

**Deaconess Hospital, Inc.**

**Postgraduate Year One (PGY1)  
Pharmacy Residency Program**

**Resident's Training Manual  
2024-2025**

# Table of Contents

<u>SUBJECT</u>	<u>PAGE NUMBER</u>
Deaconess Hospital, Inc PGY1 Residency Program	
Purpose Statement.....	3
PGY1 Competency Areas.....	3
General Hospital & Pharmacy Department Information .....	20
Mission & Vision Statements .....	21
Details of Postgraduate Year One Pharmacy Residency .....	22
Requirements to Complete PGY1 Residency.....	30
Rotations – Required and Elective.....	31
Resident Disciplinary Action.....	32
Resident Developmental Plan.....	34
Assessment Strategy .....	35
Resident Rotation Evaluation Plan .....	38
Syllabi .....	40
Job Description .....	116
Policy and Procedure for PGY1 Residency .....	121
Resident Academic and Professional Record .....	131
Residency Manual & Job Description Acknowledgement Form .....	133

# Deaconess Hospital, Inc Residency Program

## **Purpose Statement**

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

Deaconess Health System, which included Deaconess Hospital PGY1 Pharmacy Residency Program, offers equal employment opportunity to all applicants for employment and to all employees regardless of race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law.

## **PGY1 Competency Areas**

COMPETENCY AREA R1: Patient Care

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).

Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.

Criteria:

- Uses a systematic and organized approach to gather and verify information from appropriate sources (e.g., existing patient records, the patient, caregivers, other healthcare professionals).
- Evaluates medication list and medication-use history for prescription and nonprescription medications; including but not limited to dietary supplements, illicit and recreational substances, non-traditional therapies, immunizations, allergies, adverse drug reactions, and medication adherence and persistence.
- Collects relevant health data including medical and social history, health and wellness information, laboratory and biometric test results, physical assessment findings, and pharmacogenomics and pharmacogenetic information, if available.
- Determines patient lifestyle habits, preferences and beliefs, health literacy, health and functional goals, socioeconomic factors, and/or other health-related social needs that affect access to medications and other aspects of care.

- Determines missing objective information and performs appropriate physical assessment, orders laboratory tests, and/or conducts point of care testing, as applicable.

Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.

Criteria:

- Determines appropriateness, effectiveness, and safety of each medication.
- Interprets clinical information appropriately as part of assessment.
- Identifies unmet healthcare needs of the patient.
- Identifies medication therapy problems accurately.
- Includes health-related social needs and considers social determinants of health (SDOH) as part of assessment.
- Considers preventive health strategies as part of assessment.
- Accurately applies evidence-based medicine and guidelines to individual patient care which reflects patient's values, preferences, priorities, understanding, and goals.

Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.

Criteria:

- Chooses and follows the most appropriate evidence and/or guidelines.
- Addresses medication-related problems and optimizes medication therapy, in alignment with pertinent medication-use policies.
- Addresses health-related social needs and other social determinants of health (SDOH) as part of the care plan.
- Addresses preventive health strategies as part of the care plan.
- Engages the patient in shared decision making, as appropriate.
- Sets realistic and measurable goals of therapy for achieving clinical outcomes in the context of patient's overall healthcare goals, understanding, preferences, priorities, and access to care.
- Identify when a patient requires an alternate level or method of care.

Objective R1.1.4: (Applying) Implement care plans.

Criteria:

- Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.
- Ensures timely completion of medication orders, prescriptions, and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.
- Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.
- Engages the patient through education, empowerment, and self-management.
- Engages other team members, as appropriate.

Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

Criteria:

- Reassesses all medications for appropriateness, effectiveness, safety, and patient adherence through available health data, laboratory and biometric test results, and patient feedback.
- Evaluates clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy.
- Identifies appropriate modifications to the care plan.
- Establishes a revised care plan in collaboration with other healthcare professionals, the patient, and/or caregivers.
- Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant healthcare professionals, as appropriate.
- Modifies schedule for follow-up care or referral as needed to assess progress toward the established goals of therapy.

Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.

Criteria:

- Routinely identifies patients who are experiencing care transitions.
- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts a thorough and accurate medication reconciliation.
- Identifies potential and actual medication-related problems.

- Provides medication management, when appropriate.
- Considers the appropriateness of medication therapy during care transitions.
- Evaluates cost, availability, coverage, and affordability of medication therapy.
- Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.
- Provides effective medication education to the patient and/or caregiver.
- Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.
- Follows up with patient in a timely manner, as appropriate.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.

Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.

Criteria:

- Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care.2
- Follows the organization's communication policies and procedures.
- Demonstrates appropriate skills in negotiation, conflict management, and consensus building.
- Interacts collaboratively and respectfully.
- Advocates for the patient.
- Chooses an appropriate form of communication with team members based on type and urgency of information, recommendation, and/or request.
- Recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team clearly, concisely, persuasively, and timely.

Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.

Criteria:

- Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient friendly language, language services, assistive technology, visual aids).
- Addresses communication barriers during telehealth interactions, as applicable.
- Interacts in a respectful, collaborative, empathetic, and personalized manner.
- Follows the organization’s communication policies and procedures.
- Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.
- Considers non-verbal cues and adjusts delivery, when needed.
- In addition to an oral summary, provides a written summary of recommended medication related changes and other pertinent educational materials and available resources, as appropriate.

Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

Criteria:

- Selects appropriate information to document.
- Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.
- Documents in a timely manner.
- Follows the organization’s documentation policies and procedures.
- Documents appropriately to support coding, billing, and compensation.
- Ensures security of Protected Health Information (PHI) throughout the documentation process.

Goal R1.3: Promote safe and effective access to medication therapy.

Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.

Criteria:

- Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers.
- Prioritizes formulary medications, as appropriate.

- Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests.
- Considers appropriate formulary alternatives.
- Ensures access to non-formulary products when formulary alternatives cannot be used.

Objective R1.3.2: (Applying) Participate in medication event reporting. [N/A for Managed Care]

Criteria:

- Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).
- Uses appropriate technology for reporting adverse drug events.

Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications. [N/A for Managed Care]

Criteria:

- Adheres to applicable laws, institutional policies, departmental policies, and best practice standards.
- Identifies, detects, and addresses medication and health-related issues prior to verifying an medication order or dispensing a medication.
- Completes all steps of the medication preparation process.
- Completes all steps of the patient-centered dispensing process accurately and efficiently, including selection of self-care products, as appropriate.
- Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients.
- Administers medications using appropriate techniques, as appropriate.
- Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing, and administration of medications according to applicable laws and institutional policies.
- Effectively prioritizes workload and organizes workflow for oneself and pharmacy support personnel.
- Refers patients for other healthcare services or care by other healthcare professionals, as appropriate.
- Ensures appropriate storage of medications.



- Determines barriers to patient adherence and makes appropriate adjustments.

Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).

Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.

Criteria:

- Recognizes patterns within aggregate patient data (i.e., defined population data).
- Interprets outcomes benchmarks and dashboards, as applicable.
- Compares outcomes of population data to evidence-based or best practice guidelines and/or established benchmarks (e.g., Star ratings, quality metrics).
- Identifies areas for improved patient care management based on population data.
- Provides targeted interventions for individual patients within a defined group to improve overall population outcomes.
- Recommends appropriate services to patients, providers, or health plans to help improve patient and population outcomes.
- Engages leaders to determine necessary resource(s) to improve patient and population outcomes and promote equitable care.

Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.

Criteria:

- Uses the appropriate format.
- Evaluates and applies evidence-based principles.
- Effectively synthesizes information from available literature.
- Incorporates all relevant sources of information pertaining to the topic being reviewed.
- Applies medication-use safety and resource utilization information.
- Demonstrates appropriate assertiveness and timeliness if presenting pharmacy concerns, solutions, and interests to internal and/or external stakeholders.
- Delivers content objectively.

- Includes proposals for medication-safety technology considerations and improvements, when appropriate.
- Includes considerations for addressing established health equity concerns, when appropriate.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable.

## Competency Area R2: Practice Advancement

### Goal R2.1: Conduct practice advancement projects.

Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.

#### Criteria:

- Explains concepts associated with project development.
- Appropriately identifies or understands problems and opportunities for projects.
- Conducts a thorough literature to contextualize project scope.
- Determines an appropriate question or topic for a practice-related project that can realistically be addressed in the available time frame.
- Uses best practices or evidence-based principles to identify opportunities related to the project.

Objective R2.1.2: (Creating) Develop a project plan.

#### Criteria:

- Develops specific aims, selects an appropriate project design, and develops suitable methods to complete the project.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Incorporates appropriate quality improvement process design and/or methodology (e.g., standardization, simplification, human factors training, quality improvement process, or other process improvement or research methodologies), if applicable.
- Develops a feasible design for a prospective or retrospective outcomes analysis that considers who or what will be affected by the project.
- Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).

- Develops a feasible project timeline.
- Develops a plan for data collection and secure storage that is consistent with the project intent and design.
- Develops a plan for data analysis.
- Acts in accordance with the ethics of human subject's research, if applicable.

Objective R2.1.3: (Applying) Implement project plan.

Criteria:

- Obtains necessary project approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.) and responds promptly to feedback or reviews.
- Demonstrates a systematic and organized approach to gathering and storing data.
- Collects appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal or external databases, Internet resources, and other sources of decision support, as applicable.
- Adheres to the project timeline as closely as possible, adjusting for unforeseeable factors, when necessary.
- Correctly identifies need for additional modifications or changes to the project.

Objective R2.1.4: (Analyzing) Analyze project results.

Criteria:

- Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.
- Collaborates with project team members to validate project analysis, as appropriate.

Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.

Criteria:

- Evaluates data and/or outcomes of project accurately and fully.

- Considers the impact of the limitations of the project design on the interpretation of results.
- Accurately assesses the impact of the project, including its sustainability, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.

Objective R2.1.6: (Creating) Develop and present a final report.

Criteria:

- Completes all report requirements on time and within assigned time frame.
- Develops a project report that is well-organized and easy to follow.
- Formats written report suitable for project audience.
- Uses effective written and/or oral communication to convey points successfully.
- Submits and/or presents project report to intended audience.
- Summarizes key points at the conclusion of the report.
- Responds to questions in a concise, accurate, and thoughtful manner.

COMPETENCY AREA R3: Leadership

Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.

Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.

Criteria:

- Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).
- Describes resolution of medication access or availability concerns.
- Identifies various effective leadership philosophies and principles.
- Explains how the pharmacy planning relates to the organization and/or department's mission and vision.
- Explains the department and/or organization's decision-making structure.
- Explains the department and/or organization's strategic planning process.

- Identifies human resources and personnel management pertinent policies and procedures including but not limited to workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources.
- Explains current credentialing and privileging processes of the organization and potential changes for the future, if applicable.
- Explains the quality improvement plan(s) of the department and/or organization.
- Correctly assesses internal pharmacy quality, effectiveness, and safety data against benchmarks.

Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.

Criteria:

- Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements.
- Identifies and explains the impact of local or regional healthcare entities on pharmacy or organizational practice.
- Accurately explains the purpose and impact of external quality metrics to the practice environment.

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.

Criteria:

- Uses principles of continuous professional development (CPD) planning (e.g., accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).
- Sets realistic expectations of performance.
- Engages in self-reflection of one's behavior, knowledge, and growth opportunities.
- Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.
- Demonstrates ability to use and incorporate constructive feedback from others.

- Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.
- Engages in self-evaluation by comparing one's performance to a benchmark.
- Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.
- Demonstrates self-motivation and a “can-do” approach.
- Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.

Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.

Criteria:

- Balances personal needs appropriately with the needs of the department and/or organization.
- Demonstrates personal commitment to the mission and vision of the department and/or organization.
- Demonstrates effective workload and time management skills.
- Prioritizes and organizes all tasks appropriately.
- Prioritizes appropriate daily activities.
- Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).
- Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.
- Sets and manages appropriate timelines in harmony with pertinent stakeholders.
- Proactively assumes and takes on increased levels of responsibility.
- Proactively identifies issues or barriers and create potential solutions or management strategies.
- Follows through on obligations collaboratively and without prompting.
- Ensures timely and thorough transfer of appropriate responsibilities.
- Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.

- Appropriately balances quality and timeliness in all aspects of work.

Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.

Criteria:

- Represents pharmacy as an integral member of the healthcare team.
- Demonstrates professionalism through appearance and personal conduct.
- Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.
- Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct.
- Prioritizes patient healthcare needs.
- Accepts consequences for his or her actions without redirecting blame to others.
- Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.
- Advocates effectively on behalf of patients to other members of the healthcare team.
- Delegates appropriate work to technical and clerical personnel.
- Understands and respects the perspective and responsibilities of all healthcare team members.
- Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.
- Works collaboratively within the department and/or organization's political and decision-making structure.

Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

Criteria:

- Identifies professional organization(s) that align with practice interests.
- Articulates the benefits of active participation in professional associations at all levels.
- Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare.

- Develops personal vision and action plan for ongoing professional engagement.
- Participates appropriately in practice and advocacy activities of national, state, and/or local professional associations.
- Addresses the needs of the patients through service and/or education.

#### COMPETENCY AREA R4: Teaching and Education

Goal R4.1: Provide effective medication and practice-related education.

Objectives R4.1.1-R4.1.4 will be addressed through resident activities related to teaching either a small or large group. Oral and written presentations should contain a reasonable depth of information that is appropriate for the target audience. Examples may include continuing education presentation(s), in-service(s), patient education class(es), student lecture(s), student topic discussion(s) for several participants, disease state education handout(s), and guideline summary(ies). Oral or written content that is designed for a single person (e.g., drug information response, discussion with individual student) or that is extremely brief and/or not meant for the delivery of defined education (e.g., update at team meeting or huddle, journal club, marketing flyer) does not meet the intent of these objectives.

Objective R4.1.1: (Creating) Construct educational activities for the target audience.

Criteria:

- Obtains an accurate assessment of the learner's needs and level of understanding.
- Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
- Uses appropriate teaching strategies, including active learning.
- Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
- Designs instructional materials that meet the needs of the audience.
- Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

Criteria:



- Writes in a manner that is concise, easily understandable, and free of errors.
- Demonstrates thorough understanding of the topic.
- Determines appropriate breadth and depth of information based on audience and purpose of education.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.
- Develops and accurately uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate.
- Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Creates visually appropriate documents (e.g., font, white space, and layout).
- Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.
- Creates one's own work and does not engage in plagiarism.
- Seeks, processes, and appropriately incorporates feedback from the targeted audience.

Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

Criteria:

- Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).
- Incorporates multiple appropriate educational techniques to present content.
- Demonstrates rapport with learners.
- Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.
- Demonstrates thorough understanding of the topic.
- Organizes and sequences instruction properly.

- Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Speaks at an appropriate rate and volume with articulation and engaging inflection.
- Effectively uses body language, movement, and expressions to enhance presentations.
- Makes smooth transitions between concepts.
- Summarizes important points at appropriate times throughout presentations.
- Demonstrates ability to adapt appropriately during the presentation.
- Captures and maintains learner/audience interest throughout the presentation.
- Responds to questions from participants in a concise, accurate, and thoughtful manner.

Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Criteria:

- 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.
- Identifies appropriate time to solicit feedback from the learner.
- Solicits timely, constructive, and criteria-based feedback from the learner.
- Writes assessment questions (if used) in a clear and concise format that reflects best practices.
- Assesses learners for achievement of learning objective(s).
- Identifies and takes appropriate actions when learner fails to understand delivered content.
- Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.

Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.

Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.

Objective R4.2.1 will be addressed through resident practice-related training activities for one or more learners. The resident should actively employ appropriate preceptor role(s). If a program cannot provide opportunities to participate in precepting, this objective may be assigned activities related to the simulation of precepting roles.

Criteria:

- Identifies experiential learning opportunities in the practice setting and engages learners appropriately.
- Creates an organized and systematic approach to designing learning experiences for the learner.
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
- Chooses appropriate preceptor roles to stimulate professional growth in learner.
- Adjusts the preceptor role as learner needs change.
- Uses appropriate methods to provide both formative and summative feedback.
- Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.
- Engages the learner effectively in self-evaluation and self-reflection.
- Provides effective and focused direct instruction when warranted.
- Models critical-thinking skills by including “thinking out loud”.
- 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.
- Selects appropriate problem-solving situations for independent learners.
- Ensures learner understands feedback and next steps needed to improve.

## **General Hospital & Pharmacy Department Information**

### **Deaconess Hospital, Inc**

Deaconess Hospital, Inc is composed of Deaconess Midtown Hospital, Deaconess Gateway Hospital, The Women's Hospital, The Heart Hospital, Deaconess CrossPointe, Deaconess Henderson Hospital, many divisions of Deaconess Clinic, and hospitals in surrounding states. Deaconess Health System includes facilities across Illinois, Kentucky and Indiana.

### Deaconess Hospital Midtown Campus

Deaconess Hospital Midtown Campus is located at 600 Mary Street in Evansville, Indiana. Deaconess is a 300 bed private, not-for-profit institution. This hospital provides health care for people in Vanderburgh County and surrounding communities. This hospital offers a wide variety of services, including a level II Trauma Center and a Stroke center of Excellence as designated by HFAP.

The pharmacy is located in the basement of the hospital. It is highly automated utilizing the Omnicell Automated Dispensing Cabinets, Epic Health Information System, Abacus TPN Compounder, and Pharmogistics Carousel Technology.

Telephone: 812-450-3394

FAX: 812-450-7259

### Deaconess Gateway Hospital/The Heart Hospital

Deaconess Gateway Hospital is comprised of Gateway Hospital with 300 beds. This facility serves both the adult and pediatric population and has an affiliation with Riley's Children Hospital of Indianapolis. The Heart Hospital is focused on meeting the needs of our cardiac population

Telephone: 812-842-3470

FAX: 812-842-3481

### Deaconess Women's Hospital

The Women's Hospital is located in the Gateway complex in Newburgh, Indiana. This hospital was created to care for women through a lifetime of changing health and wellness needs - physical and emotional- in one convenient, peaceful, and healing place. The Women's Hospital includes a 25 bed, level 3 NICU. The pharmacy is located on the first floor, just beyond the main entrance to the hospital.

Telephone: 812-842-4233

FAX: 812-842-4223

### Deaconess CrossPointe

Deaconess CrossPointe is a full-service psychiatric and chemical dependency hospital that helps families and individuals of all ages. CrossPointe is located at 7200 E. Indiana in Evansville, Indiana.

Telephone: 812-476-4551

FAX: 812-471-4594

### Deaconess Henderson Campus

Deaconess Henderson Campus is located in Henderson, KY. It is a 192-bed offering full services to the patients of Kentucky. The services include NICU, ICU, and medical services.

Telephone: 270-827-7164

### Pharmacy Practice Model

All Pharmacists are considered Clinical Pharmacists and are encouraged to practice clinically. The clinical model involves the clinical pharmacists providing full care for the patient, which includes completing multi-disciplinary rounds, clinical consults, verifying patient's orders, providing patient education for medications or disease states, performing medication reconciliation at transitions of care, and providing complete profile review to maximize benefit from medications. Clinical pharmacists are scheduled daily on day shift Monday- Friday to work on the nursing units to provide clinical services without any drug distribution responsibility. One of these clinical roles at each site is to focus on Antimicrobial Stewardship. An evening clinical pharmacist is scheduled to provide clinical services and medication reconciliation. Some of the clinical opportunities include pharmacokinetic dosing, nutrition support, automatic IV-to-PO, warfarin dosing, patient education, automatic renal dosing adjustments via protocol, pain management, discharge medication review, and quality improvement opportunities. A Pharmacist is also staffed in a Surgery Satellite at each campus during weekdays.

## **Deaconess Pharmacy Department Mission Statement**

The Pharmacy Department is an innovative team that safely and efficiently provides quality medication therapy and outcomes to the patients and communities we serve.

## **Deaconess Pharmacy Department Vision**

To be the regional leader in evidence-based medication therapy by providing safe, quality, and cost-effective programs that ensure proper medication use, utilize the latest advances in technology, and will improve the health of our employees, patients, and community.

## **Deaconess Mission**

In keeping with our Christian heritage and tradition of service, the mission of Deaconess is to advance the health and well-being of our community, with a compassionate and caring spirit.

## **Deaconess Vision**

To be the preferred regional health care partner for patients, providers, employees and payers, with access to innovative, efficient, top quality health care.

## **Deaconess Values**

At Deaconess, our values are based on our commitment to quality. We define quality as the continuous improvement of services to meet the needs and exceed the expectations of the customers we serve.

- Quality in everything we do
- Respect for all people
- Efficiency and effectiveness in the use of resources
- Innovation toward continuous systems improvement
- Partnership with those we serve and with suppliers

- Education for continuous growth and knowledge
- Pride in workmanship

## **Postgraduate Year One Pharmacy Residency Details**

### **Role Overview**

#### Description

Residents will be provided with many opportunities to grow as professionals, further developing direct patient care skills, leadership skills, and problem-solving strategies while strengthening their professional values and clinical judgment. Many skills and traits will be enhanced in one year of residency including, but not limited to, communication, team-building, trust, integrity and leadership.

#### Prerequisite Experience

The following is required to be a Postgraduate Year One Pharmacy Resident:

- Graduate of an ACPE accredited Doctor of Pharmacy degree program
- Licensed or eligible for licensure in the state of Indiana. Must obtain Indiana Intern License to cover time from start date to licensure. Please contact Meredith Petty if you need a signature of pharmacist sponsor.

#### Prerequisite Skills

The residents should possess the following skills before beginning the Postgraduate Year One Pharmacy Residency:

- Sound professional values
- Strong communication skills
- Leadership skills with a goal of enhancing those skills
- Time management skills
- Self-Confidence
- Honesty

#### Pharmacy Resident's Reporting Structure

Residents will report to the Program Director, Residency Team, and Preceptors

As a pharmacy resident proceeds through various aspects of the program, the individual preceptor is responsible for issues directly related to the rotation/experience.

The Residency Team consists of the Pharmacy Director, Clinical Manager, Residency Program Director, Residency Coordinator, and Clinical Pharmacists who serve as preceptors. The team will advise the resident regarding the following matters:

- Overall progress of each resident in the program
- Performance improvement opportunities for rotations/experiences
- Other circumstances as they arise

#### Residency Program Director Requirements

The Residency Program Director (RPD) and Coordinator will complete an initial resident developmental plan within 30 days of hire. The plan will be discussed with each resident and the plan will be agreed upon by both parties. The Residency Director will reassess the resident's developmental plan quarterly by reviewing each initial and ongoing plan to date. The RPD will review and update goals and objectives achieved/not achieved for the program, the status of rotation projects, the progress of the annual residency project and the requirements checklist. The Resident Developmental Plan will be shared with all preceptors quarterly and reviewed at a Residency Team Meeting. The Program Director will assure accessibility for direct instruction, facilitating, coaching and modeling performance.

### Essential Functions

The following list describes the necessary duties of the resident. Individuals in this role may not perform all duties, or may be asked to perform additional, related duties.

- Provide direct patient care, including patient specific monitoring
- Process and verify orders in the hospital computer system
- Provide drug information to other health care providers and patients
- Attend code blue events
- Maintain a positive and productive working relationship with other members of the department and health care team
- Evaluate medication profiles
- Contact and confer with the physician, clinical pharmacist and nurses with questions regarding medication orders
- Complete pharmacy resident activities as outlined in the Postgraduate Year One Pharmacy Residency Manual
- Follow all hospital policies and procedures

### Resident Mentor

A resident mentor is a preceptor and member of the pharmacy department who serves as a guide for the resident and provides personal and professional assistance. The mentor selected by the resident should be someone the resident will interact with regularly. A resident mentor is a key individual for the resident for guidance, continuity, and to serve as a resource. The responsibilities of the mentor are to:

- Provide general guidance and support to the resident
- Assist the resident in developing career goals and objectives
- Direct the resident to the proper contact within the system to accomplish a specific objective
- Assist the resident in the development of an appropriate rotation schedule
- Check ins should be conducted by the preceptor to the resident at least monthly but can be more frequent.
- Follow up pertaining to issues or concerns should be discussed with the RPD in a timely manner.

Residents should select their mentor by August 1<sup>st</sup>. Exceptions to this date will be determined on a case by case basis.

## **Expectations**

### ID Badge

A photo identification badge is issued during hospital orientation. The badge must be displayed prominently while on hospital premises. Identification badges may not be loaned or transferred. Replacement badges are available for a fee.

### Dress Code

The resident must follow the Deaconess Hospital and Pharmacy Department Dress Code Policy. Residents will not be required to have their white coat embroidered as listed in the Deaconess Pharmacy Dress Code Policy (unless they choose to); however, residents WILL be required to adhere to the scrub portion, as well as, all other portions of the Deaconess Pharmacy Dress Code Policy. Pharmacy Department required scrubs may be purchased at the Deaconess Home Medical store or any vendor who provide pewter colored scrubs.

### Working Outside Hospital (Moonlighting)

Moonlighting is permitted only at Deaconess on a limited basis and only upon the Residency Director's approval. Residents will attest in Pharmacademic to the duty hour requirements monthly by recording any moonlighting hours or stating they have not moonlighted and have abided by the ASHP duty hours requirements found at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>.

### Long Distance Telephone Calls

The resident is allowed to make long distance phone calls of a professional nature. Phone calls are monitored from several departmental phones. Abuse of this privilege can result in loss of phone call privileges.

### Immunization/TB testing

The resident must comply with all requirements of the hospital immunization, including COVID-19, influenza, and tuberculosis testing policy. The following information is summarized from Policy and Procedure 45-19 and subject to updated to that policy:

- Health Vaccinations and Testing
  - As a condition of employment, all new hires must provide evidence of immunity for MMR and Varicella (chickenpox). If unable to provide proof, the new hire must obtain the required vaccination(s).
  - Infection Control will identify departments required to have tuberculosis (TB) testing to include a tuberculin skin test (TST), TB blood test, and/or TB screening questionnaire by May 31 each year. TST/screening must be administered and read by a person currently certified to administer and read such tests/screenings.
  - Failure to meet these requirements will result in the following:



- Written Counseling issued with time to comply established by the manager based on the ability of the Comp Center to provide the vaccinations/testing.
  - Warning Notice issued for failure to comply with the Written Counseling. Time to comply will be established by the manager based on ability of the Comp Center to provide the vaccinations/testing.
- All employees are required to have an annual influenza vaccination within the timeframe designated by the hospital. Employees who wish to be exempted for bona fide medical or religious reasons will be required to complete a Deaconess Declination of Influenza Vaccination form. Medical declinations must include a note on official letterhead from their physician clearly stating the reason for the declination.
  - Failure to meet the Influenza Vaccination requirement will result in the following:
    - Warning Notice issued and employee given seven (7) calendar days to obtain influenza vaccination or submit a Declination.
    - Employees who are non-compliant at the end of the seven (7) calendar day period will be considered to have voluntarily resigned.
- All employees must be fully vaccinated for COVID-19 or receive an approved exemption or deferral by October 1, 2021. Employees who wish to be exempted for bona fide medical or religious reasons must complete the appropriate Request for Medical Exemption/Deferral form or the Religious Exemption form. These forms are found on DWeb.
  - Failure to comply in any of these scenarios will result in a voluntary resignation.

Unsuccessful Completion of Rotation:

Should a resident NOT pass or successfully complete a rotation, the residency program director and preceptor will meet with the resident to determine the course of remedial action. This may result in additional time added to the residency duration or termination.

**Benefits**

Dormitory Style Housing

Housing is available, however the daily fee is ~\$50. This housing is available at the Health Science Building. The housing consists of a room with a personal bathroom. A community kitchen is available for your use.

Time Off (PTO)

The residents will be given 20 days Paid Time Off (PTO). Five of those PTO days will cover the 5 holidays that the resident will not be required to work; potentially New Year's Day, Memorial Day, July 4<sup>th</sup>, Labor Day and Thanksgiving or Christmas whichever they do not work. The remaining days will be used for vacation, interviews, sick time, and relaxation! If 3 days or more of PTO and/or meeting weekdays are taken during a rotation, the rotation will be extended in length.

### Parking

All employees of Deaconess Hospital, Inc are entitled to free parking. A parking tag will be issued during hospital orientation. Residents may park in any designated employee space available.

