasks like learning the computer system, tour of the facilities). **During rotation:** Send self-evaluation to education preceptor/teaching mentor (Jason/Ed/etc...) on the **Friday of each week** to include answers to: 1) What is going well? 2) What could be going better? 3) What resources are needed and/or how can the preceptors help facilitate learning experience. Review patients with learner while either academic APPE preceptor or other pharmacy faculty member is present **at least twice during the month** (to receive feedback on facilitating patient reviews)

Outside Didactic Lecture (R4.1.1, R4.1.2, R4.1.3) (Purdue, Manchester, Notre Dame, IPA/Conferences, etc...)-Jason Isch; If not Jason's class, resident is expected to have a SJHS mentor for all lectures.

For clarification, outside didactic lectures include such things as lectures, lab sessions, CE session... to a non SJHS audience. Outside lectures can be either virtual or face to face. PGY1 residents may have a max of 3 lectures per quadrimester during residency hours.

Before the lecture: Review time away policy found in the residency policy manual. **At least 3 months before the lecture,** meet with academic preceptor to develop personal objectives, lecture objectives, and deadlines to accomplish didactic learning experience. Create calendar invites or other methods to communicate deadlines for academic preceptor and other faculty associated with the lecture (could be outside personnel). Give academic preceptor at least 1 week to review any applicable material before needing revised versions (Make sure to give self at least ~2 weeks before final drafts are due for faculty to review and then revisions to be made). **On the day of the lecture:** Ensure communication with academic preceptor and pharmacy preceptors of schedule for days events (e.g. send a calendar invite with expected times of travel/teaching/return). Collect feedback from learners AND lecture personnel and give to academic preceptor/residency preceptor This is required for experience to not count toward off-site experience allowance). **After the lecture:** Reflect on self-performance throughout the didactic experience and send on to academic preceptor/residency preceptor 1) What went well? 2) What could have gone better? 3) What areas of development persist for future development of this lecture (or application toward other lectures)? Ensure all follow-up assessment tasks are completed for learners within the course (grading of assignments, submission of exam/quiz questions, etc...).

Patient Care Specific Expectations

PGY1 Clinic

The PGY1 resident conducts an MTM/chronic disease clinic weekly. In this clinic, the PGY1 conducts MTM visits and manages complex patients with a diversity of disease. The PGY1 is responsible for marketing this clinic and ensuring its sustained viability. The PGY2 may precept PGY1 residents as a preceptor in training under the mentorship of the faculty.

Anticoagulation Clinic

The resident will manage patients longitudinally by telephone. The resident will conduct assigned clinics.

Home Visits

See the graduation policy for the appropriate number of patient encounters. The pharmacy resident is to develop a patient care plan before going to the patient's home. All attempts must be made to schedule the visit at a time when preceptor can take part in the first few visits. Should the appointment take place with only the resident, the preceptor should be notified so that they can assist in telephonic support as needed. The patient care is documented in the patient's record. This experience is designed to help the resident understand the non-medical factors that impact patient adherence to health care regimens. Please see the safety document ([Home Visits 2.0.docx](#))

Physician Network Quality Indicators, med adherence

Medication Adherence patients distributed to residents weekly. The pharmacy resident will be given two calls weekly. At the completion of this experience, the pharmacy resident will be able to comprehend which metrics are being evaluated as quality indicators for patients within our physician network. This will include assisting with some Transitions of Care, Medication Use Compliance, educating prescribers on appropriate medication prescribing, and improving the care of patients throughout the network by ensuring that their medications are appropriate and their lists up-to-date within our EMR. The pharmacy resident will also be able to explain the reimbursement process for improving quality scores within the network.

Team Pharmacist

This longitudinal experience focuses on building a consistent presence within the Family Medicine Center. Residents will be assigned to a team of medical residents and will serve as pharmacy support for the team. Responsibilities will include being present in the team-work room 1 day per week, answering drug information questions, conducting scheduled/impromptu visits and patient education sessions as requested by the medical team and appropriately documenting all interventions. Residents also have the opportunity to assist the care manager with patients transitioning from the inpatient to outpatient setting. The pharmacy resident is expected to reconcile the patient's inpatient and outpatient medication list as well as call the patient for clarification and elimination of barriers to adherence. The resident documents the patient encounter as a TOC note and sends the note to the patient's PCP. If the patient comes in on a team's day, the resident is more than welcome to discuss the potential of a collaborative visit with the patient's PCP.

Sister Maura Brannick Clinic Experience

Sister Maura Brannick, CSC Health Center was established in 1986 to meet a critical healthcare need in the community and serves no-income or low-income patients. Services offered include primary healthcare, medications, laboratory tests, dental services, educational classes, food pantry, exercise room, and nutritional counseling. This experience will include provision of pharmaceutical care for clinic patients, including dispensing of medications, counseling, and in-depth education on devices such as insulin pens, GLP-1 pens, inhalers, and glucometers. The pharmacist will also have intermittent scheduled appointments with patients for medical condition management and will aid in the expansion of clinical services at the clinic.

Leadership Specific Expectations

Practice Leadership, Management, Administration Experience

The scope of practice and structure of pharmacy services is complex. There are many stakeholders and pharmacists must interact with a variety of health professionals on a daily basis. To be successful in this environment the pharmacist resident must gain expertise in managing his or her pharmacy practice. The pharmacy resident will be expected to explore generalities of practice management by reading books, reviewing articles and discussing these issues with preceptors. (Examples of topics include personal mission statement, time management, project management etc.) The pharmacy resident will have opportunities in all rotations to hone their ability to manage their practice and observe how the preceptor manages his or her practice. However, because some topics may not be experienced during the course of a specific rotation, practice management will have longitudinal components as weekly topics and as required projects as part of the longitudinal experience. A working administrative skill set is as important to a pharmacist as a patient care skill set. In this rotation, the PGY1 pharmacy resident will develop his/her own department budget, great a business plan based in his/her perceived next practice and conduct a SWOT analysis as the first step to prioritizing a new initiative.

Pharmacy and Therapeutics Meetings (R3.1.1) - Lisa Ribble- Fay

Pharmacy residents are expected to attend Saint Joseph Health System Pharmacy and Therapeutic meetings which occur every other month. The resident will take meeting minutes at least once across the residency year. Residents learn the approval and ongoing monitoring of efficacy and safety of medications and services in the hospital setting.

Department meetings (R3.2.1, R3.2.3) – Ed Sheridan

Pharmacy residents are expected to attend ambulatory pharmacy services' weekly huddle and WIG meetings: leading, documenting productivity metrics, and/or presenting as assigned. These meetings are usually held over lunch and are placed on the residents' outlook calendars. Residents learn teamwork as well as where ambulatory pharmacy fits within the larger health system during these meetings.

Practice Leadership Series (didactics) R3.1.1, R4.1.2) – PGY2s

The practice leadership curriculum is embedded in the pharmacy residency didactics sessions that occur on Wednesday afternoons. The curriculum is designed to promote professional and personal growth to further facilitate the resident's success in the residency program, and his/her professional career. Though the curriculum will be explained in further detail in an associated document, the resident will read and host discussions on assigned texts, reflecting and discussing how the books are relevant to their current and future practice. Deadlines and books as assigned by PGY2s.

Ambulatory Pharmacy Services Newsletter)(R4.1.3) – TBD

Each resident will create two, one page (front and back) pharmacist's letter-like newsletter across the residency year. Topics for the newsletter may come from such things as current events within the department, commonly asked drug information questions, new landmark trials or guidelines, practice leadership books, new residency standards, new teaching techniques, and current trends within ambulatory care. The newsletter is meant to be assist in keeping the department up to date while at the same time giving the resident the chance to practice his/her writing skills. Excerpts of this newsletter may be given to the Volker Blankenstein fellow for the FMC newsletter. In lieu of a newsletter, the resident may opt to publish an article/case study in the journal of his/her choosing; in this case, a summary of the article would suffice in lieu of a newsletter. The residency class (inclusive of first and second years) will determine the order and therefore deadlines for the newsletter. It is suggested that the resident ask their current primary preceptor to serve as the mentor for this project.

Residency Class Identity (R3.1.1) – Chief and Ed Sheridan

Akin to the personal mission statement, this may be thought of as the residency class (first and second years, acute and ambulatory). The Chief resident will schedule time with the entire residency class and Ed Sheridan to intentionally create a class identity. The goal is for the class to determine what their legacy will be upon leaving SJHS: How will SJHS remember them – and how will they remember each other, or– if SJHS was to write a letter of recommendation for the entire residency class as a group, what would the letter say? The identity will be written by the group to send to Ed Sheridan and Lisa Ribble-Fay as well as for future review and reflection. In addition to the meeting where the Identity is created, the Chief resident will schedule a group meeting with the pharmacy residents and directors two other times across the course of the year to reflect and discuss how well they have attained and maintained the identity. Creation due date July 31st.

Residency Project Specific Expectations

Residency Project – Mentor TBD based on project

(R2.2.1-R2.2.5) The pharmacy resident will complete a pharmacy residency project that is either research or performance improvement based. The project will be relevant and useful to the respective site. The pharmacy resident will present the final project at Great Lakes Residency Conference in April (required) and at ASHP Midyear in December (if interim data is available). The PGY1 resident will take necessary steps during the course of the residency to publish the article in an appropriate journal.

Topic Choice – Determines Mentor

The residency program does maintain a list of potential residency projects relevant to the practice site (SHOULD ASSIGN THIS). As residents are sent the introduction questionnaire, they are also asked for potential project ideas. The goal is to marry a topic that is both relevant to the site and also of interest to the resident. Projects are solidified during orientation alongside the resident’s development plan. The project IRB convenes early in the year – usually the latest being August – necessitating the resident focus on the project early on in the residency year.

Project Timeline

The resident is expected to develop a project timeline including personal deadlines for background research, intervention planning, intervention initiation, data collection, data analysis, planning for sustainability as well as such things as abstract – poster – slide submissions for various research conferences. At the beginning of the year, the resident is expected to schedule appropriate touch bases meetings, determine communication pathways, and project responsibilities (unless otherwise agreed upon, the project is meant to be the resident’s responsibility with guidance from the mentor) with the project mentor.

Example of weekly rotation schedule (see education longitudinal & leadership tasks included below):

Monday	Tuesday	Wednesday	Thursday	Friday
Teams	Anticoagulation Clinic	Didactics	Anticoagulation Clinic	Anticoagulation Phone Patients
Admin (Leadership)	Elective	Admin (Leadership)	Teams	PGY1 Clinic
	Staffing (SMBHC) 5-8			

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
3. End of Rotation Evaluation: Residents will be expected to fill out the self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated

Milestones for the first quadrimester:

End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • No formal teaching experience this early. • Should be able to reflect on own rotation experiences and didactic learning to begin to conceptualize teaching style. • Active participation in the weekly teaching series 	<ul style="list-style-type: none"> • Observe other's precepting. • Be comfortable leading parts of other's rotations with supervision and feedback. • Actively participate in discussions on educational topics. • Observe preceptors lecture to patients with Diabetes. • Active participation in the weekly teaching series 	<ul style="list-style-type: none"> • Though taking over the role of primary preceptor still a beginner in precepting (unconsciously and consciously incompetent) needing observation and feedback. • Able to lecture to patients with observation. Beginning stages of creating formal lectures. • Make teaching philosophy and reflect. • Make learning description, 	<ul style="list-style-type: none"> • Able to reflect on preceptor style and rotation and make adjustments as necessary. • Develops students' schedules and shares with residency faculty. • More comfortable with preceptor role. • May have given a formal lecture, certainly has had lab experience with formal feedback on performance.
End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • Having working knowledge of the patient chart. Can find appropriate information but may not be yet efficient. • Gaining footing with workflow in the different aspects of patient care. • Working up and presenting detailed patient plans to the faculty before interacting with patients. • Interviewing patients with observation; present adjusted patient care plan to faculty. • All notes sent to faculty for sign off. • Prioritizes patient care responsibility • Able to dispense with phone call backup. 	<ul style="list-style-type: none"> • Gaining efficiency and mastery of patient chart. • Collecting appropriate information for straightforward patients. • Begin to present pertinent positives for more simple patients. Workflow more streamlined. • Patient interactions either observed via camera, or debriefed after the patient interaction. • Possible for a few instances of preceptor not immediately present, but always still immediately available. • Notes still sent for sign off. 	<ul style="list-style-type: none"> • Beginner in patient care • Unconsciously incompetent with long term patient relationship and with confidence in owning entire patients. • Patient care skills developing. • Begins stating "I think this is what I should do." • Presents pertinent positives of more straightforward patients. • Able to see patients more independently but with preceptor immediately available. • Faculty and resident may define the patient population for which more independent practice is appropriate. • Appropriately prioritizes patient care • Notes still signed off by faculty. 	<ul style="list-style-type: none"> • Able to navigate the patient chart and pull out pertinent information in an efficient manner • Able to apply skill sets to different types of patients • Cautiously works up more complex patients • Beginning to prioritize problems to address during the visit • Leads patient visit in a fruitful and efficient manner quickly gaining autonomy • Notes written clearly and concisely
End of July	End of August	End of September- Quarter 1 (unconsciously incompetent; consciously incompetent)	End of October
<ul style="list-style-type: none"> • Beginning to understand the concepts of practice management and leadership as it relates to the residency 	<ul style="list-style-type: none"> • Demonstrates self-awareness • Actively participates in practice management leadership series • Headway made on some of the PM projects • IRB proposal completed 	<ul style="list-style-type: none"> • Leading some of the practice management leadership sessions • Able to describe practice management as it relates to the residency and future career • Time management being tested • Beginning to develop a method to stay up with the literature 	<ul style="list-style-type: none"> • Adjust time management style to meet the needs of the patient population and duties • Manages project tasks efficiently and effectively • Controls the agenda for the faculty/resident touch bases • Beginning stages of planning out what the residency week looks like

Goals, Objectives, Tasks Related to Teaching:

Goals, Objectives, and Activities Key

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SJHS Activity/task through which the objective will be practiced and assessed

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.1:	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient). Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs. Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling). Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices. Includes accurate citations and relevant references and adheres to applicable copyright laws. 	Create teaching philosophy. Develop rotation description for APPE students, family medicine residents, and podiatric residents. <u>Design a rotation schedule that allows the presence of the majority of his/her colleagues.</u> Incorporate (and discuss with preceptor) more than one educational tool / assignment approach in the following settings: small group discussion, classroom didactic session, will implement techniques to differentiate between education targeting patients, medical residents, medical students and pharmacy students. Discuss these techniques with preceptor. Discuss with preceptor the resident's approach to selecting breadth and depth of information necessary for various teaching settings
OBJ R4.1.3:	(Applying) Use effective written communication to disseminate knowledge.	<ul style="list-style-type: none"> Writes in a manner that is easily understandable and free of errors. Demonstrates thorough understanding of the topic. Notes appropriate citations and references. Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic. Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate. Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public). Creates one's own work and does not engage in plagiarism 	(Remember the newsletter graduation requirement described in the leadership learning description). Write/complete written assignments in a professional manner – with correct spelling, grammar, and style. Including but not limited to: presentations, medication use evaluations, PDCA cycles, residency project materials, personal mission statement, business plan, teaching philosophy...etc

Goal R4.2:	Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).		
OBJ R4.2.1:	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	<ul style="list-style-type: none"> Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating). <ul style="list-style-type: none"> Selects direct instruction when learners need background content. Selects modeling when learners have sufficient background knowledge to understand the skill being modeled. Selects coaching when learners are prepared to perform a skill under supervision. Selects facilitating when learners have performed a skill satisfactorily under supervision. 	Read Bloom's taxonomy on the different levels of learners. Will provide example to preceptor of when each role is appropriate and for what type of learner. Intentionally choose preceptor role before didactic lectures or experiential rotation events. Debrief choice with preceptor.
OBJ R4.2.2:	(Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> Instructs students, technicians, or others as appropriate. Models skills, including "thinking out loud," so learners can "observe" critical-thinking skills. Coaches, including effective use of verbal guidance, feedback, and questioning, as needed. Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance. 	Directly observed using the different preceptor roles. Will also reflect with preceptor when different roles have been used in situations not directly observed,

Goals, Objectives, Tasks Related to Patient Care:

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> • Interactions are cooperative, collaborative, communicative, and respectful. • Demonstrates skills in negotiation, conflict management, and consensus building. • Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patient's team, and when on FMC teams.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> • Interactions are respectful and collaborative. • Uses effective communication skills. • Shows empathy. • Empowers patients to take responsibility for their health. • Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Collection/organization methods are efficient and effective. • Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> ○ History of present illness. ○ Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. ○ Social history. ○ Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. ○ Laboratory values. ○ Pharmacogenomics and pharmacogenetic information, if available. ○ Adverse drug reactions. ○ Medication adherence and persistence. ○ Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. • Sources of information are the most reliable available, including electronic, face-to-face, and others. • Recording system is functional for subsequent problem solving and decision making. • Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Health and functional status. ○ Risk factors. ○ Health data. ○ Cultural factors. ○ Health literacy. ○ Access to medications. ○ Immunization status. ○ Need for preventive care and other services, when appropriate. ○ Other aspects of care, as applicable. • Identifies medication therapy problems, including: <ul style="list-style-type: none"> ○ Lack of indication for medication. o Medical conditions for which there is no medication prescribed. ○ Medication prescribed or continued inappropriately for a particular medical condition. ○ Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). ○ Therapeutic duplication. ○ Adverse drug or device-related events or the potential for such events. ○ Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions. o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. ○ Patient not receiving full benefit of prescribed medication therapy. ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. o Discrepancy between prescribed medications and established care plan for the patient. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmacoeconomic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. ○ If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s). ○ When applicable, reflects preferences and needs of the patient. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines). Include care management opportunities such as: medication affordability, resource coordination: referral to care management, PCP, community resources, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> • Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> ○ Recommendation is persuasive. ○ Presentation of recommendation accords patient's right to refuse treatment. ○ If patient refuses treatment, pharmacist exhibits responsible professional behavior. ○ Creates an atmosphere of collaboration. ○ Skillfully defuses negative reactions. ○ Communication conveys expertise. ○ Communication is assertive but not aggressive. ○ Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. • Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> ○ Therapy corresponds with the recommended regimen. ○ Regimen is initiated at the appropriate time. ○ Medication orders are clear and concise. ○ Activity complies with the health system's policies and procedures. ○ Tests correspond with the recommended monitoring plan. ○ Tests are ordered and performed at the appropriate time. • Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). • Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. • Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). • Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. • Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. • Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> • Selects appropriate direct patient care activities for documentation. • Documentation is clear. • Documentation is written in time to be useful. • Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate appropriate documentation in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> • Gives priority to patient care activities. • Plans prospectively. • Routinely completes all steps of the medication management process. • Assumes responsibility for medication therapy outcomes. • Actively works to identify the potential for significant medication-related problems. • Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. • Helps patients learn to navigate the health care system, as appropriate. • Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. • Determines barriers to patient compliance and makes appropriate adjustments. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R1.2: Ensure continuity of care during patient transitions between care settings.			
OBJ R1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> Effectively participates in obtaining or validating a thorough and accurate medication history. Conducts medication reconciliation when necessary. Participates in thorough medication reconciliation. Follows up on all identified drug-related problems. Participates effectively in medication education. Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate. Follows up with patient in a timely and caring manner. Provides additional effective monitoring and education, as appropriate. Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions 	Conduct a thorough medication reconciliation upon patient discharge from the health system. Identifies discrepancies by speaking with the discharging facility, patient, family members, PCP offices and pharmacies. Reports discrepancies to attending physician and offers appropriate resolution (including to update medication list) for the PCP.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.			
OBJ R1.3.1	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	<ul style="list-style-type: none"> Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including: <ul style="list-style-type: none"> Identifying, clarifying, verifying, and correcting any medication order errors. Considering complete patient-specific information. Identifying existing or potential drug therapy problems. Determining an appropriate solution to an identified problem. Securing consensus from the prescriber for modifications to therapy. Ensuring that the solution is implemented. Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including: <ul style="list-style-type: none"> When required, accurately calibrating equipment. Ensuring that solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored. Adhering to appropriate safety and quality assurance practices. Preparing labels that conform to the health system's policies and procedures. Ensuring that medication has all necessary and appropriate ancillary labels. Inspecting the final medication before dispensing. When dispensing medication products: <ul style="list-style-type: none"> Follows the organization's policies and procedures. Ensures the patient receives the medication(s) as ordered. Ensures the integrity of medication dispensed. <ul style="list-style-type: none"> Provides any necessary written and/or verbal counseling. Ensures the patient receives medication on time. Maintains accuracy and confidentiality of patients' protected health information. Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement. 	Assist in the management of the insulin medication assistance program at FMC. Assist with dispensing process at SMBHC
OBJ R1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.	<ul style="list-style-type: none"> Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy. Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety. 	Consider medication safety, effectiveness, price, and ADE's specific to a patient compared to other agents in the class or specific to the disease state. (MUE, drug monograph, and class review on graduation list). Ensure that medications dispensed either through MAP, MFP, or Navari Clinic are done so in a timely, safe, and efficient manner prioritizing patient care.