### Office Space & Computer Access

Residents will be provided with office space at the Midtown Campus, including a telephone and computer. Work space at individual practice sites will be designated by preceptors. Residents will be given an email address and will be expected to read and respond to messages on a daily basis.

### Photocopy Privileges

Residents may use the copiers located in each department for no charge. Copies made through the audiovisual department will be billed to the residency program account.

### Employee Wellness Program

Residents are provided membership to the facility's fitness center. Fitness center is open seven days a week. Free health screenings are offered yearly. Residency may participate in the hospital's wellness program.

### Health/Dental/Life Insurance

Coverage is available for the resident and family at the beginning of the month after employed at Deaconess for 30 days. Exact details are provided by human resources. If the resident elects to participate, the cost of the insurance will be automatically deducted from your pay.

### Resident Professional and Academic Record

Residents are required to complete an academic record and provide a copy to the RPD.

## **Requirements for Postgraduate Year One Pharmacy Residency**

### Successful Completion of Residency

Successful completion of the PGY1 Pharmacy Residency requires a full 12-month work commitment, which is expected to be a continuous 12-month period of time. To complete the program, the Residency requires 100% of all goals in Required Competency Areas 1,2 and 4 to be marked as Achieved and requires 100 % of all goals in Required Competency Area 3 and Elective Competency Area 5 to be marked as Satisfactory Progress or Achieved.

### Requirements to Receive a Program Certificate

1. A full 12 month work commitment starting July 1<sup>st</sup> to June 30<sup>th</sup>.
2. Licensure as a pharmacist.
3. All goals and objectives in Required Competency Areas 1,2 and 4 to be marked as Achieved.
4. All goals and objectives in Required Competency Area 3 and Elective Competency Area 5 to be marked as Satisfactory Progress or Achieved.
5. Complete all requirements on the checklist
6. Complete residency project.
  - a. Present project at ASHP Midyear Clinical meeting
  - b. Present project at Great Lakes Regional Residency Conference.

The RPD will be responsible for marking goals as met for the program as well as updating the requirements of the checklist for each at least quarterly.

### Hospital Staffing

The residents will be staffing every 3<sup>rd</sup> weekend

- Friday evening from 3:30pm to 9:00pm at either Midtown or Gateway
- Saturday and Sunday– an eight-hour shift each day
- The resident will be scheduled to work a shift with another licensed Pharmacist. At the beginning of the residency year, each resident will be oriented to the operations role. Toward the end of the year, the resident will work a more-clinically focused shift.

The resident will also be required to staff an 8-hour shift on each of the following:

- Thanksgiving Day and the day after Thanksgiving or a Christmas holiday shift
  - It is expected that two residents will work Thanksgiving and the day after and two other residents will work one Christmas holiday shift
- 5 weekdays between the week of Christmas and New Year's Day
- A New Year's shift- will be designated as New Year's eve or New Year's day
- 1-2 weekday during the project week during Spring Break

The resident cannot take PTO/vacation during the assigned staffing periods.

The residency year is intended to be an intense year of learning. The residents are required to be on site at least 40 hours a week, however time commitments including working on projects at home, may exceed this. ASHP duty hours will be followed. This is in addition to the scheduled staffing shifts assigned.

### Teaching Responsibilities

The resident is required to present at least:

- Two 1-hour lectures (one of the 1-hour lectures can be two 30-minute lectures)
- An ACLS Pharmacist competency (each resident presents ½ of the competency) which is presented after completion of ACLS certification.

The 1-hour lectures must be presented to either the Residency Director, Residency Coordinator, Drug Information preceptor, or a preceptor designated by the Residency Director at least 3 days before the presentation will be delivered.

One Hour Lectures: Possible teaching opportunities didactic lecture at a university, lecture for continuing education conference, Grand Rounds, Medical Resident Noon Conference, or other lecture opportunities throughout the year. Formal lectures must be completed by April 30<sup>th</sup> to allow these experiences to be included in the teaching certificate requirements.

Other teaching opportunities: Residents may also assist in precepting APPE Pharmacy students upon request.

The purpose of these activities is to foster development of and refine the resident's communication skills, to build confidence and to promote the effectiveness of the resident as a teacher. These requirements also align with the requirements of the teaching certificate.

#### Residency Project

Each resident will be required to complete a residency project to be presented in poster format at December's ASHP Midyear Clinical Meeting, presented at Great Lakes Regional Pharmacy Resident Conference, and prepared as a manuscript acceptable for publication. It is recommended that the manuscript be submitted to a peer-reviewed journal for publication. This project will consist of choosing a research topic of interest to the resident by the end of August from a list compiled by resident preceptors. Exceptions to this date determined on a case by case basis. The project will be directed toward improving pharmacy practice and will involve compiling data, performing extensive literature review, performing statistical evaluations, and reporting conclusions. IRB approval will be obtained if appropriate.

#### ASHP Midyear Clinical Meeting

Residents are expected to attend the ASHP Midyear clinical meeting in December. The purpose for attending the meeting is to begin the interview and job search process, to recruit future residents to the program, to represent Deaconess Hospital, Inc at designated functions, and to present at the resident poster session. It is mandatory that the resident be present for the entire residency showcase to represent our system and that the resident be present for his/her poster presentation. Any conflicts of time which will cause the resident to be absent from the residency showcase must be discussed with the Residency Director in advance. Residents will be reimbursed according to the Deaconess Hospital, Inc travel reimbursement policy that will include travel to and from meeting, meeting registration, and lodging. Residents are required to present information learned at ASHP Midyear to the Residency Team.

#### Great Lakes Pharmacy Resident Conference (GLPRC)

Residents from states in the Midwest (Indiana, Illinois, Michigan, Wisconsin, Ohio and Kentucky) are invited to formally present the results of their residency project at the GLPRC. The conference is held at Purdue at the end of April. Abstracts are due in February. The conference is an excellent opportunity to meet other residents and preceptors from the Midwest states and to gain experience making scientific presentations. Presentation of the residency project at the GLPRC is required for the completion of the residency. The resident will be reimbursed for travel/lodging expense.

#### On Call Coverage

On call coverage is not required by pharmacy residents of Deaconess Hospital, Inc.

#### P,T & D Attendance

The resident will be required to attend the Pharmacy ,Therapeutics and Diagnostics (P,T &D) meetings and prepare the newsletter by equally dividing the work to prepare the document.

#### Compliance

The resident must follow the Deaconess Hospital, Inc Standards of Performance, ASHP Best Practice standards, and all hospital policies and procedures in all operations. The resident is expected to meet all compliance and legal regulations (e.g. JCAHO, HFAP, HIPPA, Indiana State Board of Health, Indiana and Federal Pharmacy Law requirements).

**REQUIREMENTS TO COMPLETE PGY1 RESIDENCY PROGRAM AT  
DEACONESS HOSPITAL, INC**

<b>REQUIREMENT</b>	<b>PLACE ✓ OR DATES</b>
Chooses mentor by August 1st	
Obtain Indiana Intern License to cover from start date to licensure if needed	
Obtains Indiana Pharmacist license as set forth by Policy	
Completes orientation and submits orientation checklist by the end of the rotation	
<ul style="list-style-type: none"> <li>• 100% of Required Competency Areas 1,2 and 4 marked as Achieved</li> <li>• 100% of all goals in Required Competency Area 3 and Elective Competency Area 5 to be marked as Satisfactory Progress or Achieved</li> <li>• Completes and passes all required learning experiences</li> <li>• Completes and cosigns all required evaluations within 7 days</li> <li>• Completes all Pharmacademic requirements/documentation</li> <li>• Completes a quarterly resident developmental plan</li> </ul>	
Attends ASHP Midyear clinical meeting <ul style="list-style-type: none"> <li>• Presents poster of residency project</li> <li>• Participates in residency booth recruiting for entire block</li> <li>• Provides summary to staff of sessions attended and information learned</li> </ul>	
Presents residency project to staff/preceptors	
Presents residency project at Great Lakes	
Submits a manuscript to director and coordinator 2 weeks prior to residency program end date	
Becomes certified in BLS, ACLS, and PALS	
Completes and presents to PT&D an MUE	
Prepares and presents 1 PT&D formulary monograph	
Attends PT&D and writes PT&D newsletter with co-resident monthly	
Presents at least two 1-hour lectures (a 1 hour lecture can consist of two 30-minute lectures) by April 30 <sup>th</sup> ----Teaching experience #1	
Presents at least two 1-hour lectures (a 1 hour lecture can consist of two 30-minute lectures) by April 30 <sup>th</sup> ---Teaching experience #2	
Develops 1 pharmacy competency	
Presents 3 journal clubs or case presentation	
Attends Pharmacy Strategic Planning Day (unless excused absence)	
Attends meeting with RPD at least quarterly	
Maintains good standing with the department with adherence to all P&Ps	
Completes required staffing	
Completes residency in a continuous 12-month period (unless arrangements made with RPD)	
Runs 1 Staff Meeting	
Runs 1 Residency Meeting	

All requirements must be met and deemed satisfactory by the RPD and pharmacy director. Once completion of the requirements have been documented, an ASHP program certificate will be awarded to the residents. Deviations from the checklist require approval from the RPD.

**RESIDENTS ARE ALLOWED 5 ELECTIVES**

<b>Experiences</b>	<b>Type</b>
Orientation	6 week required
General Medicine	7 week required
Cardiology	4 week required
Critical Care	6 week required
Infectious Disease	4 weeks required
ASHP Midyear Clinical Meeting	1 week required
Great Lakes Residency Conference	3 days required
Residency Project	12 month required longitudinal
Staffing	10 ½ month longitudinal required (after Orientation)
Practice Management/Drug Information	~11 month required longitudinal
Medication Safety/Medication Events	6 month required longitudinal
Medication Safety/Adverse Drug Reactions	6 month required longitudinal
Project data collection	1 week (spring break week with some staffing)
PTO time	20 days total
Administration	4 week elective
Advanced General Medicine	4 week elective
Ambulatory Care	4 week elective
Nephrology	4 week elective
Oncology	4 week elective
Neuro Critical Care	4 week elective
Pediatrics/NICU (Gateway and Women's Hospital)	4 week elective

## **Resident Remediation Action Plan**

Residents are expected to conduct themselves in a professional manner, to follow all pertinent Deaconess Hospital, Inc policies, and to progress through the learning plan designed by the residency program.

Appropriate disciplinary action will be taken if a resident:

1. Fails to present him/herself in a professional manner
2. Does not follow policies and procedures of the Deaconess Hospital, Inc
3. Does not make satisfactory progress on any of the residency goals and objectives (not to be determined by one rotation evaluation, but rather in a global sense as determined by the Residency Program Director)
4. Does not make satisfactory progress towards the completion of a residency requirements
5. Commits plagiarism (this is grounds for termination)

### Steps for Remediation Action Plan

1. When the need for remediation or discipline arises, the involved preceptor and Residency Program Director will discuss the issue with the resident. In conjunction with the resident, the Residency Program Director will determine an appropriate solution to rectify the behavior, deficiency, or action. The plan will spell out the actions or remediation to correct the underlying problem and establish a re-assessment time.
2. If the remediation plan does not yield satisfactory results as agreed upon or another deficiency, behavior, or action warrants attention, the following steps will be taken:
  - If satisfactory progress is being made, but identified need for remediation is not completely resolved, the preceptor and Residency Program Director can consider a second remediation plan. It is expected that the behavior, action, or progress will be corrected after the second action plan. If this does not occur, the residency team will determine the next steps which may include termination from the program.
3. If satisfactory progress is not made, the involved preceptor(s) plus the Residency Program Director will discuss the issue with the resident. If the resident continues to fail in their efforts to meet the objectives or requirements of the program or it is determined that the resident will not complete the program in the normal time frame, the Residency Program Director will meet with the Residency Team to plan remedial work or termination from the program.
3. Documentation of remediation plans and outcomes will be placed in the resident's file.



**PLAN FOR DISCIPLINARY ACTION**

Step 1 or Step 2

Date: \_\_\_\_\_

Rotation: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Residency Program Director: \_\_\_\_\_

**Description of action requiring remediation:**

**Action Plan to rectify the behavior, deficiency, or action**

Signature Required	Agreement with Action Plan
Resident	
Preceptor	
Residency Program Director	

**Follow-up**

Date: \_\_\_\_\_

Outcome:

Signature Required	Agreement with Resolution or Plan
Resident	
Preceptor	
Residency Program Director	

Resolved: Yes or No If no, complete Step 2 plan for disciplinary action

**An ASHP Entering Resident Interest Form and Objective-Based Self-Evaluation will be completed in PharmAcademic. These entering resident documents will be utilized for an initial resident developmental plan completed within 30 days of hire and updated quarterly. The Resident Developmental Plan will be shared with all preceptors quarterly and reviewed at a Residency Team Meeting. .**

RESIDENT DEVELOPMENTAL PLAN

Entering Resident Interests	Initial Development Plan & Program Adjustments	1 <sup>st</sup> Quarter Updates	2 <sup>nd</sup> Quarter Updates	3 <sup>rd</sup> Quarter Updates

- A. Electives Chosen including changes to practice interests:
- B. Goals/Objectives (Achieved for Residency vs Not Achieved for Residency; ACH vs SP vs NI goals and objectives)
- C. Rotation Project Updates:
- D. Residency Project Update:
- E. Review Required Checklist:
- F. Career Goals once PGY1 completion:
- G. Assessment of Well-being and resilience:

## Assessment Strategy

### ASSESSMENT STRATEGY

(all assessments are completed via PharmAcademic)

#### Definition of terms used on assessments

When a preceptor or resident completes a formative or summative assessment, a consistent definition will be used for the criteria used to assess resident's performance:

**Needs Improvement:** Resident is not performing at the expected level for that particular time. Significant improvement is needed.

- Requires direct instruction the majority of the time. Frequently requires assistance, direct supervision, guidance, intervention or prompting in order to complete objectives.
- Requires some/minimal direct instruction but requires modeling the majority of the time or relies heavily on preceptor coaching.
- Frequently is unable to retain and incorporate information taught.
- Unable to ask appropriate questions to supplement learning.
- Fails to complete most tasks in a time appropriate manner or fails to complete tasks sufficiently despite instruction
- Acts unprofessionally or with repeat negative attitude.
- Fails to incorporate feedback.
- Makes questionable, unsafe or non-evidence based recommendations.