Goal R1.3:	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.		
OBJ R1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	<ul style="list-style-type: none"> • When appropriate, follows the organization’s established protocols. • Makes effective use of relevant technology to aid in decision-making and increase safety. • Demonstrates commitment to medication safety in medication-use processes. • Effectively prioritizes workload and organizes workflow. • Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and • 	Correctly interpret a medication order, verify safety and purpose of order. Dispense proper medication if through MAP, MFP, or SMBHC Clinic.

Goal R3.1:	Demonstrate leadership skills.		
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.

Goal R3.2:	Demonstrate management skills.		
OBJ R3.2.4	(Applying) Manages one’s own practice effectively.	<ul style="list-style-type: none"> • Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice. • Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks. • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable learning opportunities when performance does not meet expectations. • Demonstrates effective workload and time-management skills. • Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). • Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions. • Demonstrates enthusiasm, self-motivation, and a “can-do” approach. • Strives to maintain a healthy work–life balance. • Works collaboratively within the organization’s political and decision-making structure. • Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. <ul style="list-style-type: none"> ○ Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Goals, Objectives, Tasks Related to Leadership:

Goal R3.1:	Demonstrate leadership skills.		
OBJ R.3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Demonstrates effective time management. • Manages conflict effectively. • Demonstrates effective negotiation skills. • Demonstrates ability to lead interprofessional teams. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals. • Effectively expresses benefits of personal profession-wide leadership and advocacy. 	<p>Begin developing a personal mission statement. Participate in the creation of the class identity. Participate in the leadership series, reflecting on and implementing some of the philosophies. Complete assigned and delegated duties by appropriate timelines. Demonstrate accountability and preparedness for responsibilities. Learn the difference between those opportunities offered and those delegated or assigned; For those things offered, review other commitments before accepting. Resolve conflicts amicably. More generally, the preceptor will observe the resident in a variety of different team settings.</p> <p>(Note: Whereas R3.2.4 activities relate to the patient care practice setting, this objective is used for overarching time management, interpersonal skills this objective relates more to the activities ACROSS THE RESIDENCY PROGRAM)</p>
Goal R3.1:	Demonstrate leadership skills.		
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	<p>Demonstrate reflection and self-assessment in daily activities and practice leadership responsibilities. The resident will conduct formative and summative self-assessments</p>

Goals, Objectives, Tasks Related to Residency Project:

Goal R2.2:	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.		
OBJ R2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	<ul style="list-style-type: none"> • Appropriately identifies problems and opportunities for improvement and analyzes relevant background data. • Determines an appropriate topic for a practice-related project of significance to patient care. • Uses best practices or evidence-based principles to identify opportunities for improvements. • Accurately evaluates or assists in the evaluation of data generated by health information technology • or automated systems to identify opportunities for improvement. 	Define an area of need that can serve as the subject for the residency project. Also note the graduation responsibilities for PDCA cycles. (PDCA Assessed under R3.2.3 as the R2.2 goals are commonly ACH with the project).
OBJ R2.2.2	(Creating) Develop a plan to improve the patient care and/or medication-use system.	<ul style="list-style-type: none"> • Steps in plan are defined clearly. • Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately. • Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders. Applies evidence-based principles, if needed. • Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate. • Develops a feasible design for a project that considers who or what will be affected by the project. • Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project. • Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable. • Plan design is practical to implement and is expected to remedy or minimize the identified challenge • or deficiency 	Conduct a literature review to find published materials on how similar issues have been addressed. The resident will develop a detailed plan to impact the area of need, as well as a detailed timeline for implementation, collection tool, evaluation, presentation, and publication. Also note the graduation responsibilities for PDCA cycles. (PDCA Assessed under R3.2.3 as the R2.2 goals are commonly ACH with the project).

**Ambulatory Diana
Second Quadrimester**

Main preceptor: Diana Mechelay;
Adjunct preceptors: Chris Gildea, Jason Isch, Ed Sheridan
Preceptor Interaction: note on calendar

General Description of Practice Area

Family Medicine Center, Mishawaka

The Family Medicine Center functions as a primary care office with regularly scheduled office hours. The center was designed to serve uninsured and underinsured patients, but also cares for patients with insurance. More than 8,000 families, or approximately 12,000 patients, are cared for in the Family Medicine Center. Patients are primarily selected as family units in order to provide experience of caring of an entire family. Additionally, the center provides obstetrical care for women and a medication assistance program, which provides prescription medication to patients at a reduced cost. In addition to direct patient care, the Family Medicine Center is unique in its educational focus. Being connected to the hospital increases collaboration between the two pharmacy residency programs, both residents and faculty

Family Medicine Faculty Physicians, Mishawaka

This separate office houses the private practice of some of the family medicine faculty. Apart from other residency duties, each faculty member routinely sees patients two half-days weekly. Practicing the entire spectrum of family medicine, they care for a patient population of over 1,000 patients.

Role of the Pharmacists in Teaching:

<u>Teaching Experience</u>	
Required	Longitudinal
Site(s)	FMC
Jason Isch Ed Sheridan	Teach didactic lectures and labs at Purdue and Manchester University Colleges of Pharmacy. Additionally, precept students from the respected colleges of pharmacy, in addition to precepting medical residents on rotation at the Family Medicine Center.

Role of the Pharmacists:

<u>Diabetes Clinic including Diabetes Class</u>	
Required	Longitudinal, one clinic weekly, one class weekly
Site(s)	FMC
Diana Mechelay (class sometimes Chris Gildea)	Care for patients with diabetes and chronic disease; Conduct diabetes education specific classes; Maintain applicable board certifications.

<u>Annual Wellness Visit Clinic</u>	
Required	One Quadrimester, One Clinic Weekly
Site(s)	FMC/FMFP
Diana Mechelay, PGY2	The AWW Pharmacist is responsible for conducting Medicare Annual Wellness Visits for eligible patients.

<u>Home Visits</u>	
Required	Longitudinal
Site(s)	FMC/Home
Primary Preceptor	Residents conduct MTM home visits, sometimes in conjunction with medical residents.

<u>Physician Network Quality Indicators/Med Adherence</u>	
Required	One Quadrimester and Longitudinal
Site(s)	FMC
Diana Mechelay	Improve quality metrics for patients in the Saint Joseph Physician Network (SJPNO). The SJPNO has several value-based contracts with different insurance providers where the reimbursement is based on STAR ratings. The Ambulatory Care Pharmacist works on these pharmacy-related metrics, including medication adherence.

Team Pharmacist	
Required	Longitudinal
Site(s)	FMC
Primary Preceptor	Serves as faculty in the family medicine residency, precepts both pharmacy and medical residents

Role of the Pharmacists in Leadership

Practice Leadership, Management, Administration	
Required	Longitudinal
Ed Sheridan, other faculty may join	The pharmacy director/manager is responsible for oversight of all pharmacy related operations of the hospital. They are accountable for both the clinical and financial performance of the department. The pharmacists help facilitate, mentor and participate when discussing various methods of practice and utilization of management/leadership tools with the residents.

Role of the Pharmacists in Project Management:

Residency Project	
Required	Longitudinal
TBD based on project	Review IRB submissions, guide residents in creating a timeline, and being available for residents to check in for progress meetings of their projects. Preceptors are also to review Great Lakes Pharmacy Residency Conference Slides, as well as review material for posters submitted for ASHP Midyear or other local, state, or national meetings. Preceptor is also to help guide resident on the creation of their manuscript.

Expectations of Residents

General Expectations

1. Remind/confirm elective preceptors at the previous midpoint
2. Contact primary preceptor to schedule meeting two weeks prior to the start of the rotation
3. Review the learning description and schedule with the primary preceptor
4. Follow duty hours. Be "on" during operating hours of the FMC at a minimum
5. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
6. Take ownership for patients entrusted to your care, including: work up, communication, visits, follow up..etc
7. Manage the entire patient, ensuring the distinction between the reason for referral and other problems that may present.
8. Thoughtfully complete required evaluations and discuss with primary preceptor
9. Autonomy with patient care determined individually through observations with preceptor. Read over the responsibilities and deadlines below
10. Where applicable, choose a topic and preceptor mentor
11. Set appropriate meeting times/communications for various projects, deadlines and interim deadlines with appropriate preceptor
12. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
13. For activities that result in an end product requiring approval, communicate the project mentor's final approval to the RPD prior to uploading the document/documentation into pharmacademic.

Teaching Specific Expectations

Academia/Teaching Experience
 At the completion of this longitudinal experience, the pharmacy resident will be able to effectively and efficiently precept pharmacy students independently. The pharmacy resident will design, organize, and precept rotations for PharmD candidates for at least one complete APPE rotation. Additionally, the resident will evaluate the PharmD candidate and assist them in the self-evaluation process. By the end of this experience, the pharmacy resident will be able to effectively present didactic lectures to pharmacy students and family medicine resident physicians. The pharmacy resident will create, administer and grade examination questions for nursing or pharmacy students. The pharmacy resident will have met the requirements for the Indiana Pharmacy Resident Teaching Certification by completion of the residency program. (Patient education will be addressed on specific direct patient care rotations.)

Teaching portfolio/Materials (R4.1.1)-Jason Isch, Ed Sheridan, TBD-SJHS teaching portfolio mentor.

Residents are encouraged to take part in IPTEC (certification is not a graduation requirement though creation of a teaching portfolio is). Residents are expected to choose and set up meetings with a SJHS specific teaching portfolio mentor in addition to the IPTEC teaching portfolio mentor. . During the first three months (approximately) of the residency program on Tuesdays over lunch, residents and faculty meet to discuss different aspects of teaching. Residents are given reading materials for most sessions and asked to reflect on their past educational history. In this schedule (<https://mytrinityhealth.sharepoint.com/:w:/f/sites/Didactics-PharmacyResidencyTH0365/Shared%20Documents/General/EducationTeaching/References/Teaching%20Series.docx?d=w6fbefef085ee4310af4898b8d59c141a&csf=1&web=1&e=Dw2nxG>), they are also assigned due dates for a generic student calendar and monitoring form, a

rotation learning description, and [the teaching philosophy Due Date 10/01](#). Residents are free to create other materials such as evaluations. The intent is for them to be able to design and revise materials they would use at their future site. For SJHS, we do ask that they use the standard rotation description to ensure common expectation and workload amongst students on similar rotations.

Experiential Preceptorship (R4.2.1, R4.2.2) – Ed Sheridan/Jason Isch/PGY2

As a PGY1, the PGY2s assist in determining the next year's preceptor availability. Once the learner lists are determined, the Chief creates a master schedule of rotations delegating learner rotations to the residents in a see one, do one, teach one fashion, keeping numbers as equal as possible. Residents precept students from Manchester University and Purdue University as well as second and third year Family Medicine and first year Podiatric residents on pharmacotherapy rotations, and the pharmacy portion of the first year Family Medicine resident's geriatric rotation. Residents are expected to gain autonomy in teaching; however, faculty do request the ability to be present in the rotations by having the schedules be made such that they, or other faculty, can be present for such things as the beginning of block and end of block exams, journal clubs and case presentations, at least two sessions where patients are being reviewed, and when formal evaluations are being discussed.

At least two weeks prior to a rotation: Meet with fellow learner preceptors (MU, Purdue, Med and Podiatry Residents) to coordinate experiences (including clinic schedules, topic discussions, activities, etc...). **At least one week prior to a rotation:** Send finalized learner schedule to fellow preceptors, pharmacy faculty, and education preceptor to get feedback (and to ensure pharmacy faculty will be available for learner in clinic). **At least 1 week prior to rotation:** Send email to learner in response to share important information (does not need to include finalized rotation calendar). Learners should email academic preceptor liaison at least 2 weeks in advance (Jason – MU, Ed – Purdue) Collect all necessary equipment and papers in order to start orientation at 8AM on the first day (materials include, but not limited to: learner badge, computer, power cord, rotation folder, rotation calendar, syllabus, other instructional papers printed, etc...). **On first day of rotation:** Ensure appropriate personnel are available to "pick up" learner at designated location. Work with fellow learner preceptors to ensure effective orientation strategy (e.g. delegate various tasks like learning the computer system, tour of the facilities). **During rotation:** Send self-evaluation to education preceptor/teaching mentor (Jason/Ed/etc...) on the **Friday of each week** to include answers to: 1) What is going well? 2) What could be going better? 3) What resources are needed and/or how can the preceptors help facilitate learning experience. Review patients with learner while either academic APPE preceptor or other pharmacy faculty member is present **at least twice during the month** (to receive feedback on facilitating patient reviews)

Outside Didactic Lecture (R4.1.1, R4.1.2, R4.1.3) (Purdue, Manchester, Notre Dame, IPA/Conferences, etc...)-Jason Isch; If not Jason's class, resident is expected to have a SJHS mentor for all lectures.

For clarification, outside didactic lectures include such things as lectures, lab sessions, CE session... to a non SJHS audience. Outside lectures can be either virtual or face to face. PGY1 residents may have a max of 3 lectures per quadrimester during residency hours.

Before the lecture: Review time away policy found in the residency policy manual. **At least 3 months before the lecture,** meet with academic preceptor to develop personal objectives, lecture objectives, and deadlines to accomplish didactic learning experience. Create calendar invites or other methods to communicate deadlines for academic preceptor and other faculty associated with the lecture (could be outside personnel). Give academic preceptor at least 1 week to review any applicable material before needing revised versions (Make sure to give self at least ~2 weeks before final drafts are due for faculty to review and then revisions to be made). **On the day of the lecture:** Ensure communication with academic preceptor and pharmacy preceptors of schedule for days events (e.g. send a calendar invite with expected times of travel/teaching/return). Collect feedback from learners AND lecture personnel and give to academic preceptor/residency preceptor This is required for experience to not count toward off-site experience allowance). **After the lecture:** Reflect on self-performance throughout the didactic experience and send on to academic preceptor/residency preceptor 1) What went well? 2) What could have gone better? 3) What areas of development persist for future development of this lecture (or application toward other lectures)? Ensure all follow-up assessment tasks are completed for learners within the course (grading of assignments, submission of exam/quiz questions, etc...).

Patient Care Specific Expectations

Diabetes Clinic

A diabetes clinic was initiated at the Family Medicine Center in 2011. Patients are initially scheduled for group sessions to learn more about diabetes; they then attend individual appointments with the pharmacist. Patients with diabetes are referred to the pharmacist for both education and management regarding their disease state. Clinics function in much the same way as the anticoagulation clinic. In addition to these clinics the ambulatory pharmacy services department works closely with specialty clinical services, including pediatric endocrinology. Physicians routinely welcome pharmacists to take part in their pediatric clinics.

Annual Wellness Visits

The pharmacy resident will perform Medicare Annual Wellness Visits for qualified patients. Patients will be scheduled for one-hour appointments where the pharmacy resident will complete a health risk assessment, update patient chart, review medications and allergies, screen for depression, assess functional ability and level of safety, gather vital signs, assess cognitive function, and order referrals, screenings, and labs as indicated Pharmacy resident will provide list of recommended services to the patient.

Home Visits

See the graduation policy for the appropriate number of patient encounters. The pharmacy resident is to develop a patient care plan before going to the patient's home. All attempts must be made to schedule the visit at a time when preceptor can take part in the first few visits. Should the appointment take place with only the resident, the preceptor should be notified so that they can assist in telephonic support as needed. The patient care is documented in the patient's record. This experience is designed to help the resident understand the non-medical factors that impact patient adherence to health care regimens. Please see the safety (AKA DNGR) document ([Home Visits 2.0.docx](#))

Physician Network Quality Indicators, med adherence

Medication Adherence patients distributed to residents weekly. The pharmacy resident will be given two calls weekly. At the completion of this experience, the pharmacy resident will be able to comprehend which metrics are being evaluated as quality indicators for patients within our physician network. This will include assisting with some Transitions of Care, Medication Use Compliance, educating prescribers on appropriate medication prescribing, and improving the care of patients throughout the network by ensuring that their medications are appropriate and their lists up-to-date within our EMR. The pharmacy resident will also be able to explain the reimbursement process for improving quality scores within the network.

Team Pharmacist

This longitudinal experience focuses on building a consistent presence within the Family Medicine Center. Residents will be assigned to a team of medical residents and will serve as pharmacy support for the team. Responsibilities will include being present in the team-work room 1 day per week, answering drug information questions, conducting scheduled/impromptu visits and patient education sessions as requested by the medical team

and appropriately documenting all interventions. Residents also have the opportunity to assist the care manager with patients transitioning from the inpatient to outpatient setting. The pharmacy resident is expected to reconcile the patient's inpatient and outpatient medication list as well as call the patient for clarification and elimination of barriers to adherence. The resident documents the patient encounter as a TOC note and sends the note to the patient's PCP. If the patient comes in on a team's day, the resident is more than welcome to discuss the potential of a collaborative visit with the patient's PCP

Leadership Specific Expectations

Practice Leadership, Management, Administration Experience

The scope of practice and structure of pharmacy services is complex. There are many stakeholders and pharmacists must interact with a variety of health professionals on a daily basis. To be successful in this environment the pharmacist resident must gain expertise in managing his or her pharmacy practice. The pharmacy resident will be expected to explore generalities of practice management by reading books, reviewing articles and discussing these issues with preceptors. (Examples of topics include personal mission statement, time management, project management etc.) The pharmacy resident will have opportunities in all rotations to hone their ability to manage their practice and observe how the preceptor manages his or her practice. However, because some topics may not be experienced during the course of a specific rotation, practice management will have longitudinal components as weekly topics and as required projects as part of the longitudinal experience. A working administrative skill set is as important to a pharmacist as a patient care skill set. In this rotation, the PGY1 pharmacy resident will develop his/her own department budget, great a business plan based in his/her perceived next practice and conduct a SWOT analysis as the first step to prioritizing a new initiative.

Pharmacy and Therapeutics Meetings (R3.1.1) - Lisa Ribble- Fay

Pharmacy residents are expected to attend Saint Joseph Health System Pharmacy and Therapeutic meetings which occur every other month. The resident will take meeting minutes at least once across the residency year. Residents learn the approval and ongoing monitoring of efficacy and safety of medications and services in the hospital setting.

Department meetings (R3.2.1, R3.2.3) -Ed Sheridan

Pharmacy residents are expected to attend ambulatory pharmacy services' weekly huddle and WIG meetings: leading, documenting productivity metrics, and/or presenting as assigned. These meetings are usually held over lunch and are placed on the residents' outlook calendars. Residents learn teamwork as well as where ambulatory pharmacy fits within the larger health system during these meetings.

Practice Leadership Series (didactics) R3.1.1, R4.1.2 – PGY2s

The practice leadership curriculum is embedded in the pharmacy residency didactics sessions that occur on Wednesday afternoons. The curriculum is designed to promote professional and personal growth to further facilitate the resident's success in the residency program, and his/her professional career. Though the curriculum will be explained in further detail in an associated document, the resident will read and host discussions on assigned texts, reflecting and discussing how the books are relevant to their current and future practice. Deadlines and books as assigned by PGY2s.

Ambulatory Pharmacy Services Newsletter)(R4.1.3) – TBD

Each resident will create two, one page (front and back) pharmacist's letter-like newsletter across the residency year. Topics for the newsletter may come from such things as current events within the department, commonly asked drug information questions, new landmark trials or guidelines, practice leadership books, new residency standards, new teaching techniques, and current trends within ambulatory care. The newsletter is meant to be assist in keeping the department up to date while at the same time giving the resident the chance to practice his/her writing skills. Excerpts of this newsletter may be given to the Volker Blankenstein fellow for the FMC newsletter. In lieu of a newsletter, the resident may opt to publish an article/case study in the journal of his/her choosing; in this case, a summary of the article would suffice in lieu of a newsletter. The residency class (inclusive of first and second years) will determine the order and therefore deadlines for the newsletter. It is suggested that the resident ask their current primary preceptor to serve as the mentor for this project.

Personal Mission Statement (R3.1.1)–

At the conclusion of reading 7 habits of highly effective people and in concert with Ed Battjes' didactic presentation on personal branding, each resident will write a principal based personal mission statement. Statements should be, at minimum, a page in length as well as summarized in a couple sentences. Residents are expected to gain a better understanding of who they are as an individual and what they hope to achieve, allowing for thoughtful decisions concert with this vision. Deadline of December 31st.

Business Plan – Ed Sheridan, primary

Each resident is responsible for developing a realistic business plan using the SJHS business plan template. The resident may wish to ask Ed Battjes and/or Ed Sheridan of any current business plan need. Should there be no pending need, the resident may decide the initiative he/she wishes to plan. The business plan should be relevant to either the site, or relevant to the resident's practice interest upon graduation and have a plan for sustainability. It is usually necessary for the resident to set a timeline for different parts of the business plan as well as touch bases with Ed Sheridan to review parts written and/or answer questions along the way. The final business plan must be approved by Ed Sheridan and Ed Battjes. Deadline is February 14th.

Residency Budget – Ed Sheridan

Using the department template, the pharmacy residents prepare the budget for the next year's first year pharmacy class. This is done to acclimate the residents to the necessity of understanding the budget cycle and timing of communicating department needs, new service lines, and new positions. Additionally, they learn how the department stewards the financial resources entrusted to them as they are involved in department communications that potentially impact the budget. Deadline is February 14.

Residency Project Specific Expectations

Residency Project – Mentor TBD based on project

(R2.2.1-R2.2.5) The pharmacy resident will complete a pharmacy residency project that is either research or performance improvement based. The project will be relevant and useful to the respective site. The pharmacy resident will present the final project at Great Lakes Residency Conference in April (required) and at ASHP Midyear in December (if interim data is available). The PGY1 resident will take necessary steps during the course of the residency to publish the article in an appropriate journal.

Topic Choice – Determines Mentor

The residency program does maintain a list of potential residency projects relevant to the practice site (SHOULD ASSIGN THIS). As residents are sent the introduction questionnaire, they are also asked for potential project ideas. The goal is to marry a topic that is both relevant to the site and also of interest to the resident. Projects are solidified during orientation alongside the resident’s development plan. The project IRB convenes early in the year – usually the latest being August – necessitating the resident focus on the project early on in the residency year.

Project Timeline

The resident is expected to develop a project timeline including personal deadlines for background research, intervention planning, intervention initiation, data collection, data analysis, planning for sustainability as well as such things as abstract – poster – slide submissions for various research conferences. At the beginning of the year, the resident is expected to schedule appropriate touch bases meetings, determine communication pathways, and project responsibilities (unless otherwise agreed upon, the project is meant to be the resident’s responsibility with guidance from the mentor) with the project mentor.

Example of weekly rotation schedule (see education longitudinal & leadership tasks included below):

Monday	Tuesday	Wednesday	Thursday	Friday
Admin (Leadership)	DM Clinic	Didactics	Teams	DM Clinic
Teams	DM Classes (1400-1600)	Admin (Leadership)	Elective	AWV Clinic

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
3. End of Rotation Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated

Milestones for the second quadrimester:

End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> • Becoming more independent (or primary) with preceptor role. • May have given a formal lecture, certainly has had lab experience with formal feedback on performance. 	<ul style="list-style-type: none"> • More experience precepting • Rotation materials developed, used, and are being polished. • Begins leading some patient case discussions or topic discussion solo with students. • Still observed with medical residents. • Begins/continues didactic lecturing with feedback. Build orientation for next class 	<ul style="list-style-type: none"> • Able to precept or coprecept with very little oversight seeking feedback when necessary. • May need coaching on giving feedback still • 	<ul style="list-style-type: none"> • Able to teach didactically and clinically. • May still be a little rough around the edges in some areas. • Gaining experience in exam question writing

End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> Decides on a sound plan presented in an authoritative manner Sees patients by self with debriefing visit with faculty Runs the visit effectively and empathetically Sees patients autonomously 	<ul style="list-style-type: none"> Able to see patients independently by the end of the quarter. Consciously incompetent may be the majority. Knows what he/she does not know. Actively looks up and seeks out opinions. "Here is my plan." Able to dispense independently Halfway through the "list of diseases!") 	<ul style="list-style-type: none"> Able to work up patients and present pertinent positives with a definitive rational plan Notes demonstrate thought process and information gathered during the visit Autonomous in patient care unless very complex or acute Only very complex or acute notes or notes for feedback needing sent to faculty 	Continued experience now seeking feedback from faculty in set circumstances
End of November	End of December - Quarter 2 (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> Either have finished or at least started such things as MUE, Class review, drug monograph...etc. <i>(project timelines only suggested, not meant to be strict deadlines)</i> Reflects on planned week vs true week. (potentially a time study is helpful) Becomes a leader in the group, gains swagger 	<ul style="list-style-type: none"> PDCA Cycle either underway or decided Time Management being honed Class Review Complete Personal mission statement complete. Has the foresight to plan ahead to decrease level of stress i the future. Has an effective method for staying up with the literature 	<ul style="list-style-type: none"> Demonstrating personal leadership Able to identify and clarify project based tasks Have a defined plan to look for positions 	<ul style="list-style-type: none"> Determines important hiring criteria Budget Complete Business plan developed Has functional understanding of the budget

Goals, Objectives, Tasks Related to Teaching:

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SJHS Activity/task through which the objective will be practiced and assessed

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.1:	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient). Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs. Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling). Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices. Includes accurate citations and relevant references and adheres to applicable copyright laws. 	Assist in the development of the preceptor availability for the following year. Develop rotation description for APPE students, family medicine residents, and podiatric residents. Design a rotation schedule that allows the presence of the majority of his/her colleagues. Incorporate (and discuss with preceptor) more than one educational tool / assignment approach in the following settings: small group discussion, classroom didactic session, will implement techniques to differentiate between education targeting patients, medical residents, medical students and pharmacy students. Discuss these techniques with preceptor. Discuss with preceptor the resident's approach to selecting breadth and depth of information necessary for various teaching settings.

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).			
OBJ R4.1.2:	(Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Captures and maintains learner/audience interest throughout the presentation. • Implements planned teaching strategies effectively. • Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning). • Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections). • Body language, movement, and expressions enhance presentations. • Summarizes important points at appropriate times throughout presentations. • Transitions smoothly between concepts. • Effectively uses audio-visual aids and handouts to support learning activities 	Summarize resident approach to building rapport with learners. Ensure the content and delivery of any education is commensurate with a pharmacy residency graduate. Conduct enough educational opportunities to identify areas of strength and areas targeted for improvement.
OBJ R4.1.3:	(Applying) Use effective written communication to disseminate knowledge.	<ul style="list-style-type: none"> • Writes in a manner that is easily understandable and free of errors. • Demonstrates thorough understanding of the topic. • Notes appropriate citations and references. • Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic. • Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate. • Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public). <p>Creates one’s own work and does not engage in plagiarism</p>	(Remember the newsletter graduation requirement). Write/complete written assignments in a professional manner – with correct spelling, grammar, and style. Including but not limited to: presentations, medication use evaluations, PDCA cycles, residency project materials, personal mission statement, business plan, teaching philosophy...etc
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> • Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity. • Provides timely, constructive, and criteria-based feedback to learner. • If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction. • Determines how well learning objectives were met. • Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met. • Identifies ways to improve education-related skills. • Obtains and reviews feedback from learners and others to improve effectiveness as an educator. 	Outline assessment requirements for APPE rotation in rotation description. Submit questions for all assigned lectures to SJHS preceptor. Observed giving timely, honest, helpful, kind feedback to students, colleagues, faculty, and patients in a supportive manner. Accurately assess patient understanding of given education during patient appointment. Write reflections for your teaching portfolio, including whether or not the teaching method enhanced the learner’s knowledge or skill acquisition.
Goal R4.2: Effectively employs appropriate preceptors’ roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).			
OBJ R4.2.1:	(Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs.	<ul style="list-style-type: none"> • Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating). <ul style="list-style-type: none"> ○ Selects direct instruction when learners need background content. ○ Selects modeling when learners have sufficient background knowledge to understand the skill being modeled. ○ Selects coaching when learners are prepared to perform a skill under supervision. <p>Selects facilitating when learners have performed a skill satisfactorily under supervision.</p>	Choose the appropriate preceptor role when precepting learners of different disciplines and development stages. Discuss with preceptor the criteria by which a specific role was chosen.
OBJ R4.2.2:	(Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> • Instructs students, technicians, or others as appropriate. • Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills. • Coaches, including effective use of verbal guidance, feedback, and questioning, as needed. <p>Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.</p>	Utilize the appropriate preceptor roles with different learner types. Reflect when different roles have been used in situations not directly observed.

Goals, Objectives, Tasks Related to Patient Care:

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> • Interactions are cooperative, collaborative, communicative, and respectful. • Demonstrates skills in negotiation, conflict management, and consensus building. • Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patient's team, and when on FMC teams.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> • Interactions are respectful and collaborative. • Uses effective communication skills. • Shows empathy. • Empowers patients to take responsibility for their health. • Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Collection/organization methods are efficient and effective. • Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> ○ History of present illness. ○ Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. ○ Social history. ○ Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. ○ Laboratory values. ○ Pharmacogenomics and pharmacogenetic information, if available. ○ Adverse drug reactions. ○ Medication adherence and persistence. ○ Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. • Sources of information are the most reliable available, including electronic, face-to-face, and others. • Recording system is functional for subsequent problem solving and decision making. • Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Health and functional status. ○ Risk factors. ○ Health data. ○ Cultural factors. ○ Health literacy. ○ Access to medications. ○ Immunization status. ○ Need for preventive care and other services, when appropriate. ○ Other aspects of care, as applicable. • Identifies medication therapy problems, including: <ul style="list-style-type: none"> ○ Lack of indication for medication. o Medical conditions for which there is no medication prescribed. ○ Medication prescribed or continued inappropriately for a particular medical condition. ○ Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). ○ Therapeutic duplication. ○ Adverse drug or device-related events or the potential for such events. ○ Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions. o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. ○ Patient not receiving full benefit of prescribed medication therapy. ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. o Discrepancy between prescribed medications and established care plan for the patient. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmacoeconomic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. ○ If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s). ○ When applicable, reflects preferences and needs of the patient. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines). Include care management opportunities such as: medication affordability, resource coordination: referral to care management, PCP, community resources, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> • Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> ○ Recommendation is persuasive. ○ Presentation of recommendation accords patient's right to refuse treatment. ○ If patient refuses treatment, pharmacist exhibits responsible professional behavior. ○ Creates an atmosphere of collaboration. ○ Skillfully defuses negative reactions. ○ Communication conveys expertise. ○ Communication is assertive but not aggressive. ○ Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. • Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> ○ Therapy corresponds with the recommended regimen. ○ Regimen is initiated at the appropriate time. ○ Medication orders are clear and concise. ○ Activity complies with the health system's policies and procedures. ○ Tests correspond with the recommended monitoring plan. ○ Tests are ordered and performed at the appropriate time. • Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). • Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. • Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). • Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. • Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. • Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> • Selects appropriate direct patient care activities for documentation. • Documentation is clear. • Documentation is written in time to be useful. • Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate appropriate documentation in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> • Gives priority to patient care activities. • Plans prospectively. • Routinely completes all steps of the medication management process. • Assumes responsibility for medication therapy outcomes. • Actively works to identify the potential for significant medication-related problems. • Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. • Helps patients learn to navigate the health care system, as appropriate. • Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. • Determines barriers to patient compliance and makes appropriate adjustments. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R1.2: Ensure continuity of care during patient transitions between care settings.			
OBJ R1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> Effectively participates in obtaining or validating a thorough and accurate medication history. Conducts medication reconciliation when necessary. Participates in thorough medication reconciliation. Follows up on all identified drug-related problems. Participates effectively in medication education. Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate. Follows up with patient in a timely and caring manner. Provides additional effective monitoring and education, as appropriate. Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions 	Conduct a thorough medication reconciliation upon patient discharge from the health system. Identifies discrepancies by speaking with the discharging facility, patient, family members, PCP offices and pharmacies. Reports discrepancies to attending physician and offers appropriate resolution (including to update medication list) for the PCP.
Goal R3.1: Demonstrate leadership skills.			
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). Effectively uses a self-evaluation process for developing professional direction, goals, and plans. Effectively engages in self-evaluation of progress on specified goals and plans. Demonstrates ability to use and incorporate constructive feedback from others. Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.
Goal R3.2: Demonstrate management skills.			
OBJ R3.2.4	(Applying) Manages one's own practice effectively.	<ul style="list-style-type: none"> Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice. Makes accurate, criteria-based assessments of one's own ability to perform practice tasks. Regularly integrates new learning into subsequent performances of a task until expectations are met. Routinely seeks applicable learning opportunities when performance does not meet expectations. Demonstrates effective workload and time-management skills. Assumes responsibility for personal work quality and improvement. Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). Sets and meets realistic goals and timelines. Demonstrates awareness of own values, motivations, and emotions. Demonstrates enthusiasm, self-motivation, and a "can-do" approach. Strives to maintain a healthy work-life balance. Works collaboratively within the organization's political and decision-making structure. Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. <ul style="list-style-type: none"> Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).			
OBJ R4.1.2:	(Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Captures and maintains learner/audience interest throughout the presentation. • Implements planned teaching strategies effectively. • Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning). • Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections). • Body language, movement, and expressions enhance presentations. • Summarizes important points at appropriate times throughout presentations. • Transitions smoothly between concepts. <p>Effectively uses audio-visual aids and handouts to support learning activities</p>	Leads DM classes. Builds rapport with patients. Ensure the content and delivery of any education is at appropriate level. . Appropriately self reflects with a few points to improve for the next session.
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> • Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity. • Provides timely, constructive, and criteria-based feedback to learner. • If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction. • Determines how well learning objectives were met. • Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met. • Identifies ways to improve education-related skills. • Obtains and reviews feedback from learners and others to improve effectiveness as an educator. 	Accurately identify patient’s areas of strength and of improvement adjusting techniques to suit the class

Goals, Objectives, Tasks Related to Leadership:

Goal R3.1: Demonstrate leadership skills.			
OBJ R.3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Demonstrates effective time management. • Manages conflict effectively. • Demonstrates effective negotiation skills. • Demonstrates ability to lead interprofessional teams. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals. • Effectively expresses benefits of personal profession-wide leadership and advocacy. 	<p>Complete personal mission statement. Model the class identity. Participate in the leadership series, reflecting on and implementing some of the philosophies. Complete assigned and delegated duties by appropriate timelines. Demonstrate accountability and preparedness for responsibilities. Learn the difference between those opportunities offered and those delegated or assigned; For those things offered, review other commitments before accepting. Resolve conflicts amicably. More generally, the preceptor will observe the resident in a variety of different team settings.</p> <p>(Note: Whereas R3.2.4 activities relate to the patient care practice setting, this objective is used for overarching time management, interpersonal skills this objective relates more to the activities ACROSS THE RESIDENCY PROGRAM)</p>
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review) 	Demonstrate reflection and self assessment in daily activities and practice leadership responsibilities. The resident will conduct formative and summative self assessments

Goal R3.2: Demonstrate management skills.			
OBJ R3.2.1	(Understanding) Explain factors that influence departmental planning.	<ul style="list-style-type: none"> • Identifies and explains factors that influence departmental planning, including: <ul style="list-style-type: none"> ○ Basic principles of management. ○ Financial management. ○ Accreditation, legal, regulatory, and safety requirements. ○ Facilities design. ○ Human resources. ○ Culture of the organization. ○ The organization's political and decision-making structure. ○ Explains the potential impact of factors on departmental planning. • Explains the strategic planning process 	Take part in strategic planning, make a budget, design a business plan, assist in residency interviews, and discuss with preceptors how the preceptors arrange their schedules.
OBJ R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	<ul style="list-style-type: none"> • Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care. • Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven health care, reimbursement models) related to medication use. • Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used. • Describes the governance of the health care system and leadership roles 	Track patient metrics, relating it back to the quality metrics defined by Trinity Health, SJHS, or ambulatory pharmacy services.

Goals, Objectives, Tasks Related to Residency Project:

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.			
OBJ R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.	<ul style="list-style-type: none"> • Follows established timeline and milestones. • Implements the project as specified in its design. • Collects data as required by project design. • Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience. • Plan is based on appropriate data. • Gains necessary commitment and approval for implementation. • Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties. • Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders. • Change is implemented fully 	Before implementing, communicate the residency project to affected associates as needed. Should the need arise, garner a champion from another discipline. Ensure all the necessary materials for the residency project are created or obtained. Pick a set start date and notify the residency project preceptor

**Ambulatory Ed
Second Quadrimester**

Main preceptor: Ed Sheridan;
Adjunct preceptors: Blair Gingerich, Jason Isch
Preceptor Interaction: note on calendar

General Description of Practice Area

Family Medicine Center, Mishawaka

The Family Medicine Center functions as a primary care office with regularly scheduled office hours. The center was designed to serve uninsured and underinsured patients, but also cares for patients with insurance. More than 8,000 families, or approximately 12,000 patients, are cared for in the Family Medicine Center. Patients are primarily selected as family units in order to provide experience of caring of an entire family. Additionally, the center provides obstetrical care for women and a medication assistance program, which provides prescription medication to patients at a reduced cost. In addition to direct patient care, the Family Medicine Center is unique in its educational focus. Being connected to the hospital increases collaboration between the two pharmacy residency programs, both residents and faculty

Family Medicine Faculty Physicians, Mishawaka

This separate office houses the private practice of some of the family medicine faculty. Apart from other residency duties, each faculty member routinely sees patients two half-days weekly. Practicing the entire spectrum of family medicine, they care for a patient population of over 1,000 patients.

Sister Maura Brannick, CSC, Health Center, South Bend

The SHBHC is specifically designed for those patients with no health insurance or government assistance for medical care. It focuses on providing healthcare for the unemployed or working poor, providing services for those who fall below 200 percent of the federally designated poverty level. Patients must be ineligible for Medicaid and Medicare, unable to obtain health insurance and meet the financial guideline requirements. A medical director, pharmacist and several volunteer physicians are responsible for approximately 6,000 patient visits annually. Pharmacist responsibilities include dispensing medications/vaccinations, providing diabetes education, managing patients taking warfarin, and overseeing medication adherence/education

Role of the Pharmacists in Teaching:

<u>Teaching Experience</u>	
Required	Longitudinal
Site(s)	FMC
Jason Isch Ed Sheridan	Teach didactic lectures and labs at Purdue and Manchester University Colleges of Pharmacy. Additionally, precept students from the respected colleges of pharmacy, in addition to precepting medical residents on rotation at the Family Medicine Center.

Role of the Pharmacists in Patient Care:

<u>PGY1 Clinic Paired with Anticoagulation</u>	
Required	Longitudinal, one clinic weekly
Site(s)	FMC
Ed Sheridan	Identify patients that may benefit from complete pharmacotherapy review, medication therapy, and chronic disease management. Conduct visits with patients to gather appropriate information and prepare medication therapy plan for provider approval if applicable.

<u>Anticoagulation Clinic Paired with PGY1 Clinic</u>	
Required	Longitudinal, one clinic weekly
Site(s)	FMC
Ed Sheridan	Conducts anticoagulation and other chronic disease patient care visits in person and telephonically, educating patients and managing medication; Maintain applicable board certifications.

<u>Home Visits</u>	
Required	Longitudinal
Site(s)	FMC/Home
Primary Preceptor	Residents conduct MTM home visits, sometimes in conjunction with medical residents.

Team Pharmacist

Required	Longitudinal, one day weekly
Site(s)	FMC
Primary Preceptor	Serves as faculty in the family medicine residency, precepts both pharmacy and medical residents

Physician Network Quality Indicators/Med Adherence

Required	One Quadrimester and Longitudinal
Site(s)	FMC
Ed Sheridan	Improve quality metrics for patients in the Saint Joseph Physician Network (SJPNO). The SJPNO has several value-based contracts with different insurance providers where the reimbursement is based on STAR ratings. The Ambulatory Care Pharmacist works on these pharmacy-related metrics, including medication adherence.

Sister Maura Brannick Clinic Experience (and staffing)

Elective	One Quadrimester, Tuesday 1-8pm
Site(s)	Sister Maura Brannick, CSC Health Center
Blair Gingerich	Pharmacist will help in the provision of healthcare to underserved patients of the community. Role may include dispensing of medications and work with prescription assistance programs, with a focus on the education of patients, volunteers, and medical students. Medication and supply inventory will be maintained in the most cost-effective manner for SMBHC depending on medication availability from various non-profit suppliers. Vaccines will be managed according to Vaccines for Children requirements and appropriate vaccine recommendations will be made to providers seeing patients in clinic. Pharmacist will contact patients by phone or in-person to monitor medication adherence and blood glucose records then document in a progress note. Pharmacist will be responsible for appointments for diabetes education, INR checks, and any medication questions or counseling. Pharmacist will be available to answer questions from other clinical staff regarding medications or patient assistance programs. Pharmacist will help maintain and expand ambulatory care services.