Preceptor Action: Documented criteria must be provided in PharmAcademic with direction on how the resident should improve their performance. Presence of one or more of the above is sufficient to mark needs improvement

**Satisfactory Progress:** Resident is performing and progressing at a level that is expected. May requires skill development over more than 1 rotation.

- Requires some modeling but majority of preceptor involvement is coaching or facilitation.
- Requires some supervision, guidance, intervention or prompting to complete objectives.
- Is able to retain and incorporate most information taught.
- Asks appropriate questions some of the time.
- Completes tasks in a timely manner with limited prompting
- Acts professionally
- Incorporates feedback with minimal prompting
- Makes appropriate, safe, evidence based recommendations with limited preceptor prompting or intervention.

Preceptor Action: The preceptor is required to document criteria based qualitative comments in PharmAcademic that are specific and actionable as to what the resident has done well and what areas to improve upon.

**Achieved:** Resident can perform activity independently for the earning experience.

- Minimal or limited modeling or direct instruction required. Resident operates nearly autonomously with some input from preceptor (coaching), which is largely resident-initiated.
- Consistently makes appropriate, safe, evidence based recommendations on an independent basis.
- Independently and competently completes assigned tasks.
- Acts professionally.
- Consistently incorporates feedback and shows ownership of actions.
- Minimal supervision needed.

Preceptor Action: The preceptor must document criteria based specific examples within Pharmacademic to justify achievement.

Preceptors and residents must demonstrate the ability to provide criteria-based feedback and evaluation of resident performance.

- For each objective evaluated, the evaluation will explain successes and will list examples of how the resident met the objective.
- For each objective evaluated, the evaluation will also list areas needed to improve.
- It may be appropriate to mark the objective as achieved even if there are identified areas of improvement needed.
- All evaluations, with the exception of formative evaluations, will be completed and cosigned in Pharmacademic within 7 days of the end of a rotation or the end of assignment.

#### Preceptor Orientation and Evaluation of Resident's Attainment of Goals/Objectives

- Preceptors will provide appropriate orientation to the learning experience which includes a review of goals/objectives, learning activities and expectations.
- Preceptors will provide ongoing, criteria-based feedback throughout each learning experience to assist skill development. Feedback should be documented in Pharmacademic.
- Formative Evaluations will be required for each rotation. The preceptor may also utilize the Feedback section of Pharmacademic to provide Feedback to the resident.
- All preceptor evaluations will be completed within 7 days in Pharmacademic.
- A summative evaluation for the resident will be completed at the end of each learning experience. For longitudinal rotations summative evaluations will be completed quarterly.
- The evaluating preceptor will include the oncoming preceptor to attend the resident evaluation session to provide continuity between learning experiences.

#### Resident's Self-Evaluation

- Residents will complete the same summative evaluations required by the preceptor.
- Evaluations will be completed within 7 days in PharmAcademic and discussed with preceptors.

#### Resident's Evaluation of the Preceptor and Learning Experiences

- Residents will complete within 7 days a preceptor evaluation for each preceptor and a learning experience evaluation in PharmAcademic at the end of each learning experience. Evaluations will be discussed with preceptors. Evaluations of the preceptor must provide constructive comments. Evaluations without feedback will be returned to the resident for additional comments.

### **QUALITY IMPROVEMENT ACTIVITIES FOR PROGRAM**

During the last month of the program, the resident, program director and preceptors will meet to reflect and assess the program. Changes or improvements to the program will be discussed as well as program outcomes. Planning for the next residency year will occur during this meeting. The Residency Committee will update their records to track the progress of the graduates of the program including first year post-residency position(s), change in employment, achievement of board certification, etc.

Rotation	Preceptor Summative Evaluation of Resident	Resident Summative Self-Evaluation	Resident Evaluation of Preceptor and Learning Experience	Preceptor Formative Evaluations
<b>LONGITUDINAL</b>				
Pract Mgmt/ Drug Info	Quarterly	Quarterly	End of Rotation	Ongoing Self-Assessment (OBJ 3.2.1) Personal/interpersonal skills (OBJ 3.2.2)
Staffing	Quarterly	Quarterly	End of Rotation	Document Patient Care Plans (OBJ 1.2.3) Manage Process Preparing/Dispensing (OBJ R1.3.3)
Medication Safety/Medication Events	Quarterly	Quarterly	End of Rotation	Identifying opportunities for improvement of the medication use system (OBJ 2.1.3) Participate in medication event reporting and monitoring (OBJ 2.1.4)
Medication Safety/Adverse Drug Reactions	Quarterly	Quarterly	End of Rotation	Identifying opportunities for improvement of the medication use system (OBJ 2.1.3) Participate in medication event reporting and monitoring (OBJ 2.1.4)
Residency Project	Quarterly	End of Rotation	End of Rotation	
<b>REQUIRED</b>				
General Medicine	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)
Orientation	End of Rotation	End of Rotation	End of Rotation	Prepare/Dispense Meds per Policy (OBJ R1.3.1) Provide Oversight of Dispensing (OBJ R1.3.3)
Critical Care	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)
Infectious Disease	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)
Cardiology	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)
<b>ELECTIVE</b>				
Administration	End of Rotation	End of Rotation	End of Rotation	Explain Factors of Pharmacy Needs (OBJ R3.1.1)

				Demonstrate Personal Skills (OBJ R3.2.2)
Advanced General Medicine	End of Rotation	End of Rotation	End of Rotation	Written Communication (OBJ R4.1.2) Implement Care Plans (OBJ R1.1.4)
Ambulatory Care	End of Rotation	End of Rotation	End of Rotation	Follow Up (OBJ R1.1.5)
Nephrology	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)
Neuro Critical Care	End of Rotation	End of Rotation	End of Rotation	Collect Information about the Patient (OBJ R1.1.1) Implement Care Plans (OBJ R1.1.4) Identify Med Needs (OBJ R1.1.6) Code Blue (E5.1.1)
Oncology	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)
Pediatrics/NICU	End of Rotation	End of Rotation	End of Rotation	Implement Care Plans (OBJ R1.1.4) Follow Up (OBJ R1.1.5) Identify Med Needs (OBJ R1.1.6)

## **Administrative Rotation**

Deaconess Hospital, Inc

### **Preceptors:**

Brian Spencer, PharmD, BCPS  
Pharmacy Director

### **General Description:**

This 4 week course is designed to provide the resident with a background in the administration of pharmaceutical services across an integrated health system. The resident will be actively involved in administrative practices including leadership, budget, supply chain management, human resource management, and project management. The resident will work alongside each department supervisor in his or her area of expertise: inpatient operations, inpatient clinical care, ambulatory care, and regulatory. This will provide an opportunity for the resident to fully understand how the department functions, as well as learn from multiple management styles.

### **Practice Area:**

Inpatient and outpatient administrative roles at Deaconess Midtown, Deaconess Gateway, and Oncology including operations, clinical pharmacy, ambulatory care, and oncology services.

### **Role of Pharmacist in this Practice Area:**

The pharmacist will hire, train, discipline, evaluate, and terminate staff as needed; complete budgeting; strategically plan according to the goals of the organization; and manage projects.

### **Expectations of Residents:**

Residents are expected to:

- Attend all internal and external meetings with preceptor as applicable and complete follow-up as needed.
- Read journal articles/books and come prepared for discussions.
- Maintain confidentiality and privacy of personnel issues and other confidential matters that are encountered during the rotation.
- Complete a project that meets a business need of the organization/department by given deadline.



Week 1 – Operations

- Lead daily huddles
- Complete daily metrics and report out
- Attend internal and external meetings with preceptor as applicable and complete follow-up as needed.
- Read journal articles/books and come prepared for discussions.
- Maintain confidentiality and privacy of personnel issues and other confidential matters that are encountered during the rotation.
- Complete a project that meets a business need of the organization/department by given deadline.

Week 2 – Inpatient Clinical

- Lead daily huddles
- Complete daily metrics and report out
- Attend internal and external meetings with preceptor as applicable and complete follow-up as needed.
- Read journal articles/books and come prepared for discussions.
- Maintain confidentiality and privacy of personnel issues and other confidential matters that are encountered during the rotation.

Week 3 – Regulatory

- Lead daily huddles
- Complete daily metrics and report out
- Attend internal and external meetings with preceptor as applicable and complete follow-up as needed.
- Read journal articles/books and come prepared for discussions.
- Maintain confidentiality and privacy of personnel issues and other confidential matters that are encountered during the rotation.

Week 4 – Ambulatory

- Complete daily metrics and report out
- Attend internal and external meetings with preceptor as applicable and complete follow-up as needed.
- Read journal articles/books and come prepared for discussions.
- Maintain confidentiality and privacy of personnel issues and other confidential matters that are encountered during the rotation.

**Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R3: Leadership and Management</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services</b>	
<b>Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning</b>	<ul style="list-style-type: none"><li>● Review productivity report and identify causes for deviation.</li><li>● Participate in weekly and monthly pharmacy management meeting.</li><li>● Discuss with Director of Pharmacy the departments strategic and operational plan.</li><li>● Review monthly budget trend report and identify causes for deviation from budget forecast.</li><li>● Describe difference between pharmacy costs, charges, revenue and reimbursement</li><li>● Discuss with Pharmacy Business Manager departments fiscal responsibilities including inventory control, drug shortage issues, budget process, productivity, and FTE justification.</li></ul>

	<ul style="list-style-type: none"> <li>• Participate in recruitment, interviewing, and onboarding of new employees.</li> <li>• Understand importance of personnel orientation, training, checklists, evaluations, and coaching</li> </ul>
<b>Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment</b>	<ul style="list-style-type: none"> <li>• Describe the organizational chart for the health system and importance of each role.</li> <li>• Evaluate the quality metrics and understand the importance of reporting</li> <li>• Identify resources that will assist in staying current on pharmacy and health system trends</li> <li>• Discuss with Pharmacy Business Manager and Pharmacy Director various sources of revenue for pharmacy department and risk of revenue take back, medicare cuts, value based purchasing, and quality incentives.</li> <li>• Discuss with preceptor fee for service, full capitation, and shared risk reimbursement models.</li> <li>• Discuss with preceptor Deaconess Accountable Care Organization and strategic plan related to population health management</li> <li>• Attend RAC meeting and participate in RAC or regulatory audit if one presents during the rotation.</li> <li>• Review charge master policy and discuss with preceptor risk of non-compliance and past audits.</li> <li>• Review REMS policy and discuss with preceptor</li> <li>• Participate in RAC or regulatory audit if one presents.</li> </ul>
<b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement</b>	
<b>Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement</b>	<ul style="list-style-type: none"> <li>• Review book "The 7 Habits of Highly Effective People."</li> <li>• Review literature and books discussing various leadership styles and discuss with preceptor</li> </ul>
<b>Objective R3.2.2 (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</b>	<ul style="list-style-type: none"> <li>• Be a role model for profession and the department in the way you appear, act and perform.</li> <li>• Run a meeting by setting an agenda, leading the meeting, and completing meeting minutes</li> <li>• Assist in contract negotiations if available during rotation or discuss contract negotiations with preceptor</li> <li>• Contribute to a multi-disciplinary team by attending meeting (s), providing input and following up as needed</li> </ul>
<b>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.</b>	<ul style="list-style-type: none"> <li>• Represents pharmacy as an integral member of the healthcare team.</li> <li>• Demonstrates professionalism through appearance and personal conduct.</li> </ul>

	<ul style="list-style-type: none"> <li>• Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.</li> <li>• Develop project timeline with tasks if applicable to project</li> <li>• Discuss importance of work delegation</li> <li>• Explain importance of networking and how it has helped achieve a goal in a current project</li> <li>• Explain techniques to assist in maintaining a work-life balance</li> </ul>
<p><b>Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.</b></p>	<ul style="list-style-type: none"> <li>• Develops personal vision and action plan for ongoing professional engagement.</li> <li>• Explain importance and discuss opportunities to stay involved with professional organizations.</li> <li>• Attend conference call with Pharmacy Director for pharmacy advisory group and complete all necessary follow-ups as applicable</li> </ul>

**Evaluation to be Completed:**

- Two formative evaluations will be conducted throughout the rotation.
- A summative evaluation will be completed at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.

## **Advanced General Medicine Rotation**

Deaconess Hospital, Inc

### **Preceptor:**

Christina Ward, PharmD, BCPS

Lindsey Lendy, PharmD, BCPS

### **General Description:**

This 4-week course is designed to give the resident an in-depth experience in internal medicine. This rotation will include deeper exploration into therapeutic topics, daily attendance to the Family Medicine and/or Hospitalist inpatient rounding service, and opportunity to co-precept sixth year pharmacy students on various rotations. The resident will be expected to review patients and interventions with preceptor, as necessary, while transitioning to complete pharmacist care and documentation. If choosing to co-precept, the resident will coordinate with co-preceptor to design rotation calendar, lead/participate in topic discussions, review student consults and participate in the evaluation process.

### **Practice Area:**

Inpatient renal, surgery, oncology, cardiology, orthopedic, neurology and pulmonary units at Midtown and Gateway

### **Role of Pharmacist in this Practice Area:**

The pharmacist verifies orders, completes patient consults, performs chart reviews to maximize evidence-based recommendations during multi-disciplinary rounding, reviews targeted medications and the need for hepatic/renal dose adjustments per the scoring list, educates patients as needed and provides drug information to staff.

### **Expectations of Residents:**

The resident will either round with a hospitalist or the family medicine team daily or participate in multi-disciplinary rounds, serving as the clinical pharmacist for the hospital unit they cover. They will prepare and lead topic discussions, complete one project and one final presentation (journal club vs case presentation) and help precept sixth year pharmacy students, if desired.

### **Required Attendance**

- Residents will be required to prepare for and attend multidisciplinary rounds as they occur on their assigned unit (daily at 1100 for Gateway units and daily at 1000 for Midtown units).
- Residents will be required to review patients with the preceptor or a designated pharmacist daily.

### Required Responsibilities and Projects

- Residents will be expected to assume complete responsibility for pharmacy services for the patients in their assigned unit or patients they are rounding on with a physician or team. Residents will perform all roles of the pharmacist in their practice area.
- Residents will be required to lead a minimum of 6 topic discussions. Residents are expected to be prepared for topic discussions to a sufficient depth of knowledge to be able to lead the discussion of the topic. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed.
- Residents will be required to present at least 1 formal presentation (journal club or case presentation).
- Residents will be required to complete at least 1 assigned project.
- Residents choosing to co-precept sixth year pharmacy students will lead and facilitate topic discussions, review student consults and participate in the evaluation process with the student's primary preceptor.