Role of the Pharmacists in Leadership

Practice Leadership, Management, Administration

Required	Longitudinal
Ed Sheridan, other faculty may join	The pharmacy director/manager is responsible for oversight of all pharmacy related operations of the hospital. They are accountable for both the clinical and financial performance of the department. The pharmacists help facilitate, mentor and participate when discussing various methods of practice and utilization of management/leadership tools with the residents.

Role of the Pharmacists in Project Management:

Residency Project

Required	Longitudinal
Preceptor Job Description	Review IRB submissions, guide residents in creating a timeline, and being available for residents to check in for progress meetings of their projects. Preceptors are also to review Great Lakes Pharmacy Residency Conference Slides, as well as review material for posters submitted for ASHP Midyear or other local, state, or national meetings. Preceptor is also to help guide resident on the creation of their manuscript.

Expectations of Residents

General Expectations

1. Remind/confirm elective preceptors at the previous midpoint
2. Contact primary preceptor to schedule meeting two weeks prior to the start of the rotation
3. Review the learning description and schedule with the primary preceptor
4. Follow duty hours. Be "on" during operating hours of the FMC at a minimum
5. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
6. Take ownership for patients entrusted to your care, including: work up, communication, visits, follow up..etc
7. Manage the entire patient, ensuring the distinction between the reason for referral and other problems that may present.
8. Thoughtfully complete required evaluations and discuss with primary preceptor
9. Autonomy with patient care determined individually through observations with preceptor. Read over the responsibilities and deadlines below
10. Where applicable, choose a topic and preceptor mentor

11. Set appropriate meeting times/communications for various projects, deadlines and interim deadlines with appropriate preceptor
12. Adhere to all due dates/timelines. Arrive on time for scheduled meetings/ time commitments throughout the rotation.
13. For activities that result in an end product requiring approval, communicate the project mentor's final approval to the RPD prior to uploading the document/documentation into pharmacademic.

Teaching Specific Expectations

Academia/Teaching Experience

At the completion of this longitudinal experience, the pharmacy resident will be able to effectively and efficiently precept pharmacy students independently. The pharmacy resident will design, organize, and precept PharmD candidates for at least one complete APPE rotation. Additionally, the resident will evaluate the PharmD candidate and assist them in the self-evaluation process. By the end of this experience, the pharmacy resident will be able to effectively present didactic lectures to pharmacy students and family medicine resident physicians. The pharmacy resident will create, administer and grade examination questions for nursing or pharmacy students. The pharmacy resident will have met the requirements for the Indiana Pharmacy Resident Teaching Certification by completion of the residency program. (Patient education will be addressed on specific direct patient care rotations.)

Teaching portfolio/Materials (R4.1.1)-Jason Isch, Ed Sheridan, TBD-SJHS teaching portfolio mentor.

Residents are encouraged to take part in IPTeC (certification is not a graduation requirement though creation of a teaching portfolio is). Residents are expected to choose and set up meetings with a SJHS specific teaching portfolio mentor in addition to the IPTeC teaching portfolio mentor. . During the first three months (approximately) of the residency program on Tuesdays over lunch, residents and faculty meet to discuss different aspects of teaching. Residents are given reading materials for most sessions and asked to reflect on their past educational history. In this schedule (<https://mytrinityhealth.sharepoint.com/:w:/f/sites/Didactics-PharmacyResidencyTH0365/Shared%20Documents/General/EducationTeaching/References/Teaching%20Series.docx?d=w6bfef085ee4310af4898b8d59c141a&csf=1&web=1&e=Dw2nxG>), they are also assigned due dates for a generic student calendar and monitoring form, a rotation learning description, and **the teaching philosophy Due Date 10/01**. Residents are free to create other materials such as evaluations. The intent is for them to be able to design and revise materials they would use at their future site. For SJHS, we do ask that they use the standard rotation description to ensure common expectation and workload amongst students on similar rotations.

Experiential Preceptorship (R4.2.1, R4.2.2) – Ed Sheridan/Jason Isch/PGY2

As a PGY1, the PGY2s assist in determining the next year's preceptor availability. Once the learner lists are determined, the Chief creates a master schedule of rotations delegating learner rotations to the residents in a see one, do one, teach one fashion, keeping numbers as equal as possible. Residents precept students from Manchester University and Purdue University as well as second and third year Family Medicine and first year Podiatric residents on pharmacotherapy rotations, and the pharmacy portion of the first year Family Medicine resident's geriatric rotation. Residents are expected to gain autonomy in teaching; however, faculty do request the ability to be present in the rotations by having the schedules schedules be made such that they, or other faculty, can be present for such things as the beginning of block and end of block exams, journal clubs and case presentations, at least two sessions where patients are being reviewed, and when formal evaluations are being discussed.

At least two weeks prior to a rotation: Meet with fellow learner preceptors (MU, Purdue, Med and Podiatry Residents) to coordinate experiences (including clinic schedules, topic discussions, activities, etc...). **At least one week prior to a rotation:** Send finalized learner schedule to fellow preceptors, pharmacy faculty, and education preceptor to get feedback (and to ensure pharmacy faculty will be available for learner in clinic). **At least 1 week prior to rotation:** Send email to learner in response to share important information (does not need to include finalized rotation calendar). Learners should email academic preceptor liaison at least 2 weeks in advance (Jason – MU, Ed – Purdue) Collect all necessary equipment and papers in order to start orientation at 8AM on the first day (materials include, but not limited to: learner badge, computer, power cord, rotation folder, rotation calendar, syllabus, other instructional papers printed, etc...) . **On first day of rotation:** Ensure appropriate personnel are available to "pick up" learner at designated location. Work with fellow learner preceptors to ensure effective orientation strategy (e.g. delegate various tasks like learning the computer system, tour of the facilities). **During rotation:** Send self-evaluation to education preceptor/teaching mentor (Jason/Ed/etc...) on the **Friday of each week** to include answers to: 1) What is going well? 2) What could be going better? 3) What resources are needed and/or how can the preceptors help facilitate learning experience. Review patients with learner while either academic APPE preceptor or other pharmacy faculty member is present **at least twice during the month** (to receive feedback on facilitating patient reviews)

Outside Didactic Lecture (R4.1.1, R4.1.2, R4.1.3) (Purdue, Manchester, Notre Dame, IPA/Conferences, etc...)-Jason Isch; If not Jason's class, resident is expected to have a SJHS mentor for all lectures.

For clarification, outside didactic lectures include such things as lectures, lab sessions, CE session... to a non SJHS audience. Outside lectures can be either virtual or face to face. PGY1 residents may have a max of 3 lectures per quadrimester during residency hours.

Before the lecture: Review time away policy found in the residency policy manual. **At least 3 months before the lecture,** meet with academic preceptor to develop personal objectives, lecture objectives, and deadlines to accomplish didactic leaning experience. Create calendar invites or other methods to communicate deadlines for academic preceptor and other faculty associated with the lecture (could be outside personnel). Give academic preceptor at least 1 week to review any applicable material before needing revised versions (Make sure to give self at least ~2 weeks before final drafts are due for faculty to review and then revisions to be made). **On the day of the lecture:** Ensure communication with academic preceptor and pharmacy preceptors of schedule for days events (e.g. send a calendar invite with expected times of travel/teaching/return). Collect feedback from learners AND lecture personnel and give to academic preceptor/residency preceptor This is required for experience to not count toward off-site experience allowance). **After the lecture:** Reflect on self-performance throughout the didactic experience and send on to academic preceptor/residency preceptor 1) What went well? 2) What could have gone better? 3) What areas of development persist for future development of this lecture (or application toward other lectures)? Ensure all follow-up assessment tasks are completed for learners within the course (grading of assignments, submission of exam/quiz questions, etc...).

Patient Care Specific Expectations

PGY1 Clinic

The PGY1 resident conducts an MTM /chronic disease clinic weekly. In this clinic, the PGY1 conducts MTM visits and manages complex patients with a diversity of disease. The PGY1 is responsible for marketing this clinic and ensuring its sustained viability. The PGY2 may precept PGY1 residents as a preceptor in training under the mentorship of the faculty.

Anticoagulation Clinic

The resident will manage patients longitudinally by telephone. The resident will conduct assigned clinics.

Home Visits

See the graduation policy for the appropriate number of patient encounters. The pharmacy resident is to develop a patient care plan before going to the patient's home. All attempts must be made to schedule the visit at a time when preceptor can take part in the first few visits. Should the appointment take place with only the resident, the preceptor should be notified so that they can assist in telephonic support as needed. The patient care is documented in the patient's record. This experience is designed to help the resident understand the non-medical factors that impact patient adherence to health care regimens. Please see the safety document ([Home Visits 2.0.docx](#))

Physician Network Quality Indicators, med adherence

Medication Adherence patients distributed to residents weekly. The pharmacy resident will be given two calls weekly. At the completion of this experience, the pharmacy resident will be able to comprehend which metrics are being evaluated as quality indicators for patients within our physician network. This will include assisting with some Transitions of Care, Medication Use Compliance, educating prescribers on appropriate medication prescribing, and improving the care of patients throughout the network by ensuring that their medications are appropriate and their lists up-to-date within our EMR. The pharmacy resident will also be able to explain the reimbursement process for improving quality scores within the network.

Team Pharmacist

This longitudinal experience focuses on building a consistent presence within the Family Medicine Center. Residents will be assigned to a team of medical residents and will serve as pharmacy support for the team. Responsibilities will include being present in the team-work room 1 day per week, answering drug information questions, conducting scheduled/impromptu visits and patient education sessions as requested by the medical team and appropriately documenting all interventions. Residents also have the opportunity to assist the care manager with patients transitioning from the inpatient to outpatient setting. The pharmacy resident is expected to reconcile the patient's inpatient and outpatient medication list as well as call the patient for clarification and elimination of barriers to adherence. The resident documents the patient encounter as a TOC note and sends the note to the patient's PCP. If the patient comes in on a team's day, the resident is more than welcome to discuss the potential of a collaborative visit with the patient's PCP

Sister Maura Brannick Clinic Experience

Sister Maura Brannick, CSC Health Center was established in 1986 to meet a critical healthcare need in the community and serves no-income or low-income patients. Services offered include primary healthcare, medications, laboratory tests, dental services, educational classes, food pantry, exercise room, and nutritional counseling. This experience will include provision of pharmaceutical care for clinic patients, including dispensing of medications, counseling, and in-depth education on devices such as insulin pens, GLP-1 pens, inhalers, and glucometers. The pharmacist will also have intermittent scheduled appointments with patients for medical condition management and will aid in the expansion of clinical services at the clinic.

Leadership Specific Expecations

Practice Leadership, Management, Administration Experience

The scope of practice and structure of pharmacy services is complex. There are many stakeholders and pharmacists must interact with a variety of health professionals on a daily basis. To be successful in this environment the pharmacist resident must gain expertise in managing his or her pharmacy practice. The pharmacy resident will be expected to explore generalities of practice management by reading books, reviewing articles and discussing these issues with preceptors. (Examples of topics include personal mission statement, time management, project management etc.) The pharmacy resident will have opportunities in all rotations to hone their ability to manage their practice and observe how the preceptor manages his or her practice. However, because some topics may not be experienced during the course of a specific rotation, practice management will have longitudinal components as weekly topics and as required projects as part of the longitudinal experience. A working administrative skill set is as important to a pharmacist as a patient care skill set. In this rotation, the PGY1 pharmacy resident will develop his/her own department budget, great a business plan based in his/her perceived next practice and conduct a SWOT analysis as the first step to prioritizing a new initiative.

Pharmacy and Therapeutics Meetings (R3.1.1) - Lisa Ribble- Fay

Pharmacy residents are expected to attend Saint Joseph Health System Pharmacy and Therapeutic meetings which occur every other month. The resident will take meeting minutes at least once across the residency year. Residents learn the approval and ongoing monitoring of efficacy and safety of medications and services in the hospital setting.

Department meetings (R3.2.1, R3.2.3)

Pharmacy residents are expected to attend ambulatory pharmacy services' weekly huddle and WIG meetings: leading, documenting productivity metrics, and/or presenting as assigned. These meetings are usually held over lunch and are placed on the residents' outlook calendars. Residents learn teamwork as well as where ambulatory pharmacy fits within the larger health system during these meetings.

Practice Leadership Series (didactics) R3.1.1, R4.1.2) – PGY2s

The practice leadership curriculum is embedded in the pharmacy residency didactics sessions that occur on Wednesday afternoons. The curriculum is designed to promote professional and personal growth to further facilitate the resident's success in the residency program, and his/her professional career. Though the curriculum will be explained in further detail in an associated document, the resident will read and host discussions on assigned texts, reflecting and discussing how the books are relevant to their current and future practice. Deadlines and books as assigned by PGY2s.

Ambulatory Pharmacy Services Newsletter)(R4.1.3) – TBD

Each resident will create two, one page (front and back) pharmacist's letter-like newsletter across the residency year. Topics for the newsletter may come from such things as current events within the department, commonly asked drug information questions, new landmark trials or guidelines, practice leadership books, new residency standards, new teaching techniques, and current trends within ambulatory care. The newsletter is meant to be assist in keeping the department up to date while at the same time giving the resident the chance to practice his/her writing skills. Excerpts of this newsletter may be given to the Volker Blankenstein fellow for the FMC newsletter. In lieu of a newsletter, the resident may opt to publish an article/case study in the journal of his/her choosing; in this case, a summary of the article would suffice in lieu of a newsletter. The residency class (inclusive of first and second years) will determine the order and therefore deadlines for the newsletter. It is suggested that the resident ask their current primary preceptor to serve as the mentor for this project.

Personal Mission Statement (R3.1.1)–

At the conclusion of reading 7 habits of highly effective people and in concert with Ed Battjes' didactic presentation on personal branding, each resident will write a principal based personal mission statement. Statements should be, at minimum, a page in length as well as summarized in a couple sentences. Residents are expected to gain a better understanding of who they are as an individual and what they hope to achieve, allowing for thoughtful decisions concert with this vision. Deadline of December 31st.

Business Plan – Ed Sheridan, primary

Each resident is responsible for developing a realistic business plan using the SJHS business plan template. The resident may wish to ask Ed Battjes and/or Ed Sheridan of any current business plan need. Should there be no pending need, the resident may decide the initiative he/she wishes to plan. The business plan should be relevant to either the site, or relevant to the resident’s practice interest upon graduation and have a plan for sustainability. It is usually necessary for the resident to set a timeline for different parts of the business plan as well as touch bases with Ed Sheridan to review parts written and/or answer questions along the way. The final business plan must be approved by Ed Sheridan and Ed Battjes. Deadline is February 14th.

Residency Budget – Ed Sheridan

Using the department template, the pharmacy residents prepare the budget for the next year’s first year pharmacy class. This is done to acclimate the residents to the necessity of understanding the budget cycle and timing of communicating department needs, new service lines, and new positions. Additionally, they learn how the department stewards the financial resources entrusted to them as they are involved in department communications that potentially impact the budget. Deadline is February 14.

Residency Project Specific Expectations

Residency Project – Mentor TBD based on project

(R2.2.1-R2.2.5) The pharmacy resident will complete a pharmacy residency project that is either research or performance improvement based. The project will be relevant and useful to the respective site. The pharmacy resident will present the final project at Great Lakes Residency Conference in April (required) and at ASHP Midyear in December (if interim data is available). The PGY1 resident will take necessary steps during the course of the residency to publish the article in an appropriate journal.

Topic Choice – Determines Mentor

The residency program does maintain a list of potential residency projects relevant to the practice site (SHOULD ASSIGN THIS). As residents are sent the introduction questionnaire, they are also asked for potential project ideas. The goal is to marry a topic that is both relevant to the site and also of interest to the resident. Projects are solidified during orientation alongside the resident’s development plan. The project IRB convenes early in the year – usually the latest being August – necessitating the resident focus on the project early on in the residency year.

Project Timeline

The resident is expected to develop a project timeline including personal deadlines for background research, intervention planning, intervention initiation, data collection, data analysis, planning for sustainability as well as such things as abstract – poster – slide submissions for various research conferences. At the beginning of the year, the resident is expected to schedule appropriate touch bases meetings, determine communication pathways, and project responsibilities (unless otherwise agreed upon, the project is meant to be the resident’s responsibility with guidance from the mentor) with the project mentor.

Example of weekly rotation schedule (see education longitudinal & leadership tasks included below):

Monday	Tuesday	Wednesday	Thursday	Friday
Teams	Anticoagulation Clinic	Didactics	Anticoagulation Clinic	Anticoagulation Phone Patients
Admin (Leadership)	Elective	Admin (Leadership)	Teams	PGY1 Clinic
	Staffing (SMBHC) 5-8			

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
3. End of Rotation Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated

Milestones for the second quadrimester:

End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> • Becoming more independent (or primary) with preceptor role. • May have given a formal lecture, certainly has had lab experience with formal feedback on performance. 	<ul style="list-style-type: none"> • More experience precepting • Rotation materials developed, used, and are being polished. • Begins leading some patient case discussions or topic discussion solo with students. • Still observed with medical residents. • Begins/continues didactic lecturing with feedback. Build orientation for next class 	<ul style="list-style-type: none"> • Able to precept or coprecept with very little oversight seeking feedback when necessary. • May need coaching on giving feedback still • 	<ul style="list-style-type: none"> • Able to teach didactically and clinically. • May still be a little rough around the edges in some areas. <ul style="list-style-type: none"> • Gaining experience in exam question writing
End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> • Decides on a sound plan presented in an authoritative manner • Sees patients by self with debriefing visit with faculty • Runs the visit effectively and empathetically • Sees patients autonomously • 	<ul style="list-style-type: none"> • Able to see patients independently by the end of the quarter. • Consciously incompetent may be the majority. Knows what he/she does not know. • Actively looks up and seeks out opinions. • "Here is my plan." • Able to dispense independently • Halfway through the "list of diseases!") 	<ul style="list-style-type: none"> • Able to work up patients and present pertinent positives with a definitive rational plan • Notes demonstrate thought process and information gathered during the visit • Autonomous in patient care unless very complex or acute • Only very complex or acute notes or notes for feedback needing sent to faculty 	Continued experience now seeking feedback from faculty in set circumstances
End of November	End of December - Quarter 2 (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> • Either have finished or at least started such things as MUE, Class review, drug monograph...etc. <i>(project timelines only suggested, not meant to be strict deadlines)</i> • Reflects on planned week vs true week. (potentially a time study is helpful) • Becomes a leader in the group, gains swagger 	<ul style="list-style-type: none"> • PDCA Cycle either underway or decided • Time Management being honed • Class Review Complete • Personal mission statement complete. • Has the foresight to plan ahead to decrease level of stress i the future. • Has an effective method for staying up with the literature • 	<ul style="list-style-type: none"> • Demonstrating personal leadership • Able to identify and clarify project based tasks • Have a defined plan to look for positions • 	<ul style="list-style-type: none"> • Determines important hiring criteria • Budget Complete • Business plan developed • Has functional understanding of the budget •

Goals, Objectives, Tasks Related to Teaching:

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SJHS Activity/task through which the objective will be practiced and assessed

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.1:	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> • Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient). • Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs. • Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling). • Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices. • Includes accurate citations and relevant references and adheres to applicable copyright laws. 	Assist in the development of the preceptor availability for the following year. Develop rotation description for APPE students, family medicine residents, and podiatric residents. Design a rotation schedule that allows the presence of the majority of his/her colleagues. Incorporate (and discuss with preceptor) more than one educational tool / assignment approach in the following settings: small group discussion, classroom didactic session, will implement techniques to differentiate between education targeting patients, medical residents, medical students and pharmacy students. Discuss these techniques with preceptor. Discuss with preceptor the resident's approach to selecting breadth and depth of information necessary for various teaching settings.

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.2:	(Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Captures and maintains learner/audience interest throughout the presentation. • Implements planned teaching strategies effectively. • Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning). • Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of "um" and other interjections). • Body language, movement, and expressions enhance presentations. • Summarizes important points at appropriate times throughout presentations. • Transitions smoothly between concepts. • Effectively uses audio-visual aids and handouts to support learning activities 	Summarize resident approach to building rapport with learners. Ensure the content and delivery of any education is commensurate with a pharmacy residency graduate. Conduct enough educational opportunities to identify areas of strength and areas targeted for improvement.
OBJ R4.1.3:	(Applying) Use effective written communication to disseminate knowledge.	<ul style="list-style-type: none"> • Writes in a manner that is easily understandable and free of errors. • Demonstrates thorough understanding of the topic. • Notes appropriate citations and references. • Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic. • Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate. • Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public). • Creates one's own work and does not engage in plagiarism 	(Remember the newsletter graduation requirement). Write/complete written assignments in a professional manner – with correct spelling, grammar, and style. Including but not limited to: presentations, medication use evaluations, PDCA cycles, residency project materials, personal mission statement, business plan, teaching philosophy...etc

Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> • Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity. • Provides timely, constructive, and criteria-based feedback to learner. • If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction. • Determines how well learning objectives were met. • Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met. • Identifies ways to improve education-related skills. • Obtains and reviews feedback from learners and others to improve effectiveness as an educator. 	Outline assessment requirements for APPE rotation in rotation description. Submit questions for all assigned lectures to SJHS preceptor. Observed giving timely, honest, helpful, kind feedback to students, colleagues, faculty, and patients in a supportive manner. Accurately assess patient understanding of given education during patient appointment. Write reflections for your teaching portfolio, including whether or not the teaching method enhanced the learner's knowledge or skill acquisition.

Goal R4.2:	Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).		
OBJ R4.2.1:	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	<ul style="list-style-type: none"> • Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating). <ul style="list-style-type: none"> ○ Selects direct instruction when learners need background content. ○ Selects modeling when learners have sufficient background knowledge to understand the skill being modeled. ○ Selects coaching when learners are prepared to perform a skill under supervision. Selects facilitating when learners have performed a skill satisfactorily under supervision. 	Choose the appropriate preceptor role when precepting learners of different disciplines and development stages. Discuss with preceptor the criteria by which a specific role was chosen.
OBJ R4.2.2:	(Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> • Instructs students, technicians, or others as appropriate. • Models skills, including "thinking out loud," so learners can "observe" critical-thinking skills. • Coaches, including effective use of verbal guidance, feedback, and questioning, as needed. Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.	Utilize the appropriate preceptor roles with different learner types. Reflect when different roles have been used in situations not directly observed.

Goals, Objectives, Tasks Related to Patient Care:

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> • Interactions are cooperative, collaborative, communicative, and respectful. • Demonstrates skills in negotiation, conflict management, and consensus building. • Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patient's team, and when on FMC teams.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> • Interactions are respectful and collaborative. • Uses effective communication skills. • Shows empathy. • Empowers patients to take responsibility for their health. • Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Collection/organization methods are efficient and effective. • Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> ○ History of present illness. ○ Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. ○ Social history. ○ Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. ○ Laboratory values. ○ Pharmacogenomics and pharmacogenetic information, if available. ○ Adverse drug reactions. ○ Medication adherence and persistence. ○ Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. • Sources of information are the most reliable available, including electronic, face-to-face, and others. • Recording system is functional for subsequent problem solving and decision making. • Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Health and functional status. ○ Risk factors. ○ Health data. ○ Cultural factors. ○ Health literacy. ○ Access to medications. ○ Immunization status. ○ Need for preventive care and other services, when appropriate. ○ Other aspects of care, as applicable. • Identifies medication therapy problems, including: <ul style="list-style-type: none"> ○ Lack of indication for medication. ○ Medical conditions for which there is no medication prescribed. ○ Medication prescribed or continued inappropriately for a particular medical condition. ○ Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). ○ Therapeutic duplication. ○ Adverse drug or device-related events or the potential for such events. ○ Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions. ○ Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. ○ Patient not receiving full benefit of prescribed medication therapy. ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. ○ Discrepancy between prescribed medications and established care plan for the patient. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmacoeconomic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. ○ If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s). ○ When applicable, reflects preferences and needs of the patient. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines). Include care management opportunities such as: medication affordability, resource coordination: referral to care management, PCP, community resources, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> • Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> ○ Recommendation is persuasive. ○ Presentation of recommendation accords patient's right to refuse treatment. ○ If patient refuses treatment, pharmacist exhibits responsible professional behavior. ○ Creates an atmosphere of collaboration. ○ Skillfully defuses negative reactions. ○ Communication conveys expertise. ○ Communication is assertive but not aggressive. ○ Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. • Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> ○ Therapy corresponds with the recommended regimen. ○ Regimen is initiated at the appropriate time. ○ Medication orders are clear and concise. ○ Activity complies with the health system's policies and procedures. ○ Tests correspond with the recommended monitoring plan. ○ Tests are ordered and performed at the appropriate time. • Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). • Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. • Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). • Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. • Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. • Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> • Selects appropriate direct patient care activities for documentation. • Documentation is clear. • Documentation is written in time to be useful. • Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate appropriate documentation in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> • Gives priority to patient care activities. • Plans prospectively. • Routinely completes all steps of the medication management process. • Assumes responsibility for medication therapy outcomes. • Actively works to identify the potential for significant medication-related problems. • Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. • Helps patients learn to navigate the health care system, as appropriate. • Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. • Determines barriers to patient compliance and makes appropriate adjustments. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R1.2: Ensure continuity of care during patient transitions between care settings.			
OBJ R1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> Effectively participates in obtaining or validating a thorough and accurate medication history. Conducts medication reconciliation when necessary. Participates in thorough medication reconciliation. Follows up on all identified drug-related problems. Participates effectively in medication education. Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate. Follows up with patient in a timely and caring manner. Provides additional effective monitoring and education, as appropriate. Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions 	Conduct a thorough medication reconciliation upon patient discharge from the health system. Identifies discrepancies by speaking with the discharging facility, patient, family members, PCP offices and pharmacies. Reports discrepancies to attending physician and offers appropriate resolution (including to update medication list) for the PCP.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.			
OBJ R1.3.1	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	<ul style="list-style-type: none"> Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including: <ul style="list-style-type: none"> Identifying, clarifying, verifying, and correcting any medication order errors. Considering complete patient-specific information. Identifying existing or potential drug therapy problems. Determining an appropriate solution to an identified problem. Securing consensus from the prescriber for modifications to therapy. Ensuring that the solution is implemented. Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including: <ul style="list-style-type: none"> When required, accurately calibrating equipment. Ensuring that solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored. Adhering to appropriate safety and quality assurance practices. Preparing labels that conform to the health system's policies and procedures. Ensuring that medication has all necessary and appropriate ancillary labels. Inspecting the final medication before dispensing. When dispensing medication products: <ul style="list-style-type: none"> Follows the organization's policies and procedures. Ensures the patient receives the medication(s) as ordered. Ensures the integrity of medication dispensed. <ul style="list-style-type: none"> Provides any necessary written and/or verbal counseling. Ensures the patient receives medication on time. Maintains accuracy and confidentiality of patients' protected health information. Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement. 	Assist in the management of the insulin medication assistance program at FMC. Assist with dispensing process at SMBHC
OBJ R1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.	<ul style="list-style-type: none"> Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy. Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety. 	Consider medication safety, effectiveness, price, and ADE's specific to a patient compared to other agents in the class or specific to the disease state. (MUE, drug monograph, and class review on graduation list). Ensure that medications dispensed either through MAP, MFP, or Navari Clinic are done so in a timely, safe, and efficient manner prioritizing patient care.

Goal R1.3:	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.		
OBJ R1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	<ul style="list-style-type: none"> • When appropriate, follows the organization’s established protocols. • Makes effective use of relevant technology to aid in decision-making and increase safety. • Demonstrates commitment to medication safety in medication-use processes. • Effectively prioritizes workload and organizes workflow. • Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and • 	Correctly interpret a medication order, verify safety and purpose of order. Dispense proper medication if through MAP, MFP, or SMBHC Clinic.

Goal R3.1:	Demonstrate leadership skills.		
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.

Goal R3.2:	Demonstrate management skills.		
OBJ R3.2.4	(Applying) Manages one’s own practice effectively.	<ul style="list-style-type: none"> • Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice. • Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks. • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable learning opportunities when performance does not meet expectations. • Demonstrates effective workload and time-management skills. • Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). • Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions. • Demonstrates enthusiasm, self-motivation, and a “can-do” approach. • Strives to maintain a healthy work–life balance. • Works collaboratively within the organization’s political and decision-making structure. • Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. <ul style="list-style-type: none"> ○ Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Goals, Objectives, Tasks Related to Leadership:

Goal R3.1:		Demonstrate leadership skills.	
OBJ R.3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Demonstrates effective time management. • Manages conflict effectively. • Demonstrates effective negotiation skills. • Demonstrates ability to lead interprofessional teams. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals. • Effectively expresses benefits of personal profession-wide leadership and advocacy. 	<p>Complete personal mission statement. Model the class identity. Participate in the leadership series, reflecting on and implementing some of the philosophies. Complete assigned and delegated duties by appropriate timelines. Demonstrate accountability and preparedness for responsibilities. Learn the difference between those opportunities offered and those delegated or assigned; For those things offered, review other commitments before accepting. Resolve conflicts amicably. More generally, the preceptor will observe the resident in a variety of different team settings.</p> <p>(Note: Whereas R3.2.4 activities relate to the patient care practice setting, this objective is used for overarching time management, interpersonal skills this objective relates more to the activities ACROSS THE RESIDENCY PROGRAM)</p>
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review) 	Demonstrate reflection and self assessment in daily activities and practice leadership responsibilities. The resident will conduct formative and summative self assessments

Goal R3.2:		Demonstrate management skills.	
OBJ R3.2.1	(Understanding) Explain factors that influence departmental planning.	<ul style="list-style-type: none"> • Identifies and explains factors that influence departmental planning, including: <ul style="list-style-type: none"> ○ Basic principles of management. ○ Financial management. ○ Accreditation, legal, regulatory, and safety requirements. ○ Facilities design. ○ Human resources. ○ Culture of the organization. ○ The organization's political and decision-making structure. ○ Explains the potential impact of factors on departmental planning. • Explains the strategic planning process 	Take part in strategic planning, make a budget, design a business plan, assist in residency interviews, and discuss with preceptors how the preceptors arrange their schedules.
OBJ R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	<ul style="list-style-type: none"> • Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care. • Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven health care, reimbursement models) related to medication use. • Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used. • Describes the governance of the health care system and leadership roles 	Track patient metrics, relating it back to the quality metrics defined by Trinity Health, SJHS, or ambulatory pharmacy services.

Goals, Objectives, Tasks Related to Residency Project:

Goal R2.2:	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.		
OBJ R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.	<ul style="list-style-type: none"> • Follows established timeline and milestones. • Implements the project as specified in its design. • Collects data as required by project design. • Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience. • Plan is based on appropriate data. • Gains necessary commitment and approval for implementation. • Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties. • Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders. • Change is implemented fully 	Before implementing, communicate the residency project to affected associates as needed. Should the need arise, garner a champion from another discipline. Ensure all the necessary materials for the residency project are created or obtained. Pick a set start date and notify the residency project preceptor

Learning Description for Elective Rotations

**Outpatient Cardiology
One Quadrimester
Main preceptor: Katie Clark
Preceptor Interaction: note on calendar**

General Description of Practice Area

Midwest Cardiology Outpatient Office

Midwest cardiology is a SJHS owned practice on the second floor of the MOB. The cardiologists care for patients both in the hospital and the outpatient setting. The office also houses the interdisciplinary CHF clinic which takes place on Thursdays. Hours of operation of the outpatient office is:

Role of the Pharmacists:

Cardiology Experience

Elective	One Quadrimester, one day per week.
Site(s)	Cardiology Office
Preceptor Role	The pharmacist participates in CHF clinic on Thursdays, conducts transition of care phone calls and reconciliation, and is commonly curbsided for other cardiovascular pharmacotherapy questions.

Expectations of Residents

The resident will participate in clinic with the assigned provider. The resident when schedules allow will spend up to 50% of rotation time in multidisciplinary heart failure clinic. The resident will work up assigned patients and when necessary, review them with the preceptor prior to clinic. The resident will provide transitions of care services either using telephone calls for recently discharged patients or in-person discussion for patients that have an admitted status. Topics discussed as desired.

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
3. End of Rotation Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated

Milestones Depending on the Time Period the Elective is Taken:

End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • Having working knowledge of the patient chart. Can find appropriate information but may not be yet efficient. • Gaining footing with workflow in the different aspects of patient care. • Working up and presenting detailed patient plans to the faculty before interacting with patients. • Interviewing patients with observation; present adjusted patient care plan to faculty. • All notes sent to faculty for sign off. • Prioritizes patient care responsibility 	<ul style="list-style-type: none"> • Gaining efficiency and mastery of patient chart. • Collecting appropriate information for straightforward patients. • Begin to present pertinent positives for more simple patients. Workflow more streamlined.. . • Patient interactions either observed via camera, or debriefed after the patient interaction. • Possible for a few instances of preceptor not immediately present, but always still immediately available. • Notes still sent for sign off. 	<ul style="list-style-type: none"> • Beginner in patient care • Unconsciously incompetent with long term patient relationship and with confidence in owning entire patients. • Patient care skills developing. • Begins stating "I think this is what I should do." • Presents pertinent positives of more straightforward patients. • Able to see patients more independently but with preceptor immediately available. • Faculty and resident may define the patient population for which more independent practice is appropriate. • Appropriately prioritizes patient care • Notes still signed off by faculty. 	<ul style="list-style-type: none"> • Able to navigate the patient chart and pull out pertinent information in an efficient manner • Able to apply skill sets to different types of patients • Cautiously works up more complex patients • Beginning to prioritize problems to address during the visit • Leads patient visit in a fruitful and efficient manner quickly gaining autonomy • Notes written clearly and concisely
End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> • Decides on a sound plan presented in an authoritative manner • Sees patients by self with debriefing visit with faculty • Runs the visit effectively and empathetically • Sees patients autonomously • 	<ul style="list-style-type: none"> • Able to see patients independently by the end of the quarter. • Consciously incompetent may be the majority. Knows what he/she does not know. • Actively looks up and seeks out opinions. • "Here is my plan." • Halfway through the "list of diseases!") 	<ul style="list-style-type: none"> • Able to work up patients and present pertinent positives with a definitive rational plan • Notes demonstrate thought process and information gathered during the visit • Autonomous in patient care unless very complex or acute • Only very complex or acute notes or notes for feedback needing sent to faculty 	<p>Continued experience now seeking feedback from faculty in set circumstances</p>

End of March (consciously competent—dpc, education)	End of April	End of May	End of June (consciously competent leadership; some unconsciously competent dpc, ed)
<ul style="list-style-type: none"> • Moving from Consciously incompetent to consciously competent. • Able to see patients independently. • May take time to transition between patient types (new types of disease, or patients with different diseases in the same clinic) 	<ul style="list-style-type: none"> • Conducts diverse, complex patient care efficiently, effectively, empathetically, autonomously 	<ul style="list-style-type: none"> • Conducts diverse, complex patient care efficiently, effectively, empathetically, autonomously 	<ul style="list-style-type: none"> • Able to see patients independently, cover, and transition. • Mostly Consciously competent. Can voice that skills transcend patient types and services

Rotation Goals, Objectives, Tasks:

Key

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SHJS Activity/task through which the objective will be practiced and assessed

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> ○ Interactions are cooperative, collaborative, communicative, and respectful. ○ Demonstrates skills in negotiation, conflict management, and consensus building. ○ Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patients team, and when on FMC teams.
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> ○ • Interactions are respectful and collaborative. ○ Uses effective communication skills. ○ Shows empathy. ○ Empowers patients to take responsibility for their health. ○ Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> o • Collection/organization methods are efficient and effective. o Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> o History of present illness. o Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. o Social history. o Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. o Laboratory values. o Pharmacogenomics and pharmacogenetic information, if available. o Adverse drug reactions. o Medication adherence and persistence. o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. o Sources of information are the most reliable available, including electronic, face-to-face, and others. o Recording system is functional for subsequent problem solving and decision making. o Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> ○ Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Health and functional status. ○ Risk factors. ○ Health data. ○ Cultural factors. ○ Health literacy. ○ Access to medications. ○ Immunization status. ○ Need for preventive care and other services, when appropriate. ○ Other aspects of care, as applicable. ○ • Identifies medication therapy problems, including: <ul style="list-style-type: none"> ○ Lack of indication for medication. ○ Medical conditions for which there is no medication prescribed. ○ Medication prescribed or continued inappropriately for a particular medical condition. ○ Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). ○ Therapeutic duplication. ○ Adverse drug or device-related events or the potential for such events. ○ Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions. ○ Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. ○ Patient not receiving full benefit of prescribed medication therapy. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> ○ Includes accurate assessment of patient's: ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. ○ Discrepancy between prescribed medications and established care plan for the patient. 	

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> ○ Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. ○ • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmaco-economic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. ○ • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines Pt care plans should consider cultural, financial, spiritual, and socioeconomic factors related to patient, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> ○ Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> ○ Recommendation is persuasive. ○ Presentation of recommendation accords patient's right to refuse treatment. ○ If patient refuses treatment, pharmacist exhibits responsible professional behavior. ○ Creates an atmosphere of collaboration. ○ Skillfully defuses negative reactions. ○ Communication conveys expertise. ○ Communication is assertive but not aggressive. ○ Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. ○ Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> ○ Therapy corresponds with the recommended regimen. Regimen is initiated at the appropriate time. ○ Medication orders are clear and concise. ○ Activity complies with the health system's policies and procedures. ○ Tests correspond with the recommended monitoring plan. <ul style="list-style-type: none"> ○ Tests are ordered and performed at the appropriate time. ○ Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). ○ Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. ○ Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). ○ Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. ○ Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. ○ Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> ○ Selects appropriate direct patient care activities for documentation. ○ Documentation is clear. ○ Documentation is written in time to be useful. ○ Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate ALL patient interactions/actions in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> ○ Gives priority to patient care activities. ○ Plans prospectively. ○ Routinely completes all steps of the medication management process. ○ Assumes responsibility for medication therapy outcomes. ○ Actively works to identify the potential for significant medication-related problems. ○ Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. ○ Helps patients learn to navigate the health care system, as appropriate. ○ Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. ○ Determines barriers to patient compliance and makes appropriate adjustments. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R3.1:	Demonstrate leadership skills.		
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> ○ Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). ○ Effectively uses a self-evaluation process for developing professional direction, goals, and plans. ○ Effectively engages in self-evaluation of progress on specified goals and plans. ○ Demonstrates ability to use and incorporate constructive feedback from others. ○ Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.

Goal R3.2:	Demonstrate management skills.		
OBJ R3.2.4	(Applying) Manages one's own practice effectively.	<ul style="list-style-type: none"> • Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice. • Makes accurate, criteria-based assessments of one's own ability to perform practice tasks. • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable learning opportunities when performance does not meet expectations. • Demonstrates effective workload and time-management skills. • Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). • Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions. • Demonstrates enthusiasm, self-motivation, and a "can-do" approach. • Strives to maintain a healthy work-life balance. • Works collaboratively within the organization's political and decision-making structure. • Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. • Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure patient clinics are appropriately booked. Have conversation with applicable office managers to problem solve slow patient volume. t Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Faculty Practice Elective
One Day weekly, One Quadrimester
Main preceptor: Dannel Cline
Preceptor Interaction: note on calendar

Role of the Pharmacists:

Elective	One Quadrimester, one clinic per week
Site(s)	Medical Group Office
	Pharmacy ambulatory care faculty are embedded in primary care offices across SJHS, taking care of patients with chronic disease. Although the core patient populations for the embedded pharmacists include patients with diabetes, hypertension, requiring AWV, polypharmacy, or requiring smoking cessation, many faculty have a small amount of unique patient populations depending on the needs of the office or the focus of the faculty.

Expectations of Residents

The resident will participate in clinic with the assigned pharmacy residency faculty member. The resident will work up assigned patients reviewing them with the preceptor prior to clinic. The resident will also conduct other patient care tasks as assigned. Topics discussed as desired.