### Expected Progress of the Resident

Week 1: Observe preceptor in role early in the week completing consults, chart reviews and multidisciplinary rounds. The resident will perform chart reviews and be prepared to round on at least 10 patients, complete half of their unit's consults and scoring list and provide any teachings or admission/discharge medication reconciliations required.

Week 2: Resident will complete all consults, scoring list flags, chart reviews, and participate in multidisciplinary rounds for their assigned unit with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Resident will perform all roles of the pharmacist in the practice area as previously stated.

Weeks 3-4: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently.

### Educational Goals and Objectives Assigned with associated learning activities

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"><li>• Organize pertinent patient data utilizing hospital electronic medical record for daily rounding and completion of consults</li><li>• Identify areas for pharmacy involvement at Family Medicine/Hospitalist rounds through clinic time and review of patients</li></ul>
<b>Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall</b>	<ul style="list-style-type: none"><li>• Examine medication regimens for designated patients</li><li>• Distinguish indications for all current and prior to admission medications</li></ul>

<b>health goals.</b>	<ul style="list-style-type: none"> <li>• Identify adverse drug reactions, therapeutic duplications, and drug dosing appropriateness</li> <li>• Identify patient specific variables that could impact adherence</li> <li>• Organize and present designated patients to the preceptor or member of the interdisciplinary team</li> </ul>
<b>Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Construct plans utilizing guidelines when performing consults, reviewing patient specific regimens, and managing designated patients</li> <li>• Design therapeutic regimens that reflect consideration of best evidence, ethical issues, and comorbid disease states</li> </ul>
<b>Objective R1.1.4 (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Effectively execute communication of plan and necessary monitoring to healthcare team</li> </ul>
<b>Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Effectively discuss changes in care and recommendations made to the healthcare team</li> <li>• Prepare follow-up plan, making adjustments as clinically appropriate</li> </ul>
<b>Objective R1.1.6 (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to communicate relevant patient information with other healthcare providers (DHME, Select, ICU pharmacists, etc.) as appropriate</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Demonstrate a collaborative professional working relationship with other members of the healthcare team (Family Medicine and/or Hospitalist daily rounding teams)</li> </ul>
<b>Objective R1.2.2 (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to form a professional yet courteous relationship with patients, family members, and caregivers encountered as part of Family Medicine or Hospitalist rounds</li> </ul>
<b>Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to appropriately document pharmacy consults/progress notes, patient education, medication reconciliation, and pharmaceutical recommendations in the medical record</li> <li>• Demonstrate ability to document all adverse events and medication events in electronic reporting system</li> <li>• Demonstrate ability to utilize I-vent system for all consults and interventions</li> </ul>

<b>Competency Area R4: Teaching, Education, and Dissemination of Knowledge</b>	
<b>Goal R4.1: Provide effective medication and practice-related education.</b>	
<b>Objective R4.1.1 (Creating) Construct educational activities for the target audience.</b>	<ul style="list-style-type: none"> <li>• Prepare topic discussions to effectively educate pharmacy students</li> <li>• Prepare a formal presentation for pharmacy staff and/or family medicine residents</li> </ul>
<b>Objective R4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b>	<ul style="list-style-type: none"> <li>• Outline major educational points via handout for formal presentation</li> <li>• Illustrate ability to create a thorough and well-organized Powerpoint presentation to educate audience during presentations</li> </ul>
<b>Objective R4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to provide effective patient education as necessary</li> <li>• Execute a formal presentation for pharmacy staff and/or family medicine residents</li> <li>• Relate current patients to topic discussions when teaching students</li> </ul>
<b>Objective R4.1.4 (Evaluating) Assess effectiveness of educational activities for the intended audience.</b>	<ul style="list-style-type: none"> <li>• Interpret student understanding of topic discussion material via questioning and patient examples/cases</li> <li>• Use the teach-back method for patients as appropriate</li> </ul>
<b>Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.</b>	
<b>Objective R4.2.1 (Evaluating) Employ appropriate preceptor role for a learning scenario.</b>	<ul style="list-style-type: none"> <li>• Identify most appropriate preceptor role (instructing, modeling, coaching, facilitating) when co-precepting students, reviewing student consults, leading topic discussions, counseling patients and presenting education to pharmacy/medical staff</li> <li>• Choose and employ the most appropriate preceptor role (instructing, modeling, coaching, facilitating) when co-precepting students, reviewing student consults, leading topic discussions, counseling patients and presenting education to pharmacy/medical staff</li> </ul>

**Evaluation to be Completed:**

- Two formatives will be completed by the resident and preceptor during the rotation as well as one summative evaluation at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.
- A preceptor evaluation and a learning experience evaluation will be assigned to the resident at the end of the rotation.

## **Ambulatory Care Rotation**

Deaconess Hospital, Inc

### **Preceptors:**

Melissa Merkel, PharmD, CACP

Andrea Michel, PharmD, BCACP

### **Description:**

This 4 week elective rotation will provide experience in the Deaconess Anticoagulation Clinic (DAC), Medication Therapy Management (MTM) Clinic, and Deaconess Family Medicine Resident (DFMR) clinic. The resident will gain detailed knowledge in anticoagulation management and perform ambulatory comprehensive medication reviews and medication therapy management (MTM) services. The resident will develop skills to monitor and evaluate drug therapy and response, effectively communicate with other health care providers, recommend appropriate anticoagulation therapies, integrate drug and patient related information, seek and review anticoagulation-related information, and provide effective and complete patient education.

### **Practice Area:**

This rotation will be primarily located at the Midtown Specialty clinic at 310 Iowa St, but the resident may spend time at our other location at Gateway MOB 2, suite 1300.

### **Role of Pharmacist in this Practice Area:**

In the anticoagulation clinic, the pharmacist primarily cares for patients taking warfarin. He/She performs point-of-care INR testing, evaluates patient responses to questions pertinent to warfarin therapy to appropriately assess and determine a plan of care. The pharmacist instructs patients on his/her warfarin dosing, when to return to clinic for reevaluation, and educates patients as needed. Patients may be referred for DOAC education which the pharmacist will also complete.

In the medication therapy management clinic, the pharmacists work with patients as part of the healthcare team to monitor and reach disease state goals, reduce medication cost, improve adherence and identify gaps in care. At each visit, the pharmacist will provide a complete medication reconciliation, obtain weight, HR and BP, A1c (if applicable), counsel on medications, assess adherence and access to medications and start/adjust/recommend evidence based medication regimens. At the end of each visit, a note is sent to the provider with a summary of the visit details.

The pharmacist will also work collaboratively with the Deaconess Family Medicine Resident program to provide evidence-based medication recommendations, monitoring parameters, and health maintenance markers. They will discuss chronic disease state clinical



pearls to optimize care for each of their patients scheduled in clinic. The pharmacist will also provide recommendations to reduce medication cost, improve adherence, and simplify drug regimens when able.

### **Expectations of Residents:**

By the end of this rotation, residents should be able to complete a DAC established patient clinic visit and the majority of the documentation within the 20 minute visit interval. During the first half of the rotation, the resident will focus on clinical knowledge and decision making skills and work to incorporate this with running an entire visit. During the second half of the rotation, residents will be expected to run the entire visit on his or her own, including checking POC INR, vitals, and asking all pertinent questions to enable the resident to make a dosing and monitoring plan. Residents will also be expected to schedule and lead topic discussions with anticoagulation students independently (if available).

For MTM patients, the resident must review the patient's chart for pertinent data to provide a full medication assessment and then present and discuss the patient with the preceptor at least one day before the clinic visit. The residents will gradually conduct the entire comprehensive medication review and/or MTM visit as well as complete all required documentation associated with the visit on same day.

- Week 1: Observe preceptor in role, understand MTM protocols, review and remember motivational interviewing principles, look up schedule and perform chart reviews and discuss pre-visit reviews with preceptor
- Week 2: Resident will demonstrate full analysis of patient information/chart to preceptor in pre-visit session, engage with patient applying open ended questions and motivational interview techniques, begin to develop documentation in Epic during visit and execute documentation of full note for all patients seen, train on and understand POC A1c technique
- Week 3: Resident will analyze patient information at pre-visit review with little preceptor input, design drug therapy recommendations and support/defend plan to preceptor at pre-visit session, create full ambulatory note in Epic with preceptor signature by end of clinic day, apply motivational interviewing to patient interactions, and own any required follow up with continued input from preceptor
- Week 4: Resident will independently perform and present pre-visit look ups to preceptor, formulate and support pharmacotherapy recommendations via MTM protocols and EBM to patient and physician, defend and/or reconstruct plan during visit, as needed, to patient, devise plan with patient input to design patient-focused/accepted goals, independently interact with patient and chart with little input from preceptor. Resident will also perform MD follow up without preceptor intervention

**Educational Goals and Objectives Assigned with Associated Learning Activities**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<p><b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b></p>	<ul style="list-style-type: none"> <li>• Use Epic to collect relevant information to prevent, detect, and resolve medication-related problems and to make informed evidence-based, patient-centered medication therapy recommendations</li> <li>• Evaluates medication list and medication-use history for prescription and nonprescription medications</li> <li>• Integrate effective communication techniques in interviews with patients, caregivers, health care professionals, or others so that the patient-specific information needed by the pharmacist for evidence-based, patient-centered care is collected</li> <li>• Measure patient vital signs and use appropriate physical assessment skills</li> <li>• Perform point-of-care testing when applicable</li> <li>• Collects relevant health data including medical and social history, health and wellness information, laboratory and biometric test results, physical assessment findings, and pharmacogenomics and pharmacogenetic information, if available.</li> <li>• Determines patient lifestyle habits, preferences and beliefs, health literacy, health and functional goals, socioeconomic factors, and/or other health-related social needs that affect access to medications and other aspects of care.</li> <li>• Use Epic to organize and review patient data and potential interventions with the preceptor at least one day before the clinic visit. This includes stating goals of therapy for specific disease states.</li> </ul>
<p><b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b></p>	<ul style="list-style-type: none"> <li>• Evaluate the patient's medication list in Epic and any recent physician or hospital visits for the presence of any inappropriate medications, adverse reactions, or drug interactions related to anticoagulation therapy</li> <li>• For warfarin treated patients, assess appropriateness of INR goal and duration of therapy at each visit using EBM based on patient's indication for anticoagulation therapy</li> <li>• Determine appropriateness, effectiveness, and safety of each medication.</li> </ul>

	<ul style="list-style-type: none"> <li>• Identify all opportunities for improvement in the patient’s medical therapy with a focus on evidence-based recommendations and cost-effective therapy.</li> <li>• Consider preventive health strategies as part of assessment.</li> <li>• Implement improvements in therapy if referral is for “Therapy Management” and make recommendations if referral is for “Review and Recommendations Only”</li> </ul>
<p><b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b></p>	<ul style="list-style-type: none"> <li>• Determine therapeutic plan for warfarin using EBM and patient specific characteristics</li> <li>• Determine appropriate return interval for INR monitoring using patient specific characteristics and EBM</li> <li>• Use patient data sheet to organize patient data and review patient data and potential interventions with the preceptor at least one day before the clinic visit. This includes stating goals of therapy for specific disease states.</li> <li>• Identify all opportunities for improvement in the patient’s medication therapy with a focus on evidence-based recommendations, preventive health strategies, and cost-effective therapy.</li> <li>• Include patient in shared decision making</li> <li>• Set realistic and measurable goals</li> <li>• Identify when a patient requires an alternate level or method of care.</li> <li>• Implement improvements in therapy if referral is for “Therapy Management” and make recommendations if referral is for “Review and Recommendation Only”</li> </ul>
<p><b>Objective R1.1.4: (Applying) Implement care plans.</b></p>	<ul style="list-style-type: none"> <li>• Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.</li> <li>• Ensures timely completion of prescriptions and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.</li> <li>• Answer all questions thoroughly and follow up with any questions unable to be answered during appointment</li> <li>• Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.</li> <li>• Engages the patient through education, empowerment, and self-management.</li> </ul>
<p><b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b></p>	<ul style="list-style-type: none"> <li>• Reassesses all medications for appropriateness, effectiveness, safety, and patient adherence through available health data,</li> </ul>

	<p>laboratory and biometric test results, and patient feedback.</p> <ul style="list-style-type: none"> <li>• Evaluates clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy.</li> <li>• Identifies appropriate modifications to the care plan.</li> <li>• Establishes a revised care plan in collaboration with other healthcare professionals, the patient, and/or caregivers.</li> <li>• Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant healthcare professionals, as appropriate.</li> <li>• Modifies schedule for follow-up care or referral as needed to assess progress toward the established goals of therapy.</li> <li>• Complete After Visit Summary and verbally review medication plan, INR result, timeline of changes, return visit date and location and any other pertinent information with patient and/or caregiver/family member prior to the end of the appointment</li> <li>• Determine appropriate follow up activity (appointment vs phone vs Epic reminder)</li> </ul>
<p><b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b></p>	<ul style="list-style-type: none"> <li>• Routinely identifies patients who are experiencing care transitions.</li> <li>• Effectively participates in obtaining or validating a thorough and accurate medication history.</li> <li>• Conducts a thorough and accurate medication reconciliation.</li> <li>• Identifies potential and actual medication-related problems.</li> <li>• Provides medication management, when appropriate.</li> <li>• Considers the appropriateness of medication therapy during care transitions.</li> <li>• Evaluates cost, availability, coverage, and affordability of medication therapy.</li> <li>• Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.</li> <li>• Provides effective medication education to the patient and/or caregiver.</li> <li>• Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.</li> <li>• Follows up with patient in a timely manner, as appropriate.</li> <li>• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.</li> </ul>

**Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.**

**Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.**

- Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care.
- Follows the organization’s communication policies and procedures.
- Demonstrates appropriate skills in negotiation, conflict management, and consensus building.
- Interacts collaboratively and respectfully.
- Advocates for the patient.
- Chooses an appropriate form of communication with team members based on type and urgency of information, recommendation, and/or request.
- Recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team clearly, concisely, persuasively, and timely.

**Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.**

- Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient-friendly language, language services, assistive technology, visual aids).
- Addresses communication barriers during telehealth interactions, as applicable.
- Interacts in a respectful, collaborative, empathetic, and personalized manner.
- Follows the organization’s communication policies and procedures.
- Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.
- Considers non-verbal cues and adjusts delivery, when needed.
- In addition to an oral summary, provides a written summary of recommended medication-related changes (After Visit Summary) and other pertinent educational materials and available resources, as appropriate.

**Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.**

- Selects appropriate information to document.
- Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.
- Documents in a timely manner.
- Follows the organization’s documentation policies and procedures.

	<ul style="list-style-type: none"> <li>• Documents appropriately to support coding, billing, and compensation.</li> <li>• Ensures security of Protected Health Information (PHI) throughout the documentation process.</li> </ul>
<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.</b>	<ul style="list-style-type: none"> <li>• Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers.</li> <li>• Prioritizes formulary medications, as appropriate.</li> <li>• Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests.</li> <li>• Considers appropriate formulary alternatives.</li> <li>• Ensures access to non-formulary products when formulary alternatives cannot be used.</li> </ul>
<b>Objective R1.3.2: (Applying) Participate in medication event reporting.</b>	<ul style="list-style-type: none"> <li>• Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).</li> <li>• Uses appropriate technology for reporting adverse drug events.</li> </ul>
<b>Competency Area R3: Leadership</b>	
<b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.</b>	
<b>Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.</b>	<ul style="list-style-type: none"> <li>• Uses principles of continuous professional development (CPD) planning (e.g., accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).</li> <li>• Sets realistic expectations of performance.</li> <li>• Engages in self-reflection of one's behavior, knowledge, and growth opportunities.</li> <li>• Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.</li> <li>• Demonstrates ability to use and incorporate constructive feedback from others.</li> <li>• Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.</li> <li>• Engages in self-evaluation by comparing one's performance to a benchmark.</li> <li>• Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.</li> <li>• Demonstrates self-motivation and a "can-do" approach.</li> </ul>

	<ul style="list-style-type: none"> <li>• Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.</li> </ul>
<p><b>Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</b></p>	<ul style="list-style-type: none"> <li>• Balances personal needs appropriately with the needs of the department and/or organization.</li> <li>• Demonstrates personal commitment to the mission and vision of the department and/or organization.</li> <li>• Demonstrates effective workload and time management skills.</li> <li>• Prioritizes and organizes all tasks appropriately.</li> <li>• Prioritizes appropriate daily activities.</li> <li>• Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).</li> <li>• Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.</li> <li>• Sets and manages appropriate timelines in harmony with pertinent stakeholders.</li> <li>• Proactively assumes and takes on increased levels of responsibility.</li> <li>• Proactively identifies issues or barriers and create potential solutions or management strategies.</li> <li>• Follows through on obligations collaboratively and without prompting.</li> <li>• Ensures timely and thorough transfer of appropriate responsibilities.</li> <li>• Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.</li> <li>• Appropriately balances quality and timeliness in all aspects of work.</li> </ul>
<p><b>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.</b></p>	<ul style="list-style-type: none"> <li>• Represents pharmacy as an integral member of the healthcare team.</li> <li>• Demonstrates professionalism through appearance and personal conduct.</li> <li>• Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.</li> <li>• Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct.</li> <li>• Prioritizes patient healthcare needs.</li> <li>• Accepts consequences for his or her actions without</li> </ul>

	<p>redirecting blame to others.</p> <ul style="list-style-type: none"> <li>Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.</li> <li>Advocates effectively on behalf of patients to other members of the healthcare team.</li> <li>Delegates appropriate work to technical and clerical personnel.</li> <li>Understands and respects the perspective and responsibilities of all healthcare team members.</li> <li>Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.</li> </ul>
<p><b>Competency Area R4: Teaching and Education</b></p>	
<p><b>Goal R4.1: Provide effective medication and practice-related education.</b></p>	
<p><b>Objective R4.1.1: (Creating) Construct educational activities for the target audience.</b></p>	<ul style="list-style-type: none"> <li>Obtains an accurate assessment of the learner’s needs and level of understanding.</li> <li>Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.</li> <li>Uses appropriate teaching strategies, including active learning.</li> <li>Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.</li> <li>Designs instructional materials that meet the needs of the audience.</li> <li>Includes accurate citations and relevant references and adheres to applicable copyright laws.</li> </ul>
<p><b>Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b></p>	<ul style="list-style-type: none"> <li>Writes in a manner that is concise, easily understandable, and free of errors.</li> <li>Demonstrates thorough understanding of the topic.</li> <li>Determines appropriate breadth and depth of information based on audience and purpose of education.</li> <li>Notes appropriate citations and references.</li> <li>Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.</li> <li>Develops and accurately uses tables, graphs, and figures to</li> </ul>



	<p>enhance the reader’s understanding of the topic, when appropriate.</p> <ul style="list-style-type: none"> <li>• Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).</li> <li>• Creates visually appropriate documents (e.g., font, white space, and layout).</li> <li>• Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.</li> <li>• Creates one’s own work and does not engage in plagiarism.</li> <li>• Seeks, processes, and appropriately incorporates feedback from the targeted audience.</li> </ul>
<p><b>Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b></p>	<ul style="list-style-type: none"> <li>• Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).</li> <li>• Incorporates multiple appropriate educational techniques to present content.</li> <li>• Demonstrates rapport with learners.</li> <li>• Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.</li> <li>• Demonstrates thorough understanding of the topic.</li> <li>• Organizes and sequences instruction properly.</li> <li>• Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).</li> <li>• Speaks at an appropriate rate and volume with articulation and engaging inflection.</li> <li>• Effectively uses body language, movement, and expressions to enhance presentations.</li> <li>• Makes smooth transitions between concepts.</li> <li>• Summarizes important points at appropriate times throughout presentations.</li> <li>• Demonstrates ability to adapt appropriately during the presentation.</li> <li>• Captures and maintains learner/audience interest throughout the presentation.</li> <li>• Responds to questions from participants in a concise, accurate, and thoughtful manner.</li> </ul>
<p><b>Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for</b></p>	<ul style="list-style-type: none"> <li>• Selects assessment method (e.g., written or verbal)</li> </ul>

**the intended audience.**

assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.

- Identifies appropriate time to solicit feedback from the learner.
- Solicits timely, constructive, and criteria-based feedback from the learner.
- Writes assessment questions (if used) in a clear and concise format that reflects best practices.
- Assesses learners for achievement of learning objective(s).
- Identifies and takes appropriate actions when learner fails to understand delivered content.
- Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.

**Evaluations to be Completed:**

- Weekly informal verbal evaluations will be completed
- One formative evaluation will be completed at the end of 2 weeks (midpoint)
- A summative evaluation will be completed by the preceptor and the resident at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.
- The resident will evaluate the learning experience and the preceptor(s) at the end of the rotation.

## **Cardiology Rotation**

Deaconess Hospital, Inc

### **Preceptors:**

Michelle Schymik, PharmD, BCPS  
Landon Russell, PharmD, BCPS  
Erin Dorsey, PharmD

### **General Description:**

This 4-week rotation is designed to develop and refine the resident's knowledge of cardiovascular disease states and treatment modalities with a focus on medication therapy. The resident will gain an appreciation for many aspects of care for cardiac patients through resident/preceptor topic discussions, time spent with various staff on the cardiovascular care unit, and observing procedures in the non-invasive cardiology department, surgery, cardiac cath lab, and electrophysiology lab.

The resident will be responsible for providing pharmacy services for a variety of cardiology patients, which includes providing drug information to staff, reviewing medication therapy regimens for potential interventions, completing pharmacy consults, medication counseling, and improving continuity of care by completing admission medication reconciliation and review of discharge medications. While an emphasis will be placed on the treatment of cardiovascular disease states, the resident will review concomitant disease states and evaluate all medications for appropriateness.

### **Practice Area**

This rotation will primarily be conducted on the cardiac units of the hospital, mainly the Heart Hospital at Gateway. The resident may spend time in the non-invasive department, cath lab, or surgery department observing procedures.

### **Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders, complete consults for patients, perform chart review to maximize evidence-based medicine and review targeted medications per scoring list, and provide drug information knowledge to staff.

### **Expectations of Residents:**

The resident is expected to begin this rotation with basic knowledge of current clinical practice guidelines and pharmacotherapy. By the end of the rotation, the resident is expected to be able to perform a thorough chart review, proactively make recommendations for improvements in therapy to modify to evidence-based recommendations, complete consults, provide patient education, and manage time effectively.

### **Expected Progress of the Resident**

Week 1: Observe preceptor completing consults, performing chart reviews, and attending multidisciplinary rounds

Weeks 2: Resident will take the lead for completing consults, chart reviews, and multidisciplinary rounds with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Resident will perform all roles of the pharmacist in the practice area.

Weeks 3-4: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently.

### **Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>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 comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Develop an organized data collection method</li> <li>• Demonstrate efficiency when collecting patient data</li> <li>• Collect concise pertinent information for thorough patient assessment</li> <li>• Complete admission medication reconciliation data</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>• Evaluate medication regimens for designated patients</li> <li>• Review indication and appropriateness of all prior to admission and current medications</li> <li>• Evaluate ADRs and submit reports as appropriate</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.</b>	<ul style="list-style-type: none"> <li>• Specifies evidence-based goals</li> <li>• Develop plan to address medication therapy problems</li> <li>• Design the plan for appropriate monitoring of medication regimen</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Enter appropriate orders to implement plan</li> <li>• Write progress note to document plan in patient chart</li> <li>• Follow-up appropriately with providers to ensure plan implemented, if needed</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Identify appropriate medication therapy problems</li> <li>• Discuss the rationale used to make recommendations</li> <li>• Communicate recommendations to the healthcare team</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Work with other health care providers to maximize patient's care</li> <li>• Serve as a patient advocate</li> </ul>
<b>Goal R1.2: Ensure continuity of care during patient transitions between care settings.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with</b>	<ul style="list-style-type: none"> <li>• Establish and grow a professional working relationship with other</li> </ul>

<p><b>healthcare team members.</b></p>	<p>members of the healthcare team</p> <ul style="list-style-type: none"> <li>• Round with members of the cardiology and intensive care unit team including nurses, pulmonologist, cardiologists, nurse practitioners, physician assistants</li> </ul>
<p><b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b></p>	<ul style="list-style-type: none"> <li>• Provide patient education as needed</li> <li>• Demonstrate appropriate patient/family interactions during patient education or assessment</li> </ul>
<p><b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b></p>	<ul style="list-style-type: none"> <li>• Document interventions using pharmacy I-vent system</li> <li>• Progress note are clear, timely, concise, and useful</li> <li>• Document patient education correctly</li> </ul>

**Evaluation to be Completed:**

- Three formative evaluations will be conducted throughout the rotation.
- A summative evaluation will be completed at the end of the rotation. This document will be reviewed with the preceptor, resident, next preceptor, and residency program director.

**Critical Care Rotation**  
Deaconess Hospital, Inc.

**Preceptors:** Janet Cohorst, PharmD, BCPS  
Email: mary.cohorst@deaconess.com  
Phone: 812-450-3394  
Morgan Labhart, PharmD, BCPS

**General Description:**

This 6-week rotation is designed to develop the clinical pharmacist's knowledge and skills in pharmaceutical care of the trauma/critically ill patient. The resident will rotate through the cardio-neuro and surgical-trauma-cardiovascular ICUs. The resident will observe and collaborate with nurse practitioners, pulmonologists, respiratory therapists, dietitians, and the trauma team. The resident will participate in multi-disciplinary rounds as applicable.

**Practice Area:**

Cardio-Neuro Intensive Care Unit (Deaconess Midtown Hospital)  
Trauma Cardiovascular Surgical Intensive Care Unit (Deaconess Midtown Hospital)

**Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders, complete consults, perform chart reviews to maximize evidence-based medicine and review targeted medications per scoring list, provide patient and family education as requested, and provide drug information knowledge to staff.

**Expectations of Residents:**

**Required Attendance**

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0900 at Deaconess Midtown Cardio-Neuro ICU. Trauma ICU has critical care rounds at 0830 on Mondays, Wednesdays, and Fridays; and 0900 on Tuesdays and Thursdays, in addition to Trauma Rounds at 0700 Tuesdays and Thursdays. Residents will be required to be prepared and attend daily rounds.

**Required Responsibilities and Projects**

- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following. Patient load will increase with resident growth and advancement through the rotation. Providing pharmacy services for a designated group of patients to provide comprehensive care is included, but not limited to, the following:
  - Collecting and analyzing patient data
  - Attending multidisciplinary rounds
  - Making recommendations/adjustments for drug therapy, including:
    - Dosing calculations and adjustments
    - Inappropriate dosing regimens and route of administration
    - Interactions
      - Drug-allergy
      - Drug-drug
      - Drug-food
    - Possible side effects and adverse drug reactions
    - Duplication of therapy
    - Drug-disease state contraindications
    - Inappropriate therapy
    - Cost-ineffective therapy
    - Under or over-treatment of patient
  - Completing medication reconciliations
  - Completing order verification
  - Completing pharmacy consults
  - Providing patient education
- The resident is expected to attend all code blues. If multiple pharmacists respond, the resident is to be the primary pharmacist in the patient room.
- Residents will be required to lead a minimum of 7 topic discussions. Topic discussions will be listed in the discussions folder. Additional topics will be added as patient cases present themselves. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed. Residents are expected to find and utilize most recent guidelines in discussions.
- Residents will be required to present at least one formal presentation or one assigned project.

### **Disease States for Topic Discussions**

- Required

- Sepsis
- Pain, Sedation, Delirium, Sleep
- Vasopressors/Inotropes
- HAP/VAP/ARDs
- DIC
- Acid/Base and DKA
- Alcohol Withdrawal/Liver disease

**Expected Progress of the Resident**

Week 1: Observe preceptor completing consults, performing chart reviews, and attending multidisciplinary rounds. Prepare 6 patients for rounds on day 1 or 2, increase load as resident advances.

Weeks 2-3: Resident will take the lead for completing consults, chart reviews, and multidisciplinary rounds with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Resident will perform all roles of the pharmacist in the practice area.