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
3. End of Rotation Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the team based evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated

Milestones for year used as this elective could be in any 4 month period:

End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • Having working knowledge of the patient chart. Can find appropriate information but may not be yet efficient. • Gaining footing with workflow in the different aspects of patient care. • Working up and presenting detailed patient plans to the faculty before interacting with patients. • Interviewing patients with observation; present adjusted patient care plan to faculty. • All notes sent to faculty for sign off. • Prioritizes patient care responsibility • Able to dispense with phone call backup. 	<ul style="list-style-type: none"> • Gaining efficiency and mastery of patient chart. • Collecting appropriate information for straightforward patients. • Begin to present pertinent positives for more simple patients. Workflow more streamlined.. • Patient interactions either observed via camera, or debriefed after the patient interaction. • Possible for a few instances of preceptor not immediately present, but always still immediately available. • Notes still sent for sign off. 	<ul style="list-style-type: none"> • Beginner in patient care • Unconsciously incompetent with long term patient relationship and with confidence in owning entire patients. • Patient care skills developing. • Begins stating "I think this is what I should do." • Presents pertinent positives of more straightforward patients. • Able to see patients more independently but with preceptor immediately available. • Faculty and resident may define the patient population for which more independent practice is appropriate. • Appropriately prioritizes patient care • Notes still signed off by faculty. 	<ul style="list-style-type: none"> • Able to navigate the patient chart and pull out pertinent information in an efficient manner • Able to apply skill sets to different types of patients • Cautiously works up more complex patients • Beginning to prioritize problems to address during the visit • Leads patient visit in a fruitful and efficient manner quickly gaining autonomy • Notes written clearly and concisely
End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> • Decides on a sound plan presented in an authoritative manner • Sees patients by self with debriefing visit with faculty • Runs the visit effectively and empathetically • Sees patients autonomously • 	<ul style="list-style-type: none"> • Able to see patients independently by the end of the quarter. • Consciously incompetent may be the majority. Knows what he/she does not know. • Actively looks up and seeks out opinions. • "Here is my plan." • Able to dispense independently • Halfway through the "list of diseases!") 	<ul style="list-style-type: none"> • Able to work up patients and present pertinent positives with a definitive rational plan • Notes demonstrate thought process and information gathered during the visit • Autonomous in patient care unless very complex or acute • Only very complex or acute notes or notes for feedback needing sent to faculty 	Continued experience now seeking feedback from faculty in set circumstances
End of March (consciously competent—dpc, education)	End of April	End of May	End of June (consciously competent leadership; some unconsciously competent dpc, ed)
<ul style="list-style-type: none"> • Moving from Consciously incompetent to consciously competent. • Able to see patients independently. • May take time to transition between patient types (new types of disease, or patients with different diseases in the same clinic) 	<ul style="list-style-type: none"> • Conducts diverse, complex patient care efficiently, effectively, empathetically, autonomously 	<ul style="list-style-type: none"> • Conducts diverse, complex patient care efficiently, effectively, empathetically, autonomously 	<ul style="list-style-type: none"> • Able to see patients independently, cover, and transition. • Mostly Consciously competent. Can voice that skills transcend patient types and services

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
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Rotation Goals, Objectives, Tasks:

Key

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SJHS Activity/task through which the objective will be practiced and assessed
Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> o Interactions are cooperative, collaborative, communicative, and respectful. o Demonstrates skills in negotiation, conflict management, and consensus building. o Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patients team, and when on FMC teams.
Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> o • Interactions are respectful and collaborative. o Uses effective communication skills. o Shows empathy. o Empowers patients to take responsibility for their health. o Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> o • Collection/organization methods are efficient and effective. o Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> o History of present illness. o Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. o Social history. o Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. o Laboratory values. o Pharmacogenomics and pharmacogenetic information, if available. o Adverse drug reactions. o Medication adherence and persistence. o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. o Sources of information are the most reliable available, including electronic, face-to-face, and others. o Recording system is functional for subsequent problem solving and decision making. o Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> ○ Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Health and functional status. ○ Risk factors. ○ Health data. ○ Cultural factors. ○ Health literacy. ○ Access to medications. ○ Immunization status. ○ Need for preventive care and other services, when appropriate. ○ Other aspects of care, as applicable. ○ Identifies medication therapy problems, including: <ul style="list-style-type: none"> ○ Lack of indication for medication. ○ Medical conditions for which there is no medication prescribed. ○ Medication prescribed or continued inappropriately for a particular medical condition. ○ Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). ○ Therapeutic duplication. ○ Adverse drug or device-related events or the potential for such events. ○ Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions. ○ Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. ○ Patient not receiving full benefit of prescribed medication therapy. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> ○ Includes accurate assessment of patient's: <ul style="list-style-type: none"> ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. ○ Discrepancy between prescribed medications and established care plan for the patient. 	

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> ○ Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. ○ • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmacoeconomic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. ○ • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. ○ If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s). ○ When applicable, reflects preferences and needs of the patient. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines Pt care plans should consider cultural, financial, spiritual, and socioeconomic factors related to patient, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> o Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> o Recommendation is persuasive. o Presentation of recommendation accords patient's right to refuse treatment. o If patient refuses treatment, pharmacist exhibits responsible professional behavior. o Creates an atmosphere of collaboration. o Skillfully defuses negative reactions. o Communication conveys expertise. o Communication is assertive but not aggressive. o Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. o Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> o Therapy corresponds with the recommended regimen. o Regimen is initiated at the appropriate time. o Medication orders are clear and concise. o Activity complies with the health system's policies and procedures. o Tests correspond with the recommended monitoring plan. o Tests are ordered and performed at the appropriate time. o Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). o Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. o Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). o Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. o Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. o Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate.
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> o Selects appropriate direct patient care activities for documentation. o Documentation is clear. o Documentation is written in time to be useful. o Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate ALL patient interactions/actions in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> o Gives priority to patient care activities. o Plans prospectively. o Routinely completes all steps of the medication management process. o Assumes responsibility for medication therapy outcomes. o Actively works to identify the potential for significant medication-related problems. o Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. o Helps patients learn to navigate the health care system, as appropriate. o Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. o Determines barriers to patient compliance and makes appropriate adjustments. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R3.1: Demonstrate leadership skills.			
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> ○ Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). ○ Effectively uses a self-evaluation process for developing professional direction, goals, and plans. ○ Effectively engages in self-evaluation of progress on specified goals and plans. ○ Demonstrates ability to use and incorporate constructive feedback from others. ○ Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.

Goal R3.2: Demonstrate management skills.			
OBJ R3.2.4	(Applying) Manages one's own practice effectively.	<ul style="list-style-type: none"> • Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice. • Makes accurate, criteria-based assessments of one's own ability to perform practice tasks. • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable learning opportunities when performance does not meet expectations. • Demonstrates effective workload and time-management skills. • Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). • Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions. • Demonstrates enthusiasm, self-motivation, and a "can-do" approach. • Strives to maintain a healthy work-life balance. • Works collaboratively within the organization's political and decision-making structure. • Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. • Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure patient clinics are appropriately booked. Have conversation with applicable office managers to problem solve slow patient volume. t Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Home Infusion
One Day weekly, One Quadrimester
Main preceptor: Dannel Cline
Preceptor Interaction: note on calendar

Role of the Pharmacists:

Home Infusion Experience

Elective	One Quadrimester
Site(s)	Home Infusion Office
Preceptor Role	To evaluate referrals for home care eligibility, process the referrals, maintain regulatory documentation, provide pharmacologic information on compound stability, drug interactions, and disease state management, and compound admixtures when needed

Expectations of Residents

This an elective experience allowing for general orientation to Home Infusion and Hospice pharmacy care. Activities include: utilize CPR+ program, complete patients' chart information to comply with regulatory standards, become familiar with supply process and order assembly, and gathering necessary information to successfully start a patient therapy.

Milestones for year used as this elective could be in any 4 month period:

End of July	End of August	End of September	End of October (unconsciously incompetent; consciously incompetent)
<ul style="list-style-type: none"> • Having working knowledge of the patient chart. Can find appropriate information but may not be yet efficient. • Gaining footing with workflow in the different aspects of patient care. • Working up and presenting detailed patient plans to the faculty before interacting with patients. • Interviewing patients with observation; present adjusted patient care plan to faculty. • All notes sent to faculty for sign off. • Prioritizes patient care responsibility • Able to dispense with phone call backup. 	<ul style="list-style-type: none"> • Gaining efficiency and mastery of patient chart. • Collecting appropriate information for straightforward patients. • Begin to present pertinent positives for more simple patients. Workflow more streamlined.. • Patient interactions either observed via camera, or debriefed after the patient interaction. • Possible for a few instances of preceptor not immediately present, but always still immediately available. • Notes still sent for sign off. 	<ul style="list-style-type: none"> • Beginner in patient care • Unconsciously incompetent with long term patient relationship and with confidence in owning entire patients. • Patient care skills developing. • Begins stating " I think this is what I should do." • Presents pertinent positives of more straightforward patients. • Able to see patients more independently but with preceptor immediately available. • Faculty and resident may define the patient population for which more independent practice is appropriate. • Appropriately prioritizes patient care • Notes still signed off by faculty. 	<ul style="list-style-type: none"> • Able to navigate the patient chart and pull out pertinent information in an efficient manner • Able to apply skill sets to different types of patients • Cautiously works up more complex patients • Beginning to prioritize problems to address during the visit • Leads patient visit in a fruitful and efficient manner quickly gaining autonomy • Notes written clearly and concisely

End of November	End of December (consciously incompetent)	End of January	End of February
<ul style="list-style-type: none"> Decides on a sound plan presented in an authoritative manner Sees patients by self with debriefing visit with faculty Runs the visit effectively and empathetically Sees patients autonomously 	<ul style="list-style-type: none"> Able to see patients independently by the end of the quarter. Consciously incompetent may be the majority. Knows what he/she does not know. Actively looks up and seeks out opinions. "Here is my plan." Able to dispense independently Halfway through the "list of diseases!" 	<ul style="list-style-type: none"> Able to work up patients and present pertinent positives with a definitive rational plan Notes demonstrate thought process and information gathered during the visit Autonomous in patient care unless very complex or acute Only very complex or acute notes or notes for feedback needing sent to faculty 	Continued experience now seeking feedback from faculty in set circumstances
End of March (consciously competent—dpc, education)	End of April	End of May	End of June (consciously competent leadership; some unconsciously competent dpc, ed)
<ul style="list-style-type: none"> Moving from Consciously incompetent to consciously competent. Able to see patients independently. May take time to transition between patient types (new types of disease, or patients with different diseases in the same clinic) 	<ul style="list-style-type: none"> Conducts diverse, complex patient care efficiently, effectively, empathetically, autonomously 	<ul style="list-style-type: none"> Conducts diverse, complex patient care efficiently, effectively, empathetically, autonomously 	<ul style="list-style-type: none"> Able to see patients independently, cover, and transition. Mostly Consciously competent. Can voice that skills transcend patient types and services

Feedback, Evaluation, and expected Progression:

1. Feedback is timely, helpful, and kind AND is a two way street. Residents should feel comfortable offering feedback to faculty.
2. Midpoint Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated
3. End of Rotation Evaluation: Residents will be expected to fill out the Pharmacademic self assessment, learning description evaluation, and faculty evaluation. Faculty will complete the evaluation. Evaluation is discussed face to face. Tracking sheet and development plan are updated

Rotation Goals, Objectives, Tasks:

Key

Goal	AHSP goal attributed to the specific competency		
OBJ.....	ASHP objective related to the goal	ASHP criteria to be used as reference for assessing resident's performance on the SJHS specific task.	SHJS Activity/task through which the objective will be practiced and assessed
Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> Interactions are cooperative, collaborative, communicative, and respectful. Demonstrates skills in negotiation, conflict management, and consensus building. Demonstrates advocacy for the patient. 	Advocate on behalf of the patient. Demonstrate assertiveness, persuasiveness, and support when collaborating with the patients team, and when on FMC teams.
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers	<ul style="list-style-type: none"> Interactions are respectful and collaborative. Uses effective communication skills. Shows empathy. Empowers patients to take responsibility for their health. Demonstrates cultural competence. 	Demonstrate empathy and respect while empowering your patient. Form patient-pharmacist collaborative goals. Demonstrate successful motivational interviewing.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> o • Collection/organization methods are efficient and effective. o Collects relevant information about medication therapy, including: <ul style="list-style-type: none"> o History of present illness. o Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. o Social history. o Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies. o Laboratory values. o Pharmacogenomics and pharmacogenetic information, if available. o Adverse drug reactions. o Medication adherence and persistence. o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care. o Sources of information are the most reliable available, including electronic, face-to-face, and others. o Recording system is functional for subsequent problem solving and decision making. o Clarifies information as needed. • Displays understanding of limitations of information in health records. 	Work up and present assigned patients. Ensure all pertinent information is collected from the chart and patient. Have specific discussion with directors/preceptors about specific patient medication regimens, including thought process and plan. Be directly observed providing care to assigned patients.
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> o Includes accurate assessment of patient's: <ul style="list-style-type: none"> o Health and functional status. o Risk factors. o Health data. o Cultural factors. o Health literacy. o Access to medications. o Immunization status. o Need for preventive care and other services, when appropriate. o Other aspects of care, as applicable. o • Identifies medication therapy problems, including: <ul style="list-style-type: none"> o Lack of indication for medication. o Medical conditions for which there is no medication prescribed. o Medication prescribed or continued inappropriately for a particular medical condition. o Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration). o Therapeutic duplication. o Adverse drug or device-related events or the potential for such events. o Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions. o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies. o Patient not receiving full benefit of prescribed medication therapy. 	Upon review of assigned patient's records, assess the patient's medication regimen for completeness - inclusive of preventative care, safety, tolerability, effectiveness, price, and simplicity. Present patients/findings to preceptor. Discuss with patient lifestyle, compliance, barriers, side effects, disease states and other factors which may predispose pharmacologic non-compliance.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> ○ Includes accurate assessment of patient's: ○ Problems arising from the financial impact of medication therapy on the patient. ○ Patient lacks understanding of medication therapy. ○ Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system). ○ Laboratory monitoring needed. ○ Discrepancy between prescribed medications and established care plan for the patient. 	
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> ○ Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: <ul style="list-style-type: none"> ○ Relevant patient-specific information, including culture and preferences. ○ The goals of other interprofessional team members. ○ The patient's disease state(s). ○ Medication-specific information. ○ Best evidence. ○ Ethical issues involved in the patient's care. ○ Quality-of-life issues specific to the patient. ○ Integration of all the above factors influencing the setting of goals. ○ • Designs/redesigns regimens that: <ul style="list-style-type: none"> ○ Are appropriate for the disease states being treated. ○ Reflect: The therapeutic goals established for the patient, The patient's and caregiver's specific needs. ○ Consideration of: Any pertinent pharmacogenomic or pharmacogenetic factors. Best evidence, Pertinent ethical issues, Pharmacoeconomic components (patient, medical, and systems resources), Patient preferences, culture, and/or language differences, Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen. ○ Adhere to the health system's medication-use policies. ○ Follow applicable ethical standards. ○ Address wellness promotion and lifestyle modification. ○ Support the organization's or patient's formulary. ○ Address medication-related problems and optimize medication therapy. ○ Engage the patient through education, empowerment, and promotion of self-management. ○ • Designs/redesigns monitoring plans that: <ul style="list-style-type: none"> ○ Effectively evaluate achievement of therapeutic goals. ○ Ensure adequate, appropriate, and timely follow-up. ○ Establish parameters that are appropriate measures of therapeutic goal achievement. ○ Reflect consideration of best evidence. ○ Select the most reliable source for each parameter measurement. ○ Have appropriate value ranges selected for the patient. ○ Have parameters that measure efficacy. ○ Have parameters that measure potential adverse drug events. ○ Have parameters that are cost-effective. ○ Have obtainable measurements of the parameters specified. ○ Reflects consideration of compliance. ○ If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s). ○ When applicable, reflects preferences and needs of the patient. 	Select pharmacologic options based on patient's concomitant disease states. Cite evidence based medicine (trials, protocols, guidelines Pt care plans should consider cultural, financial, spiritual, and socioeconomic factors related to patient, Create patient specific goals taking into account social determinants of health. "Meeting the patient where they're at" Commit to a specific plan for assigned patients. Present evidence based plans of care for assigned patients to director or preceptors. Have director or preceptors directly observe patient interactions, discussing potential changes to the plan after patient interview.

Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> o Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team. <ul style="list-style-type: none"> o Recommendation is persuasive. o Presentation of recommendation accords patient's right to refuse treatment. o If patient refuses treatment, pharmacist exhibits responsible professional behavior. o Creates an atmosphere of collaboration. o Skillfully defuses negative reactions. o Communication conveys expertise. o Communication is assertive but not aggressive. o Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately. o Ensures recommended plan is implemented effectively for the patient, including ensuring that the: <ul style="list-style-type: none"> o Therapy corresponds with the recommended regimen. Regimen is initiated at the appropriate time. o Medication orders are clear and concise. o Activity complies with the health system's policies and procedures. o Tests correspond with the recommended monitoring plan. o Tests are ordered and performed at the appropriate time. o Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed). o Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized. o Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function). o Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration. o Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration. o Schedules follow-up care as needed to achieve goals of therapy. 	Break the larger plan into smaller steps to ensure the patient can attain the goal and understand the sequence of implementation. Order appropriate labs and tests to ensure therapeutic effectiveness and safety. Schedule the patient for follow up visits as appropriate.
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	<ul style="list-style-type: none"> o Selects appropriate direct patient care activities for documentation. o Documentation is clear. o Documentation is written in time to be useful. o Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise. 	Incorporate ALL patient interactions/actions in the patient record: notes, messages. Documents should include enough detail such that if another person were to read the note, the visit could be duplicated. Audits performed by billing and/or ambulatory pharmacy manager or preceptor should achieve scores in the 90 th percentile.
OBJ R1.1.8	Objective R1.1.6: (Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> o Gives priority to patient care activities. o Plans prospectively. o Routinely completes all steps of the medication management process. o Assumes responsibility for medication therapy outcomes. o Actively works to identify the potential for significant medication-related problems. o Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained. o Helps patients learn to navigate the health care system, as appropriate. o Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner. 	Discuss prioritization of patient care. Demonstrate making the patient a priority in scheduling and daily activities. Follow up with all patient care responsibilities. Consistency of care plan steps evaluated in obj 1.1.1-1.1.54,

Goal R3.1: Demonstrate leadership skills.			
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> o Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors). o Effectively uses a self-evaluation process for developing professional direction, goals, and plans. o Effectively engages in self-evaluation of progress on specified goals and plans. o Demonstrates ability to use and incorporate constructive feedback from others. o Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review). 	Demonstrate reflection and self-assessment in daily activities and responsibilities. The resident will conduct formative and summative self-assessments.

Goal R3.2: Demonstrate management skills.			
OBJ R3.2.4	(Applying) Manages one's own practice effectively.	<ul style="list-style-type: none"> • Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice. • Makes accurate, criteria-based assessments of one's own ability to perform practice tasks. • Regularly integrates new learning into subsequent performances of a task until expectations are met. • Routinely seeks applicable learning opportunities when performance does not meet expectations. • Demonstrates effective workload and time-management skills. • Assumes responsibility for personal work quality and improvement. • Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings). • Sets and meets realistic goals and timelines. • Demonstrates awareness of own values, motivations, and emotions. • Demonstrates enthusiasm, self-motivation, and a "can-do" approach. • Strives to maintain a healthy work-life balance. • Works collaboratively within the organization's political and decision-making structure. • Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities. • Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures. 	<p>Read, sign, and embody the SJRMC guiding behaviors. Practice self-reflection and self-assessment, identifying areas for further growth in skill set. Manage time appropriately to ensure appropriate preparation and completion of responsibilities: patient work ups, patient presentations, patient visits, patient documentation, and patient follow up. Have the type of attitude you would wish to have in those who take care of your own family. Ensure patient clinics are appropriately booked. Have conversation with applicable office managers to problem solve slow patient volume. t Ensure appropriate cancellation and rescheduling of clinics as necessary for times away and coverage.</p> <p>(Note: Whereas R3.1.1 activities relate to overarching time management, interpersonal skills this objective relates more to the activities IN THE PRACTICE SETTING.)</p>

Competency Assessment

CRITICAL CARE CORE – Decentralized Pharmacist Training/PGY-1 Residency Core Rotation

Trainee _____

Description:

Critical Care Core is a 4-week experience that will increase the pharmacist/resident's ability to promote safe and effective use of medication in patients with life-threatening illness or injury. This rotation will expand on the foundational topics covered in the Critical Care Intro rotation and introduce more advanced disease states, monitoring, and interventions.

Role of the Pharmacist:

Medication therapy plays a vital role in the care of many critically ill patients. These patients may have extremely complex medication regimens or require pharmacologic intervention to help sustain life, including blood pressure, heart rate, or respiration. Pharmacists are needed assess these patients' disease states, ensure appropriate use of medication therapy, and work together with the team towards best possible patient outcomes.

Resident Expectations:

1. Resident will discuss calendar, learning descriptions, obligations and expectations prior to the start of experience.
2. Resident is expected to schedule a midpoint discussion with the preceptor
3. Resident will coordinate and schedule the resident progress meeting with at minimum the current preceptor, upcoming preceptor and director

Training/Milestones:

Prior to Rotation: The pharmacist/resident (hereafter trainee) must complete the Introduction to Critical Care 2-week rotation.

Days 1 - 10: The trainee will be responsible for the critical care service, including rounding, order verification, pharmacokinetic consultation, drug information, Code Blue/RSI, and other medical emergency response where pharmacy attendance is desired. Trainee and preceptor will discuss disease states and interventions outlined in Goal #3 either by patient case presentation, pre-rounding, or topic discussion. Preceptor will provide oversight for pharmacokinetic service and drug information. Preceptor may shadow trainee during rounds 2-3 days per week as trainee moves towards autonomy.

Days 11-20: The trainee will function autonomously. Preceptor will be available as needed.

COMPETENCY/COMPLETION

- Achievement in competency is what determines a trainee the ability to practice independently. To be considered "competent" in this rotation, all tasks/goals listed below must be completed by trainee and checked/signed off. 75% of disease states and interventions listed in Goal #3 must be covered either by patient case presentation, pre-rounding, or topic discussion with preceptor and trainee.
- Trainee must demonstrate the ability to prioritize and balance critical care pharmacy service.

Residency: Feedback and Evaluations will be continuous during the course of this experience. There will be an informal face to face midpoint preceptor assessment and resident self- assessment. The end of rotation evaluations will also be discussed face to face. Within a week from the completion of the experience, the resident will complete a self-assessment, assessment of the rotation, assessment of the preceptor in Pharmacademic; the preceptor will conduct a final summative assessment of the resident in Pharmacademic.

GOALS/ Tasks To Complete	Competency Established		Additional COMMENTS
	Reviewer To Date/Initial when Task/ Goal Completed	Patient Initials	
<p>Local Goal #1: Works effectively with multidisciplinary team towards best patients' outcomes.</p> <p>Obj R1.1.1 (Applying) Interact effectively with health care teams to manage patients' medication therapy.</p>			
<p>Tasks: Trainee interactions with critical care team are:</p> <ul style="list-style-type: none"> - Respectful - Provide clear communication - Closed loop communication during Code Blues and RSI - Expedient as patient's clinical situation dictates - As a patient advocate <p>In addition, trainee must be on time to rounds and actively participate.</p>			
<p>Local Goal #2: Displays the ability to rapidly/accurately assess a patient's clinical status and identify issues/gaps in care.</p> <p>Obj. R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</p>			
<p>Tasks:</p> <ul style="list-style-type: none"> o Utilizes invasive hemodynamic monitoring, including Swan-Ganz catheters and arterial lines to determine a patient's clinical status o Demonstrates ability to look at patient's medication list and predict disease state/active interventions 			

<p>Local Goal #3: Build upon knowledge of critical care disease states and their respective treatment(s) and intervention(s)</p> <p>Obj R1.15 (Creating) Design or redesign safe and effective patient –centered therapeutic regimens and monitoring plans (care plans)</p>			
<p>Tasks:</p> <p>75% (28/37) of the following disease states/interventions must be covered on this rotation either by pre-rounding, patient presentation, or topic discussion (please highlight covered topics, each bullet point is one, blue highlighted topics must be covered):</p> <p>Cardiovascular:</p> <ul style="list-style-type: none"> ○ Arrhythmias ○ NSTEMI, STEMI, ACS ○ Decompensated HF ○ CABG, AVR, MVR, TAVR ○ Hypertensive Emergency <p>Infectious Disease:</p> <ul style="list-style-type: none"> ○ Sepsis ○ Pneumonia <p>Endocrine:</p> <ul style="list-style-type: none"> ○ DKA ○ HHS <p>Shock:</p> <ul style="list-style-type: none"> ○ Hypovolemic ○ Septic (Distributive) ○ Cardiogenic ○ Obstructive <p>Respiratory:</p> <ul style="list-style-type: none"> ○ Acid-Base Balance (module must be completed) ○ Intubation/RSI (RSI participation – 1 patient may be signed off if opportunity on rotation) ○ Status Asthmaticus <p>Nephrology:</p> <ul style="list-style-type: none"> ○ CRRT (2 patients must be signed off – may be longitudinal if needed) ○ Acute HD ○ Potassium Translocation ○ Electrolytes 			

Competency Assessment

ROTATION: _____ ELECTIVE Infectious Diseases / Antimicrobial Stewardship Training _____

2-4 Weeks

Trainee _____

Training OBJECTIVES:

To be competent in clinically assessing, dosing, and making recommendations in patients for whom antibiotics / anti-infectives are warranted, and to make modifications or de-escalation in patients on too broad, inappropriate, or unnecessary antibiotics / anti-infectives. Patient cases will be identified by preceptor assignment, chart review, MedMined surveillance, micro lab reports, and/or ID rounding. The trainee will be expected to help develop / participate in Antimicrobial Stewardship Program (ASP) initiatives, and will either help run, or develop the agenda for, a minimum of 1 ASP meeting or outpatient "network" medical staff meeting (during rotation or longitudinally outside this 4 week rotation). If a new ASP initiative during the rotation needs to be passed through hospital administration, the trainee will present this at ASP, P&T, and/or MEC. As time allows, the trainee must also teach the pharmacy staff and/ or physicians and/ or patients at least one antimicrobial stewardship topic. This may be in a formal setting such as physician didactics, or more informal, such as a pharmacist Lunch and Learn or clinical meeting.

Trainee will be evaluated as patients are reviewed, and during a stewardship initiative development or presentation (**each Task has the ability for comment on up to 10 patient cases as needed**).

The Antimicrobial Stewardship Program provides, but is not limited to, the assessment for the appropriateness of antibiotics / anti-infectives and pharmacokinetic dosing, monitoring, and adjustment. Monitoring includes, but is not limited to, evaluation of renal function labs, microbiology reports, WBC, VS, temps, and drug levels in conjunction with the Pharmacokinetic Dosing Service Policy. Clinical assessment is also done in collaboration with the nursing staff and physicians to better assess each patient's complete clinical status. This total patient picture helps guide the pharmacist's clinical judgement in making dosage adjustments and/or recommendations for broadening, deescalating, or overall changing antibiotic therapy. The trainee will also discuss PK/PD topics as it relates to specific antibiotics or antibiotic classes along with specific disease states (e.g. name an antibiotic class that can be used as po dosing for bacteremia; which class is great for tissue infection without bacteremia, and name such an infection).

The ID Preceptor assesses with the trainee assigned physician orders for pharmacy to dose (PTD) antibiotics / anti-infectives, and for those patients who have been found to benefit from modification or de-escalation of antibiotics per preceptor assignment, chart review, MedMined surveillance, ID rounding, or micro lab reports. Assessment and individualized goals for each patient will be developed utilizing the indication and patient specific demographics. All references and topic discussions listed must be studied by the trainee PRIOR to rotation preceptor topic discussions. DURING the rotation topic discussions, these topics will be discussed as follows: the trainee will present highlights of each topic to the preceptor in a brief discussion. The preceptor's role will be to help guide the discussion and answer any questions of the trainee, provide expertise, and share clinical experience. The preceptor will also help guide initiatives the trainee will be developing for the ASP according to the program's needs at that time.

Training/ Milestones:

The Infectious Diseases/Antimicrobial Stewardship rotation will focus on developing the trainee to be a stewardship pharmacist with enhanced skills/knowledge to critically evaluate patients with infectious diseases. During the first couple weeks the guidelines and references specific for the rotation will be discussed (trainee-led presentations) and all attempts will be made to gain experience following patients with these disease states / topic-specific examples. At midpoint, an evaluation will be performed between trainee/preceptor to assess progress. If the trainee is not where expected to be at this midpoint, a plan of action to get back on track will be evaluated. By the end of week 4, the trainee will be expected to have achieved all the designated skill sets as outlined on the following pages. Note, as time allows, the trainee may choose additional/advanced topic discussions per specific interest (as long as core outlined goals/skill sets are completed). As time allows, the preceptor will also attempt to provide other educational opportunities such as rounding with an ID specialist, shadowing at the microbiology lab (main SBMF), and participating in the ASP and its initiatives.

The Preceptor will always be available for consult and advice.

References utilized during this rotation: (refer to online references and/or see preceptor in advance for updated handouts/references)

Sanford Guide

Antibiotic Guidelines SJHS booklet 2019

IDStewardship (Instagram, Facebook, Twitter)

CDC Core Elements of Hospital Antibiotic Stewardship

CDC Core Elements of Outpatient Antibiotic Stewardship (a) Adult Outpatient Treatment Recommendations, b)Continuing Education and Informational Resources;

CDC Training on Antibiotic Stewardship)

Antibiotic Stewardship Targets in the Outpatient Setting. AJIC 47(2019)858-863.

2019 IDSA Clinical Practice Guidelines on the Management of Asymptomatic Bacteriuria

Multi-Drug Resistant Organisms / Resistance Mechanisms (such as CDiff, SPICE/SPACE bugs, CRE, ESBLs, ampC)—notes from preceptor and/or WebEx or lecture series and/or literature review

SJHS / SBMF most up to date antibiograms /MIC breakpoint cards

Beta-Lactam Cross-Reaction Tidbits handout

PST/CST Policy and other supporting references

*The above references for topics are subject to changes/additions based on current "hot topics" and/or personal interests

COMPETENCY / COMPLETION:

1. Achievement in competency is what determines a trainee's ability to practice independently. To be considered "competent" in this rotation, the trainee must have independently successfully completed each of the below goals. Each designated goal of this rotation must be checked / signed off, either by the end of this specialized rotation training, or longitudinally. In order for each goal to be signed off, each task below the goal must also be marked off as achieved. As noted above, a preceptor may comment on up to 10 patient cases as needed to determine achievement.
2. Competency also includes successful presentation / teaching of any new ASP initiatives (or old ones needing further education) to pharmacists, ASP Committee, P&T Board, MEC, and/or physicians (*as time allows per discussion between trainee and preceptor).
3. Achievement in competency also includes a passing score on a post-rotation quiz (80%). This quiz will either be a verbal or written quiz that will be made specific to the trainee's experiences and topics discussed.
4. The trainee must successfully have developed / participated in Antimicrobial Stewardship Program (ASP) initiatives, and helped run, or develop the agenda for, a minimum of 1 ASP meeting or outpatient "network" medical staff meeting (during rotation or longitudinally outside this 4 week rotation).

GOALS/ Tasks To Complete	Competency Established		Additional COMMENTS
	Reviewer To Date/Initial when Task/ Goal Completed	Patient Initials	
<input type="checkbox"/> Goal #1: Demonstrate an ability to assess a patient's clinical status [Objective R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy]			
Tasks: <ul style="list-style-type: none"> o Utilize lactic acid, procalcitonin, sed rate, CRP levels, and any other factors indicating pt's clinical status o Understand when a patient's antimicrobial therapy may not be the drug of choice, but when it is ok to observe under same regimen vs the absolute need to intervene and recommend alternate regimen(s) 		1	
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<input type="checkbox"/> Goal #2: Design pharmacokinetically-dosed antibiotic regimens [Objective R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)]			
Tasks: <ul style="list-style-type: none"> ○ Discuss how to best dose each antibiotic class per its PD properties (T>MIC, AUC/MIC, Cmax/MIC) and accordingly use this when dosing patients ○ Understand intrinsic difference between drugs in each antibiotic class and use this in recommending antibiotics in patient cases ○ State intrinsic resistance of drug classes vs organisms (and per infected site location) and apply to patient cases 		1 2 3 4 5 6 7 8 9 10	
<input type="checkbox"/> Goal #3: Apply an advanced understanding of bugs vs drugs and develop a knowledge base of disease states and their respective treatment(s) [Objective R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy]			
Tasks: <ul style="list-style-type: none"> ○ Identify and develop a treatment regimen for the most commonly seen disease states in the hospital and outpatient settings by applying knowledge of the most common bugs vs drugs ○ Utilize the beta-lactam cross-reaction reference to recommend a beta-lactam in reported beta-lactam allergic pts ○ Be able to appropriately identify patients who would most benefit from a penicillin and/or cefazolin skin test ○ As time allows, and pending the focus need of each rotation, interview and make a recommendation for <ul style="list-style-type: none"> a)penicillin/cefazolin skin test, b)direct vs graded oral challenge, or c)removal of documented penicillin allergy through history ○ Be able to identify, and make recommendations for treatment of ESBL, CRE, and ampC producing (SPICE/SPACE bug) organisms 		1 2 3 4 5 6 7 8 9 10	

<input type="checkbox"/> Goal #4: Be able to utilize microbiology reports and antibiograms to develop therapeutic care plans for patients [Objective R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy]			
Tasks: <ul style="list-style-type: none"> ○ Utilize micro reports / MICs to compare which antibiotic is most appropriate (including treatment of ESBL, CRE, and ampC producing (SPICE/SPACE bug) organisms), interpret predictable sensitivity to po antibiotics for uncomplicated UTIs ○ Understand appropriate testing for and assessment of CDiff, influenza, atypical organisms, and staph aureus. Identify appropriate therapy for positive testing of the above (also provide education as needed when inappropriate / misinterpretation occurs in each patient case) 		1	
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<input type="checkbox"/> Goal #5: Confidently speak with physicians and other hospital staff regarding therapeutic /antimicrobial recommendations [Objective R1.1.1 (Applying) Interact effectively with health care teams to manage patients' medication therapy]			
Tasks: <ul style="list-style-type: none"> ○ Utilize nursing / other healthcare staff to obtain information needed to better assess a pt's clinical status / therapeutic regimen prn ○ Communicate with physicians to successfully recommend antibiotic change 		1	
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<p>□ Goal #6: Identify areas of need for ASP, including new initiatives and/or old initiatives requiring the need for education, re-education, additional training, or a new approach/process [Objective R3.2.4 (Applying) Manages one's own practice effectively]</p>			
<p>Tasks:</p> <ul style="list-style-type: none"> ○ Identify / help promote antimicrobial stewardship initiatives, especially those that will most significantly affect current ongoing areas of highest need for improvement (e.g. CDiff, ASB, general overuse of antibiotics) ○ If a new ASP initiative during the rotation needs to be passed through hospital administration, the trainee will effectively present this at ASP, P&T, and/or MEC ○ Effectively run, help run, or develop the agenda for, a minimum of 1 ASP meeting or outpatient "network" medical staff meeting (during rotation or longitudinally outside this 4 week rotation) ○ As time allows, effectively teach the pharmacy staff and/or physicians and/or patients on at least one antimicrobial stewardship topic 		<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	

Competency Assessment

Cardiology – PGY-1 Residency Elective Rotation

Resident: _____

Description:

Cardiology is a 4-week experience that will be collaboratively scheduled around the resident's required rotation responsibilities. that will focus on prevention and treatment of cardiovascular disease states in ambulatory, inpatient, and critical care settings. In a non-COVID setting, the resident will have the opportunity to participate in Valve and Heart Failure Clinics, attend Cardiovascular Grand Rounds, and shadow various cardiovascular procedures including TEEs, PCI, and an open-heart surgery. In a COVID setting, a modified experience will be developed in conjunction with the resident incorporating as much of the former experiences as possible while honoring the Cardiovascular and Cardiothoracic Surgery (CTS) student and resident policies. The resident will attend multidisciplinary CTS rounds in the Surgical Intensive Care Unit (SICU) at 0800 on days without other experiences or morning commitments. The resident will also work on projects, prepare topic discussions, and a literature study with a cardiovascular or cardiothoracic focus.

Role of the Pharmacist:

Medication therapy plays a vital role in the care of cardiovascular patients. Pharmacists can provide recommendation and education on both lifestyle modification and medications as well as evidence-based clinical information to help these patients achieve best outcomes.

Expectation of Resident:

1. Resident will work with preceptor to develop rotation calendar prior to start of experience including resident obligations/conflicts, topic discussions, literature studies, clinic responsibility, and shadowing experiences.
2. Resident will participate in informal midpoint approximately halfway through rotation.
3. Resident will coordinate and schedule the RPM at the end of the rotation.

Training/Milestones:

Days 1 – 20: Resident will function autonomously, gaining experience as detailed on residency cardiology calendar. Preceptor will be available as resource and at scheduled topic discussions/literature study times.

COMPETENCY/COMPLETION

- Achievement in competency is what determines a trainee the ability to practice independently. To be considered "competent" in this rotation, all tasks/goals listed below must be completed by trainee and checked/signed off by preceptor.

Residency: Feedback and Evaluations will be continuous during the course of this experience. There will be an informal face to face midpoint preceptor assessment and resident self- assessment. The end of rotation evaluations will also be discussed face to face. Within a week from the completion of the experience, the

resident will complete a self-assessment, assessment of the rotation, assessment of the preceptor in Pharmacademic; the preceptor will conduct a final summative assessment of the resident in Pharmacademic.

GOALS/ Tasks To Complete	Competency Established		Additional COMMENTS
	Reviewer To Date/Initial when Task/ Goal Completed	Patient Initials	
<p>Local Goal #1: Works effectively with multidisciplinary team towards best patients' outcomes.</p> <p>Obj R1.1.1 (Applying) Interact effectively with health care teams to manage patients' medication therapy.</p>			
<p>Tasks:</p> <ul style="list-style-type: none"> - Resident will display clear and effective communication with cardiovascular and cardiothoracic team members - Resident will be respectful of patient-provider relationship - Resident will develop and present pharmacy recommendations while on rounds with CTS 			
<p>Local Goal #2: Develop a knowledge base of cardiovascular disease states and their respective treatment(s)</p> <p>Obj R1.1.5 (Creating) Design or redesign safe and effective patient –centered therapeutic regimens and monitoring plans (care plans)</p>			
<p>Tasks:</p> <ul style="list-style-type: none"> o Identifies primary disease state and develops a treatment plan with ability to adjust as new information is available o Uses evidence-based medicine to provide recommendations for therapy modification or initiation o Works with provider to help provide patient education (if applicable) 			

Competency Assessment

ROTATION: Nutrition Support Experience

Trainee: _____

General Description: **Nutrition Team members:** Decentralized Pharmacist, Clinical Dietician, Physicians

The Nutritional Support Service provides assessment of need for parenteral nutrition (PN) in conjunction with the dietary team, patient's electrolyte needs and preparation of the PN prescription. Labs are ordered per clinical judgment and in keeping with established guidelines (see *Clinical Practice Guidelines*, Policy: *Parenteral Nutrition (PN) in Adults*, and Policy: *Adult Electrolyte Replacement Guidelines*). Changes are made to base components (PC, NPC), fluids (in conjunction with physician), electrolytes and micronutrients as well as drug dosing associated with the PN, including the addition or adjustment of insulin.

The role of the pharmacist is: Assess all physician requests for parenteral nutrition (PN) based on chart review of disease states, labs and indications. Goals are developed for each patient in consultation with nutritional services and the ordering physician as appropriate. PN orders are written daily with the preceptor following labs, condition changes and fluid status while patient requires the continuation of PN.

Training OBJECTIVES:

Are noted below per ASHP accreditation standards.

1. To be competent in initiating PN and managing further follow-up for PN in defined patient populations.
2. Trainee will be evaluated as patients/ patient cases are reviewed (each Task has the ability for comment on up to 10 patient cases).
3. The PN Preceptor assesses all physician requests for PN with trainee based on chart review of disease states, labs and indications.
4. Goals are developed for each patient in consultation with nutritional services and the ordering physician as appropriate.
5. PN orders are written daily with the preceptor following labs, condition changes and fluid status while patient requires the continuation of PN.

Resident Expectations:

4. Resident will discuss calendar, learning descriptions, obligations and expectations prior to the start of experience.
5. Resident is expected to schedule a midpoint discussion with the preceptor
6. Resident will coordinate and schedule the resident progress meeting with at minimum the current preceptor, upcoming preceptor and director

Training/ Milestones (2 Weeks):

The initial part of training will be a highly concentrated learning time with the gaining of knowledge about the evaluation of appropriateness of TPN, electrolyte and fluid management, the formulation of macronutrients, blood glucose management and the effects of differing disease states on the TPN formulations. The trainee experience will concentrate on the start and continuation of a few TPNs through either didactics/ case evaluations, and/or individual patients actively receiving PN.

Week 1: After the first week, the trainee will be expected to have basic PN management skills and to be able to work through a PN formulation more independently, but still with close guidance from the preceptor. An informal midpoint evaluation will be conducted at this time with constructive feedback and evaluation of training milestones (see page 3 for evaluation commentary).

Week 2: the trainee will be expected to be function mostly independently and be consciously competent in PN management, with the understanding there will be elements of practice where trainee is consciously incompetent (ie. complex multi-disease state patients, labile diabetics, etc). A summary at endpoint will be documented for ongoing longitudinal correspondence between preceptors.

- At the completion of 2 weeks the trainee must have *independently* worked up and written 5 new and 5 follow-up PN notes that are co-signed as completed by a preceptor. These notes must be printed off, initialed by a preceptor, and kept in the trainee's training binder.
- Below is a list of specialized patient cases that must be worked up and reviewed with a preceptor before considered as final completion of PN training. It is anticipated a majority of these patients will be signed off during this training time, however they may be completed longitudinally as well if needed.
- Each designated goal/ task of this rotation must be checked / dated/ signed off, either by the end of this specialized rotation training, or longitudinally. In order for each goal to be signed off, each task below the goal must also be marked off as achieved. As noted above, a preceptor may comment on up to 10 patient cases as needed to determine achievement.