Weeks 4-6: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently

**Educational Goals and Objectives assigned with associated learning activities**

**Learning Experience Activities and Corresponding Learning Experience Goals/Objectives**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>● Utilize electronic medical record to perform thorough medication regimen reviews for designated patients including but not limited to diagnosis, medication therapy, drug interactions, duplications, laboratory data and records from outside hospital when applicable.</li> <li>● Demonstrate a systematic/organized approach to gathering and verifying information</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>● Identify indications for all current and prior to admission medications</li> <li>● Identify adverse drug reactions, therapeutic duplications, and drug dosing appropriateness</li> <li>● Analyze patient specific labs and concurrent disease states for appropriateness with current therapy</li> </ul>



	<ul style="list-style-type: none"> <li>Analyze medication regimens for gaps in therapy</li> <li>Identify patient specific variables that could impact adherence</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.</b>	<ul style="list-style-type: none"> <li>Apply most appropriate evidence/guidelines to the specific patient case</li> <li>Utilize primary literature when necessary</li> <li>Design new regimens or adjustments to current regimens that reflect appropriate consideration for indication, standard of care, patient-specific data and preferences, cost, duplications, and outcomes</li> <li>Include appropriate monitoring and follow up with each care plan</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>Construct regimens based on the whole patient, including clinical factors such as severity of illness, drug interactions, concurrent disease states, adverse events and efficacy</li> <li>Communicate with appropriate members of the medical team, including physicians, nurses, dietitians, the patient and the patient's family to ensure the plan is understood and followed</li> <li>Ensure thorough and appropriate documentation is completed</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>Effectively discuss changes in care and recommendations made to the healthcare team</li> <li>Modify regimens based on clinical factors such as improvement, drug interactions, worsening/improvement of labs and clinical symptoms</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>Communicate with other healthcare settings (outside hospitals, long-term care facilities, etc.) to obtain or provide relevant information upon discharge</li> <li>Adjust and update monitoring and plans of therapy respectively for different capacities of different care settings</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>Establish and grow a collaborative professional working relationship with other members of the healthcare team</li> <li>Attend and participate in physician-led and interdisciplinary rounds</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>Provide patient and family medication counseling when requested</li> <li>Complete admission medication reconciliation when appropriate</li> <li>Tailor information provided to meet the patient's/family's needs</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>Document all adverse events and medication events in electronic reporting system</li> <li>Document I-vents for all consults and interventions</li> <li>Construct thorough and complete progress notes when applicable</li> </ul>

### Evaluations to be completed

- Three formatives to be completed by resident and preceptor during the rotation at weeks 1, 2, and 4, along with one summative at the end of the rotation.
- A preceptor evaluation and a learning experience evaluation will be assigned to the resident at the end of the rotation

## **General Medicine and Nutrition Rotation**

Deaconess Hospital, Inc

### **Co-Preceptors**

Hannah Cooper, PharmD, BCPS

Janelle Seitz, PharmD

Jesse Gilstrap PharmD, BCPS

Melinda Sloan, PharmD

Michelle Schymik, PharmD, BCPS

Caryn Spencer, PharmD

### **General Description:**

This 7-week course is designed to give the resident a basic understanding of disease states encountered in adult internal medicine. This course will stress the application of therapeutics in patient care and require the resident to develop skills in proper drug therapy selection based upon evidence-based guidelines, patient monitoring, pharmacokinetics, nutrition support, patient education, and delivery of pharmaceutical care to hospitalized patients. Appropriate time management in chart review and developing recommendations will be evaluated. Each week will have an area of focus to organize the education provided in this rotation including:

\*Nutrition

\*Gastroenterology and Hepatic

\*Anticoagulation and Antiarrhythmics

\*Neurology and Pain Control

\*Endocrinology

\*Renal

\*Pulmonary

### **Practice Area:**

Assigned to nursing units at Midtown and Gateway which focus on the week's disease state topic.

### **Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders, complete consults for patients, perform chart review to maximize evidence-based medicine, review targeted medications per scoring list, and provide drug information knowledge to staff.

### **Expectations of Residents:**

The resident is expected to begin this rotation with basic knowledge of current guidelines and pharmacotherapy. By the end of the rotation, the resident is expected to be able to perform a thorough chart review, proactively make recommendations for

improvements in therapy to achieve evidence-based care, complete consults, provide patient education, and manage time effectively.

**Expected Progress of the Resident**

Week 1: Observe preceptor initially. Begin completing consults, performing chart reviews, and attending multidisciplinary rounds with approval of interventions from preceptor.

Weeks 2-4: Resident will take the lead for completing consults, chart reviews, and multidisciplinary rounds with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Resident will perform all roles of the pharmacist in the practice area.

Weeks 5-7: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently.

**Educational Goals and Objectives Assigned with associated learning activities**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Develop an organized data collection method</li> <li>• Demonstrate efficiency when collecting patient data</li> <li>• Collect concise pertinent information for thorough patient assessment</li> <li>• Complete admission medication reconciliation data</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>• Identify appropriate medication therapy problems</li> <li>• Determine appropriateness and safety of each medication</li> <li>• Discuss the rationale used to make recommendations</li> <li>• Evaluate ADRs and submit reports as appropriate</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Follow evidence-based guidelines</li> <li>• Develop plan to address medication therapy problems and incorporate patient in shared decision making as appropriate</li> <li>• Design the plan for appropriate monitoring of medication regimen</li> </ul>

<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Enter appropriate orders to implement plan or follow-up with provider if they are to enter orders</li> <li>• Engage patient through education if appropriate</li> <li>• Write progress note to document plan in patient chart</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Reassess all medications for appropriateness and safety</li> <li>• Evaluate data provided by monitoring plan including lab values, vital signs, or other planned outcomes</li> <li>• Revise plan if outcomes are not met</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Conducts medication reconciliation when appropriate</li> <li>• Provide accurate and timely follow-up when a patient transitions to different level of care or transition between different pharmacists' care</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Work with other health care providers collaboratively and respectfully to maximize patient's care</li> <li>• Demonstrate appropriate skills of negotiation and consensus building</li> <li>• Choose an appropriate form of communication with team members based upon type and urgency of information and recommendation</li> <li>• Serve as a patient advocate</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Demonstrate appropriate patient/family interactions during patient education or assessment to alleviate barriers to communication (patient-friendly language, language service, visual aids)</li> <li>• Consider non-verbal cues and adjusts delivery, when needed</li> <li>• Provide patient education as needed</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Document interventions using pharmacy I-vent system</li> <li>• Write progress note which is clear, timely, concise, and useful</li> <li>• Document patient education correctly</li> <li>• Ensure security of protected health information (PHI) throughout the documentation process</li> </ul>
<b>Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.</b>	
<b>Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.</b> <i>NOTE: If no students are present during this rotation, the preceptor will create simulation activities of precepting role</i>	<ul style="list-style-type: none"> <li>• Identify which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).</li> <li>• Chooses appropriate preceptor roles to stimulate professional growth in learner.</li> <li>• Adjust preceptor role as learner needs change</li> <li>• Provide timely, constructive, and criteria-based feedback to the learner</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• Engage the learner in self-evaluation</li><li>• Model critical-thinking skills by including “thinking out loud”</li></ul> |
|--|---|

**Evaluation to be Completed:**

- Three formative evaluations will be conducted through out the rotation.
- A summative evaluation will be completed at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.

## Infectious Diseases Rotation Syllabus

### Preceptors:

Jeff Starkey, PharmD Antimicrobial Stewardship Coordinator

Ethan Griffiths, PharmD

Will Miller, PharmD, MBA, BCIDP

### Rotation Description:

This rotation provides the resident with a variety of clinical experiences within the practice of infectious diseases, including the infectious disease consult service, antimicrobial stewardship (AS) team, microbiology lab, and infection control committee. Residents will develop a deeper understanding of anti-infective therapy, as well as the diagnosis and management of infectious diseases. Upon completion of the rotation, the resident will be expected to be competent to provide antimicrobial recommendations, perform daily antimicrobial stewardship activities, provide evidence-based information to anti-infective drug information questions, and understand the role of the antimicrobial stewardship pharmacist (including benchmarking, project development, and strategies for the improvement of anti-infective use).

The practice area for this rotation spans multiple campuses and may potentially involve any unit to which patients are admitted. Experiences in the Infectious Diseases Clinic may also be part of the rotation as availability allows. The resident will be expected to collaborate with the clinical pharmacist covering the units to which the assigned patients are admitted when appropriate.

### Specific learning activities (not all inclusive):

- One-half day of rotation through various stations at the microbiology lab
- Up to two weeks of rounding with the infectious diseases consult service

- Attendance at an infection control committee meeting and other meetings as they may arise
- Meeting/discussion with infection control nurses
- Participation in daily activities performed by the antimicrobial stewardship team
- Project or presentation to be determined by the preceptor

**Topic Discussions (required topics in bold):**

- **Bugs and drugs**
- **Antimicrobial pharmacokinetics and pharmacodynamics**
- **Antimicrobial resistance**
- ***Clostridioides difficile* infection**
- Bacteremia/Endocarditis
- **Acute bacterial skin and skin structure infections**
- **Diabetic foot infections**
- Prosthetic joint infections and osteomyelitis
- **Fungal infections**
- Intra-abdominal infections
- **Urinary tract infections**
- Meningitis (Community and/or Healthcare-associated)
- HIV

**Explanation of Duties/Responsibilities**

- Residents will be expected to contact the preceptor/physician/pharmacist responsible for the specific learning activity in order to ensure the scheduling and completion of that activity
- Resident will be expected to review and follow up on positive culture results from the previous day and will also be responsible for patients assigned by the preceptor or ID service. On non-rounding days, additional activities will be assigned to the resident at the preceptor's discretion.
- Round with ID physician as scheduled. Review the cultures, antibiotics, diagnosis, renal function, and other important parameters of their patients before you meet them.

- Topic discussions subject to date change depending on availability of preceptor. Due to the significant number of readings for this rotation, preceptors may provide key questions as guidance for topic discussion expectations. Access to either print or electronic versions of the references during the topic discussion is recommended.

**Educational Goals and Objectives assigned with associated learning activities**

**Learning Experience Activities and Corresponding Learning Experience Goals/Objectives**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patientcare services following JCPP (Pharmacists' Patient Care Process)</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective criteria</b>	<ul style="list-style-type: none"> <li>○ Utilize electronic medical records for efficient collection and organization of patient information including (but not limited to) diagnosis, medication therapy, drug interactions, therapeutic duplications, laboratory data, and other information relevant to the decision-making process</li> <li>○ Demonstrate a systematic and organized approach to gathering and verifying information</li> <li>○ Collect relevant information related to health literacy, preferences, and other socioeconomic factors that may impact therapy (especially upon transitions of care)</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals</b>	<ul style="list-style-type: none"> <li>○ Identify primary problem/reason for admission, as well as infectious condition present</li> <li>○ Review both home medications and new medications prescribed on admission to determine impact on course of therapy</li> <li>○ Analyze appropriateness of antimicrobial therapy prescribed according to evidence-based guidelines/publications and patient specific factors</li> <li>○ Review both therapeutic and socioeconomic risks of current (and potential) antimicrobial regimens</li> </ul>



	<ul style="list-style-type: none"> <li>○ Account for patient goals of therapy, impact on lifestyle, and probability of compliance with regimen options</li> </ul>
<b>Objective 1.1.3: (Creating) Develop evidence-based, cost-effective, and comprehensive patient-centered care plans</b>	<ul style="list-style-type: none"> <li>○ Apply most appropriate evidence/guidelines as pertinent to the specific patient's case</li> <li>○ Incorporate health-related social needs and/or social determinants of health into the treatment plan</li> <li>○ Engage in shared decision-making process that incorporates probability of therapeutic success in balance with patient goals</li> <li>○ Set measureable and achievable goals based on condition treated and therapeutic options available</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans</b>	<ul style="list-style-type: none"> <li>○ Construct therapeutic regimens based on clinical factors such as efficacy, severity of illness, drug-drug interactions, and risk of adverse events, as well as non-clinical factors such as cost, patient compliance, and patient preferences</li> <li>○ Perform relevant EMR tasks such as initiation, modification, or discontinuation of medication orders as appropriate</li> <li>○ Engage staff, patient, and family members as appropriate</li> <li>○ Ensure completion of any necessary activities prior to end of day, including dose adjustments, changes in antimicrobial therapy, or other interventions</li> </ul>
<b>Objective R1.1.5: (Creating) Follow up: Monitor therapy, evaluate progress toward or achievement of patient outcomes and modify care plans</b>	<ul style="list-style-type: none"> <li>○ Utilize national and local guidelines to design or redesign appropriate antimicrobial regimens</li> <li>○ Modify therapeutic regimens based on clinical factors such as efficacy, severity of illness, drug-drug interactions, and risk of adverse events, as well as non-clinical factors such as cost, patient compliance, and patient preferences</li> <li>○ Evaluate progression toward therapeutic benchmarks such as culture negativity</li> </ul>