<p>Five NEW PN starts (printed and signed off by a preceptor)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <p>Five FOLLOW-UP PN starts (printed and signed off by a preceptor)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 	<p>SPECIALIZED patient cases (Didactics vs Actual):</p> <p>INTRODUCTION Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> volume issues <input type="checkbox"/> diabetic or pt with need for BG management <input type="checkbox"/> GI issues <input type="checkbox"/> hyperlipidemia <input type="checkbox"/> Renal patients <ul style="list-style-type: none"> <input type="checkbox"/> CRF <input type="checkbox"/> pancreatitis <p>ADVANCED Training (Note: possibly in conjunction w/ Critical Care Training or in longitudinal patient care experience.</p> <ul style="list-style-type: none"> <input type="checkbox"/> critically ill <input type="checkbox"/> Renal patients <ul style="list-style-type: none"> <input type="checkbox"/> ARF <input type="checkbox"/> dialysis / CRRT <input type="checkbox"/> hepatic disease <input type="checkbox"/> cyclic
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Feedback and Evaluations will be continuous during the course of this experience. There will be an informal face to face midpoint preceptor assessment and resident self- assessment. The end of rotation evaluations will also be discussed face to face. Within a week from the completion of the experience, the resident will complete a self-assessment, assessment of the rotation, assessment of the preceptor in pharmacademic; the preceptor will conduct a final summative assessment of the resident in pharmacademic.

RESIDENT EXPECTATIONS PRIOR TO EXPERIENCE:

Review the Adult Nutrition Training and Rotation Description prior to rotation.

Review the pertinent policies and procedures pertinent to Parenteral Nutrition Management prior to rotation.

- Policy and Procedure: *Parenteral Nutrition (PN) in Adults*
- Policy and Procedure : *Adult Electrolyte Replacement Guidelines*

Review select initial reference articles.

Review the Clinical Practice Guidelines for Parenteral Nutrition Management prior to patient case discussions.

- Individual Clinical Practice Guidelines include:
- Assessment and Formulas
- Dextrose Rates and Blood Glucose Management
- Disease State Considerations
- Electrolyte Management/ Replacement
- Complications and Micronutrients
- Daily Evaluation and Monitoring
- PN Pocket Reference Card

Reviews the other ancillary materials that are used in reference for Parenteral Nutrition Management prior to patient case discussions.

- Total Osmolality Calculation Sheet
- Dietary Enteral Nutrition Formulary
- Central line information (eg. *PowerGlide*)
- CAPS document*
- Peer Review Progress Note Standardization Form*

Patient Cases will be discussed in conjunction with review of certain reference articles/ review of sections of the CPGs.

Note: CPGs contain individual references not listed above

PRECEPTOR EXPECTATIONS:

1. Utilize **Preceptor information Book**. Transfer this from preceptor to preceptor if sharing training between more than one preceptor. **Contains master documents/ pt cases** for copying to trainee.
2. **Daily: complete patient case comments** on competency assessment charts in the trainee's personal training manual; preceptor AND trainee to use ancillary communication sheet for further communications, especially items needing follow-up.
3. **At the beginning of the training, meet with resident to discuss designing a calendar. Below are recommended topics to include:**

- a. Dates for midpoint and endpoint evaluations.
- b. Topic Discussions
 - i. 2010 Pharmacy Practice News Review: Assessment Tools and Guidelines
 - ii. The Hitchhiker's Guide to PN Mgmt for Adult Patients
 - iii. Visceral Proteins: Albumin-Nutrition Connection (Separating Myth from Fact)
 - iv. Clinical Review: Refeeding Syndrome. What it is, and how to prevent it
 - v. Peripheral PNs
 - vi. Electrolytes (excluding hyponatremia)
 - vii. TPN in Renal/ Hepatic patients (NOT the PSAP article)/ See: Liver Dysfunction Associated with PN: What Are The Options and Newslines: Hepatic Cholestasis in Patients Receiving Chronic PN.
 - viii. PN in Renal Disease- see PSAP Module
 - ix. Nutritional Mgmt in Acute and Chronic Pancreatitis
 - x. Hypo- and hyper- natremias
 - xi. Complications From PN (see ASPEN Ch 7 Review)
 - xii. Pediatric PNs

Goal R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications follow a consistent patient care process.	Competency Established		COMMENTS	
	Reviewer To Date/Initial when Task/ Goal Completed	Patient Initials		
Preceptor to review experience Expectations				
OBJ 1.1.3 (analyzing) Collect information on which to base safe and effective medication therapy. Formulates an INITIAL PLAN for PN				
Task Assesses appropriateness of initiating PN, anticipated duration. <ul style="list-style-type: none"> • Identifies appropriateness of PN utilizing inclusion and exclusion criteria for initiating PN. • Locates pertinent data in PowerChart eg. physician progress notes, HPI and PMH, RD notes to verify appropriateness. • Considers refeeding risk and makes appropriate interventions/ monitoring decisions. • Effectively assesses patient and is able to discuss PN plan(s) with necessary healthcare practitioners (RD, RN, physician, Case Manager). 		1		
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<p>Task Identifies types of IV access and subsequent limitations imposed on PN.</p> <ul style="list-style-type: none"> • Determines IV access available daily. • Defines recommended concentrations/ limitations of peripheral vs central PN, which lines can be utilized and why or why not (See <i>Mid-Line Cather information</i>). • Checks osmolarity. See Document <i>Calculating Total Osmolarity</i>. • 		1 2 3 4 5 6 7 8 9 10	
OBJ R 1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective mediation therapy.			
<p>Task: Sets appropriate fluid goals/ PN rate.</p> <ul style="list-style-type: none"> • Calculates basal fluid needs. • Analyzes 24hr I/O, impact of fluid losses, possible 3rd spacing after abdominal surgery. • Analyzes impact of other fluids & IV medications patient is receiving. • Recognizes pertinent patient's co-morbidities (CHF, Renal disease, ascites). • Analyzes and communicates goals for PN rate with physician. • 		1 2 3 4 5 6 7 8 9 10	
OBJ R 1.1.5 (Creating) Design or redesign safe and effective patient –centered therapeutic regimens and monitoring plans (care plans)			
<p>Task: Sets appropriate nutritional goals (NPC, PC)</p> <ul style="list-style-type: none"> • Evaluates current diet orders, documenting any enteral intake if applicable. See <i>Dietary Enteral Formulary</i>. • Considers refeeding risk and makes appropriate interventions. • Describes current problems or disease state(s) that may affect PN dosing (pancreatitis, renal/hepatic disease, diabetes, critically ill) and how these relate to specific dosing of protein, dextrose and fat. • Calculates correct dosing weight for PN, protein and NPC goals and initial PN protein and NPC doses. Uses <i>CPG/Disease State Chart</i>. • Identifies potential timeline on advancing macronutrients to goal. • Adjusts fat calories for ventilated patients on propofol infusions. • 		1 2 3 4 5 6 7 8 9 10	

<p>Task : Calculates PN electrolyte needs.</p> <ul style="list-style-type: none"> • Describes physiologic requirements. • Identifies volume dependent electrolytes. • Explains effects of dextrose metabolism and respiratory disease on CO2. • Describes current problems or disease state(s) that may affect electrolytes/ dosing (A fib, renal disease, dialysis/ CRRT, diuresis, GI losses, non-sensible losses, over-/ under-hydration, hypokalemia d/t hyperglycemia, low Ca/PO4 in pancreatitis, hypercalcemia d/t chemo, SIADH, etc). 	1	
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<p>Task : Describes PN micronutrient needs</p> <ul style="list-style-type: none"> • Identifies appropriate dosing of and need for MVI, trace elements, zinc, ascorbic acid, selenium • 	1	
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<p>Task : Interprets patient's potential ability to tolerate glucose, designs a plan for dosing/ evaluating and enters monitoring orders.</p> <ul style="list-style-type: none"> • Recognizes when TPN should be held relative to BG levels. • Describes blood glucose management issues with, w/o diabetes. <ul style="list-style-type: none"> ○ Identifies hepatic issues that can affect blood glucose tolerance. ○ Identifies medications that can affect BG. ○ Identifies ways to adjust NPC if BG intolerance. • Recognizes when insulin should be added to the PN formulation and chooses appropriate doses utilizing accuchecks and sliding scale insulin requirements. • Orders accuchecks and sliding scale insulin appropriately per BG tolerance/disease state issues and insulin in PN if appropriate. 	1	
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<p>Task : Places Subsequent Monitoring Orders.</p> <ul style="list-style-type: none"> • Specifies PN monitoring parameters/ labs to be evaluated on a daily basis, choosing desired frequency for laboratory monitoring (Lytes, SCr/BUN, LFTs, total bili/ alk phos, triglycerides, PO4, ionized calcium). • Recognizes conditions/ circumstances that may alter PN monitoring parameters/ frequency. • Orders labs in PowerChart. 		1 2 3 4 5 6 7	
<p>OBJ R 1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</p>			
<p>Task : Utilizes PN Monitoring Sheet, Enters PN orders in PowerChart, PharmNet, CAPS and Documents Plans appropriately.</p> <ul style="list-style-type: none"> • Properly documents patient information, monitoring values, goals and PN components on the <i>PN Monitoring Sheet</i>. • Assures TPN PowerPlan has been ordered. • Enters 24-hr PN order in PharmNet to start at 2200. • Orders PN per CAPS process. (See CAPS document) 		1 2 3 4 5 6 7	
<p>OBJ R 1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</p>			
<p>Task: document as per hospital policy Documents need for PN in progress note.</p> <ul style="list-style-type: none"> • Documents IV access on PN Monitoring Sheet. • Orders PN rate, decreases or discontinues IV fluids when PN is started • Documents % dextrose, dextrose rate, fat rate, total kcal, NPC:N. • Documents macronutrient goals/ doses on PN Monitoring Sheet. • Documents % dextrose, dextrose rate, fat rate, total kcal, NPC:N. • Documents macronutrient goals/ doses on PN Monitoring Sheet. • Documents Lytes per PN per PN Monitoring Sheet. • Documents micronutrients ordered on PN Monitoring sheet. • Documents PN plan in Ad hoc (Initial TPN) • Writes progress note, including: diet, nutritional goals/ actual provided, fluids assessment relative to basal fluid needs/ actual provided/wgt, lytes assessment/ supplementation, BG assessment/ dextrose rate/ insulin needs, and monitoring. See <i>Peer Review Progress Note Standardization Form</i> • Documents plan in Ad hoc under 'Follow-Up TPN' 			

OBJ R 1.1.1 (Applying) Interact effectively with health care teams to manage patients' medication therapy.			
<p>Task : Communicates assessment and documents Patient PN plan of care.</p> <ul style="list-style-type: none"> • Discusses PN plan(s) with necessary healthcare practitioners (RD, RN, physician, Case Manager, Kindred, SJ Home Infusion or VNA). <ul style="list-style-type: none"> • Interactions are cooperative, collaborative, communicative & respectful. • Demonstrates skills in negotiation, conflict mgmt, & consensus building. • Demonstrates advocacy for patient. 		1 2 3 4 5 6 7 8 9 10	
OBJ R 1.1.8 (Applying) Demonstrate responsibility to patients			
<p>Task : Identifies time management skills needed to evaluate patient and enter orders.</p> <ul style="list-style-type: none"> • Reviews laboratory parameters first thing in the morning along with other patient specific clinical issues. • Acts on electrolyte replacement needs ASAP. • Meets 1300 deadline for entering TPN into CAPS. 		1 2 3 4 5 6 7 8 9 10	

<p>Goal R 1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</p>			
<p>OBJ R 1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). Formulates a <u>FOLLOW-UP</u> PLAN for PN</p>			
<p>Task : Assesses patient and Titrates PN to goal nutrition.</p> <ul style="list-style-type: none"> • Utilizes clinical problem solving skills in gathering information and designs optimal PN formula for patient. <ul style="list-style-type: none"> ○ Identifies, assesses and interprets trends per PN Monitoring sheet. ○ Uses PN Dosing Guidelines Per <i>CPG Disease State Chart</i>. \Analyzes patient's tolerance to PC/ NPC in PN formulation (ie. SCr/BUN, LFTs, Trigs, BG). ○ Analyzes patient's tolerance to fluid load (ie.edema,lung sounds, wgt) ○ Analyzes nutritional progress/ diet advancement/ enteral intake. ○ Evaluates current diet orders, documenting any enteral intake if applicable. ○ Considers selective underfeeding in ventilated critical care pts. ○ Adjusts fat calories for ventilated patients on propofol infusions. • Monitors adverse reactions (ie. signs of fluid overload, abnormal labs, overfeeding), current problems or disease state(s) that may affect PN dosing (A fib, pancreatitis, renal/hepatic disease, diabetes, critically ill) & how these relate to ongoing dosing of protein, dextrose and fat. <ul style="list-style-type: none"> • Evaluates ongoing refeeding risk; makes appropriate interventions. • Identifies goal dextrose rate, fat rate, and NPC:N ratio. • Identifies a potential timeline on ability to advance to goal. • Documents goals % dextrose, dextrose rate, fat rate, total kcal, NPC:N ratio in ad hoc and PN Progress Note. • Orders new PN formulation with advanced macronutrients. 		1	
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<p>Task : Manages fluids.</p> <ul style="list-style-type: none"> Analyzes 24hr I/O, losses, possible 3rd spacing after abdominal surgery. Identifies other fluids & IV medications patient is receiving. Identifies pertinent patient co-morbidities (CHF, Renal disease, ascites). Analyzes patient's tolerance to fluid load; adjusts formulation as needed. Identifies and manages fluid excess/ deprivation issues in conjunction with physician. Documents daily fluids/ rate/ goals on PN Monitoring Form, in ad hoc and PN Progress Note, and enters correct fluid amount/ rate for PN in PharmNet. 	1	
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<p>Task : Monitors blood glucose, recognizing when to add insulin in the PN formulation and formulates appropriate insulin adjustments.</p> <ul style="list-style-type: none"> Identifies blood glucose management issues with, w/o diabetes. <ul style="list-style-type: none"> Identifies hepatic issues that can affect blood glucose tolerance. Identifies medications that can affect BG. Identifies ways to adjust NPC if BG intolerance. Recognizes when insulin should be added to the PN formulation and chooses appropriate doses utilizing accuchecks and sliding scale insulin requirements. Monitors (or discontinues) accuchecks and sliding scale insulin appropriately per BG tolerance/disease state issues. Holds TPN per BG per P&P if needed. Orders insulin appropriately to PN. Orders insulin in PharmNet on PN order if added to formulation. Communicates plan, documents changes/ goals on PN Monitoring Form, in Ad Hoc and PN Progress Note 	1	
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<p>Task : Manages Electrolytes.</p> <ul style="list-style-type: none"> Calculates adjustments in volume dependent electrolytes relative to PN rate. Identifies current problems or disease state(s) that may affect electrolytes/ dosing (A fib, renal disease, dialysis/ CRRT, diuresis, GI losses, non-sensible losses, over-/ under-hydration, hypokalemia d/t hyperglycemia, low Ca/PO4 in pancreatitis, hypercalcemia d/t chemo, SIADH, etc); adjusts lytes accordingly. Analyzes effects of dextrose metabolism and respiratory disease on CO2. Orders electrolyte rider(s) if needed/ makes changes to formula. Documents riders given and electrolytes per PN formulation on PN Monitoring Form and enters correct amounts for PN in CAPS. Communicates plan, documents changes/ goals on PN Monitoring Form, in Ad Hoc and PN Progress Note 	1	
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OBJ R 1.1.1 (Applying) Interact effectively with patients, family members, and caregivers.			
Task : Communicates assessment and documents PN plan. <ul style="list-style-type: none"> • Discusses PN plan(s) with necessary healthcare practitioners (RD, RN, physician, Case Manager, Kindred, SJ Home Infusion or VNA). <ul style="list-style-type: none"> • Effectively recommends or communicates patients' regimens & associated monitoring plans to relevant members of the health care team. • Documents plan in Ad hoc under 'Follow-Up TPN' • Writes Ad Hoc and complete PN progress note, communicating plan, documenting changes and goals. See Peer Review Progress Note Standardization Form. 		1	
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OBJ R 1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.			
Task: Develops a plan for discontinuation of PN, conversion to enteral nutrition or cyclic PN. <ul style="list-style-type: none"> • Describes goal for discontinuation of PN, to be considered when patient is able to take in 60-76% of nutritional goals enterally. • Distinguishes that PN does not need to be weaned unless has high amount of insulin. • Orders cyclic PN appropriately: <ul style="list-style-type: none"> ○ Analyzes patient's ability to tolerate fluid volume over shortened infusion duration. ○ Calculates new dextrose rate, considering blood glucose tolerance. ○ Adjusts BG monitoring per accuchecks relative to PN start and stop times. ○ Communicates plan for transition to healthcare providers (RN, physician, Case Manager) & Clinical Pharmacy Staff via Ad Hoc & PN Progress Note. • Enters cyclic PN appropriately in PharmNet and CAPS 		1	
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Goal R3.1 Demonstrate leadership skills			
OBJ R 3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement. .			
<p>Task : Demonstrates self -reflection and goal setting.</p> <ul style="list-style-type: none"> • Summarizes strengths and needs for improvement. • Effectively communicates goals and plans for personal development. • Demonstrates ability to use and incorporate constructive feedback from others. 		1	
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Competency Assessment

ROTATION: Pain and Palliative Care Elective _____

Training OBJECTIVES:

Are noted below per ASHP accreditation standards.

General Description:

The pain and palliative care rotation is a 4-week inpatient experience led by a clinical nurse specialist and advanced practice registered nurse and facilitated by inpatient pharmacist preceptor per ASHP standards. The pain and palliative care service provides pain management for patients with chronic or end-of-life pain. Residents completing this rotation can expect to gain experience in pain management of complicated patients with opioid tolerance and other pharmacotherapeutic challenges. This experience will take place intermixed with the residents quadremester schedule on days Nov 17, 18, 25 and December 1,2,7,8,9,14, and 16. The experience will take place on either the morning or afternoon of each day noted.

The resident will round on inpatients on the pain management service with nurse practitioners and will develop pharmacotherapy treatment plans and assist with implementation by communicating with patients and other healthcare providers, and documenting in the medical record. The resident will gain didactic knowledge by presenting topic discussions related to pain and palliative care, end-of-life care, and opioid therapy management. The resident will also present patient cases to pharmacist preceptor.

The role of the pharmacist is The pharmacist interacts with the concentrated patient population thru working with the medicine team, addressing order entry and distribution.

Resident Expectations:

1. Resident will discuss calendar, learning descriptions, obligations, and expectations with primary preceptor- Lisa Ribble-Fay and non-pharmacist preceptors Michael Poulsen, Lou Pace.
2. Resident will schedule a midpoint evaluation meeting with Lisa Ribble-Fay
3. Resident will schedule a midpoint evaluation for all preceptors to participate.
4. Resident will schedule 1 topic discussion per week (4 total) with Lisa.
5. Resident will present 2 patient cases during meetings with Lisa.

Training/ Milestones:

Week 1: The resident will attend pain rounds with preceptor while the preceptor models patient electronic chart assessment, problem identification, potential interventions and recommendations. On the second day the resident will work up patients prior to rounds and review with preceptor after rounds to allow for collaborative discussion.

Week 2: The resident will work up patients independently prior to rounds and review with preceptor on the first day. On the second day of this week, the resident will lead rounds with support from preceptor.

Week 3: The resident will lead rounds with support from preceptor if needed.

Week 4: Resident will lead rounds independently with minimal support from preceptor.

Obj R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy.			
Tasks: ○ Interview patients to appropriately assess pain		1	
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Obj. R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.			
Tasks: <input checked="" type="checkbox"/> Develop pharmacologic and nonpharmacologic treatment plans in collaboration with the medical team.		1 2 3 4 5 6 7 8 9 10	
Obj R1.1.5 (Creating) Design or redesign safe and effective patient –centered therapeutic regimens and monitoring plans (care plans)			
Tasks: <input checked="" type="checkbox"/> Develop pharmacologic and nonpharmacologic treatment plans in collaboration with the medical team.		1 2 3 4 5 6 7 8 9 10	
<input type="checkbox"/> Obj R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (Care plans) by taking appropriate follow-up actions.			
Tasks: <input type="checkbox"/> Document patient care plans in the medical record.		1 2 3 4 5 6 7 8 9 10	

Obj R1.1.7 (Applying) document direct patient care activities appropriately in the medical record or where appropriate.			
<input type="radio"/> Document patient care plans in the medical record.		1	
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<input type="checkbox"/> Review of current EBM literature as pertains to patient cases <ul style="list-style-type: none"> <input type="radio"/> 			