	<p>(blood cultures), abatement of fever, reduction of leukocytosis, etc.</p> <ul style="list-style-type: none"> <li>○ Communicate relevant modifications to therapy to the appropriate care team members or patient, as appropriate</li> </ul>
<p><b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications</b></p>	<ul style="list-style-type: none"> <li>○ Assess discharge therapy for appropriateness based on both clinical and nonclinical factors previously described</li> <li>○ Assist in the removal of barriers to patient drug access where applicable (copay cards, working with Deaconess Medication Assistance Program, etc.)</li> <li>○ Communicate with pharmacists or other providers in other healthcare settings as appropriate</li> <li>○ Provide education to patient and/or family members, where applicable</li> </ul>
<p><b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders</b></p>	
<p><b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members</b></p>	<ul style="list-style-type: none"> <li>○ Coordinate with ID physicians, nursing staff, and other team members to construct appropriate antimicrobial regimens</li> <li>○ Attend microbiology rounds and round with infectious diseases physicians</li> <li>○ Choose appropriate forms of communication and interact collaboratively and effectively with all healthcare team members</li> </ul>
<p><b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers</b></p>	<ul style="list-style-type: none"> <li>○ As appropriate, discuss medication therapy with patients, family members, or caregivers including, but not limited to drug interactions and adverse effects, especially if patient is being discharged on that medication</li> <li>○ Choose appropriate communication style (open-ended vs closed-ended) that is tailored to the information that needs to be obtained/communicated</li> <li>○ Collaborate with patient and caregivers to achieve the best-fit plan given the</li> </ul>

	resources available
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate</b>	<ul style="list-style-type: none"> <li>○ Ensure all interventions and consults performed are appropriately documented in EPIC</li> <li>○ Complete progress notes as appropriate for clinical activities</li> <li>○ Document appropriate handoff information to pharmacists who may be following the next day</li> <li>○ Document adverse drug events and other reporting in appropriate electronic reporting systems</li> </ul>
<b>Goal R1.3: Promote safe and effective access to medication therapy</b>	
<b>Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access</b>	<ul style="list-style-type: none"> <li>○ Facilitate changes to medication therapy that take barriers such as cost, access, social determinants of health, and compliance into account</li> <li>○ Utilize formulary agents when appropriate and consider non-formulary agents when appropriate formulary agents are not available</li> </ul>
<b>Objective R1.3.2: (Applying): Participate in medication event reporting</b>	<ul style="list-style-type: none"> <li>○ When applicable to an anti-infective, utilize MIDAS to report an adverse drug reaction or other drug-related event</li> </ul>
<b>Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management)</b>	
<b>Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or treatment protocol, utilization management criteria, and/or order set</b>	<ul style="list-style-type: none"> <li>○ Use evidence-based principles in combination with organizational goals to complete one of the following activities: <ul style="list-style-type: none"> <li>○ Antibiotic formulary review</li> <li>○ Develop disease-state specific treatment guideline</li> <li>○ Develop medication-use or lab-ordering protocol and present at P&amp;T committee</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Other relevant protocol at discretion of preceptor</li> <li>○ Demonstrate the qualities of good project management skills including: <ul style="list-style-type: none"> <li>○ Evaluation and incorporation of relevant sources within existing literature</li> <li>○ Timeliness and assertiveness of setting goals/benchmarks for project completion</li> <li>○ Objective and effective communication of practice-related changes</li> </ul> </li> </ul>
<b>Competency Area R3: Leadership</b>	
<b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement</b>	
<b>Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement</b>	<ul style="list-style-type: none"> <li>○ Use principles of continuous professional development planning (accurate reflection on strengths and areas of improvement, plan, act, evaluate, record/review)</li> <li>○ Set realistic expectations and engage in self-reflection</li> <li>○ Identify and implement improvement strategies and incorporate feedback</li> <li>○ Demonstrate self-awareness of performance, values, and motivational factors</li> <li>○ Demonstrate characteristics of self-motivation or being a “self-starter”</li> </ul>
<b>Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities</b>	<ul style="list-style-type: none"> <li>○ Set SMART goals (specific, measureable, achievable, relevant, time-bound)</li> <li>○ Appropriately organize and prioritize tasks</li> <li>○ Demonstrate effective time management skills and proactively identify and address barriers</li> <li>○ Follow through on obligations or inform stakeholders of delays or need for more information, if necessary</li> </ul>

	<ul style="list-style-type: none"> <li>○ Demonstrate resilience and ability to manage work/life balance</li> </ul>
<b>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors</b>	<ul style="list-style-type: none"> <li>○ Demonstrate professional behaviors and conduct</li> <li>○ Display emotional intelligence while collaborating with other team members</li> <li>○ Act as a patient advocate</li> <li>○ Understand and respect the roles of various team members and delegate work as appropriate</li> </ul>

**Evaluations to be completed**

<b>What</b>	<b>Who</b>	<b>When</b>
Formatives	Resident & Preceptor	3X
Summative Self-Evaluation	Resident	End of rotation
Summative Evaluation	Preceptor	End of rotation
Preceptor & Learning Experience Evaluation	Resident	End of rotation

## **Medication Safety - Adverse Drug Reaction Rotation**

Deaconess Hospital, Inc.

### **Preceptor(s):**

Kelli Lovell, PharmD, CACP, CFCP, MMCP

**Description:** This rotation is designed to develop the resident's understanding of the health system's reporting process with regards to adverse drug reactions (ADRs) and how this policy helps to identify opportunities to improve medication safety. Application of pharmacology, chart reviews, communication skills, interdisciplinary interactions and medication safety initiatives will all be emphasized and enhanced throughout this longitudinal 6-month rotation.

### **Practice Area**

The resident will have access to Midas Plus, the risk reporting system used at Deaconess. This will be accessible from any computer the resident is logged into using their personal log in.

### **Role of Pharmacist in this Practice Area:**

The ADR pharmacist is responsible for reviewing each ADR that occurs within Deaconess Health System. The pharmacist analyzes each event for potential practice changes in order to prevent avoidable future ADRs from occurring. The pharmacist compiles and reports ADRs to PT&D committee as well as submitting level 5, 6 and new drug ADRs to the FDA on behalf of the health system. The ADR pharmacist also compiles an annual report to PT&D each year.

### **Expectation of residents:**

For this rotation, the resident will review selected ADRs in MIDAS, as referred to them by the ADR pharmacist. This will include either level 4 occurring during admission, level 5 or level 6 ADRs. The review will include:

- Intense assessment of ADR with Who, What, When, Where, Why, and How the ADR occurred.
- Incorporate intense assessment into ADR presentation for PT&D.

- If appropriate, identify process changes to reduce the chances of ADR occurring in the future.
- Report Level 5 ADRs, level 6 ADRs and ADRs with medications that have been FDA approved less than 3 years to the FDA
- Attend monthly PT&D meeting.

The resident will also be responsible for preparing and presenting one monthly ADR report to PT&D.

**Progression of the Resident:**

Month 1-2: Complete assigned intense assessments for review with preceptor. A discussion will follow to discuss classification of ADR level, opportunities to prevent similar ADR in the future, and identify improvement opportunities for chart review and intense assessment skills.

Month 3-4: Assigned intense assessments will be completed autonomously and evaluated by the precepting pharmacist with communication of ongoing skill development with regard to chart review and intense assessment.

Month 5-6: Resident will be responsible for compiling one monthly ADR report including all intense assessments for that month with minimal preceptor guidance. The compilation of statistics and numbers will be guided by the preceptor.

**Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R2: Advancing Practice and Improving Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</b>	
<b>Objective 2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol</b>	<ul style="list-style-type: none"> <li>• Present ADR report monthly to PT&amp;D.</li> </ul>
<b>Objective 2.1.3 (Analyzing) Identify opportunities for improvement of the medication-use system.</b>	<ul style="list-style-type: none"> <li>• Identify potential process improvements elicited from adverse reactions and oversee implementation of process modification to prevent recurrence</li> </ul>
<b>Objective 2.1.4 (Applying) Participate in medication event reporting and monitoring.</b>	<ul style="list-style-type: none"> <li>• Investigate, report, track, and trend adverse drug reactions and efficacy concerns using accepted institutional resources and programs.</li> </ul>

<b>Competency Area R3: Leadership and Management</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R3.1 Demonstrate leadership skills</b>	
<b>Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership</b>	<ul style="list-style-type: none"> <li>• Work in conjunction with nursing and providers to enhance medication safety</li> <li>• Review medication errors with appropriate staff utilizing “Just Culture” principals</li> </ul>

**Evaluations to be completed:**

- Two formative evaluations will be conducted during the 6-month rotation.
- A summative evaluation will be completed every 12 weeks by the resident and the preceptor. This document will be reviewed with the preceptor, resident, and residency program director.
- The resident will complete an evaluation of the learning experience and a preceptor evaluation at the end of the rotation.



## Medication Safety – Medication Events

Deaconess Hospital, Inc.

**Preceptor:** Amanda Kelley, PharmD, BCPS

**Description:** This rotation is designed to develop the resident’s knowledge of medication safety and medication errors within the health system. Application of pharmacology, chart reviews, communication skills, interdisciplinary interactions and medication safety initiatives will all be emphasized and enhanced throughout this longitudinal 6-month rotation.

### **Practice Area**

The resident will have access to Midas Plus, the risk reporting system used at Deaconess. This will be accessible from any computer the resident is logged into using their personal log in.

### **Role of Pharmacist in this Practice Area:**

The Medication Safety pharmacist is responsible for reviewing each medication error that occurs within Deaconess Health System. They will analyze each event for potential practice changes in order to prevent future medication errors from occurring. They will then work with other healthcare providers to ensure implementation of these changes. The Medication Safety pharmacist will stay current with national medication safety initiatives from respected organizations (ISMP, MSOS, ECRI, etc.) and will use this guidance to enhance medication safety at Deaconess.

**Expectation of residents:** For this rotation, the resident will review selected medication events in MIDAS, as referred to them by the Medication Safety pharmacist. The review will include:

- Who, What, When, Where, Why, and How the medication error occurred.
- Process changes identified to reduce the chances of error occurring in the future
- Follow up with the pharmacist/technician (if applicable) that made the error
- Tracking/trending errors to determine potential opportunities for improvement

The resident will also attend at least 1 each of the following meetings over the course of the rotation:

- Patient Safety – 2<sup>nd</sup> Friday of each month
- Medication Incident – Occurs once a month on Wednesdays

- Pharmacy Medication Safety Committee- 4<sup>th</sup> Tuesday, Every Other Month
- Patient RCA - as they come up

**Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective 1.3.2 (Applying) Participate in medication event reporting</b>	<ul style="list-style-type: none"> <li>• Investigate, report, track and trend medication errors and efficacy concerns using accepted institutional resources and programs</li> </ul>
<b>Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population</b>	
<b>Objective 1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set</b>	<ul style="list-style-type: none"> <li>• Develop process improvement or protocol to improve medication safety</li> </ul>
<b>Competency Area R3: Leadership</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R3.1 Demonstrate leadership skills that foster personal growth and professional engagement</b>	
<b>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors</b>	<ul style="list-style-type: none"> <li>• Work in conjunction with nursing and providers to enhance medication safety</li> <li>• Review medication errors with appropriate staff utilizing “Just Culture” principals</li> </ul>

**Evaluations to be completed:**

- Two formative evaluations will be conducted during the 6 month rotation.
- A summative evaluation will be completed every 12 weeks by the resident and the preceptor. This document will be reviewed with the preceptor, resident, and residency program director.
- The resident will complete an evaluation of the learning experience and a preceptor evaluation at the end of the rotation.

## **Nephrology Rotation**

Deaconess Hospital, Inc.

**Preceptor:** Melinda Sloan, PharmD; Jennifer Wade, PharmD

**Assistants:** Deaconess Nephrology physicians and dialysis unit staff

**Description:** This rotation is designed to develop the clinical pharmacist's knowledge of renal disease, especially principles related to pharmaceutical care. Application of pharmacokinetics, communication skills, patient interactions and pharmaceutical care related to renal disease will all be emphasized and enhanced throughout this four week rotation. Exposure to patients will be primarily on the Renal Care Center and in the Intensive Care Units at Deaconess Hospital, but will also include trips to local Peritoneal Dialysis and Hemodialysis Units.

Though the focus of the rotation is on renal disease, the resident is responsible for all diseases and drugs the patient may have, not just renal related drugs and diseases. The resident will serve as the drug expert for renal patients and prepare nephrology- related discussions as outlined by the preceptors.

**Practice area:**

- Inpatient medical/renal units at Midtown (MRCC) and/or Gateway (A500) and intensive care units at both campuses. All pending preceptor staffing availability.

**Expectation of residents/Pharmacist role:** For this rotation, providing pharmacy services for a designated group of patients (ie. a nursing unit such as MRCC or CRRT patients) to provide total care for the patients is defined as completing the following:

- Collecting and analyzing patient data
- Make recommendations/plans for drug therapy as appropriate, determine outcomes of recommendation/plan, and make changes as necessary based upon outcomes
- Completing admission medication reconciliation
- Completing order verification (will be covered by another when rounding or off site)

- Resolving medication problems
- Calculating drug dosages and adjustments for renal function
- Providing patient education
- Completing consults

**Expected Progress of the Resident**

Week 1: Observe preceptor completing consults, performing chart reviews, and attending multidisciplinary rounds

Weeks 2: Resident will take the lead for completing consults, chart reviews, and multidisciplinary rounds with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Resident will perform all roles of the pharmacist in the practice area.

Weeks 3-4: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently.

**Educational Goals and Objectives Assigned with associated learning activities**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Demonstrate the ability to perform concise and thorough chart reviews for renal patients</li> <li>• Collect and interpret pertinent laboratory parameters to evaluate therapy</li> <li>• Complete admission medication reconciliation data as available</li> </ul>
<b>Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>• Identify all current and relevant medication therapy problems</li> <li>• Perform thorough review of all medications for renal dose adjustments</li> <li>• Evaluate ADRs and submit reports as appropriate</li> </ul>
<b>Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Develop appropriate, evidence-based therapeutic plan to address all medication therapy problems</li> <li>• Ensure appropriate monitoring of all medication therapy</li> </ul>

<b>Objective R1.1.4 (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Appropriately document therapeutic plan, including monitoring, into a progress note</li> <li>• Ensure pertinent orders are submitted to execute plan</li> <li>• Present/discuss plan with other healthcare providers to ensure accurate implementation of plan</li> </ul>
<b>Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Follow up with physicians for all medication recommendations that will improve patient care/outcomes</li> </ul>
<b>Objective R1.1.6 (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Conduct medication reconciliation, at admission and discharge, when appropriate</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Work in conjunction with nursing and physician staff to deliver appropriate patient care</li> </ul>
<b>Objective R1.2.2 (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Provide patient education for consults and as needed for new CKD medications</li> </ul>
<b>Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Progress notes are documented appropriately and in a timely manner</li> <li>• I-vents are documented daily for all consults and interventions</li> <li>• Patient education and ADR reporting is documented appropriately and timely</li> </ul>

**Evaluations to be completed:**

- Three formative evaluations will be conducted during the 4 week rotation.
- A summative evaluation will be completed at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.

**Neuro Critical Care Rotation**  
Deaconess Hospital, Inc.

**Preceptors:** Ethan Nilssen, PharmD, BCPS

Email: [ethan.nilssen@deaconess.com](mailto:ethan.nilssen@deaconess.com)

Phone: 812-450-3394

Matthew Pfister, PharmD

Email: [matthew.pfister@deaconess.com](mailto:matthew.pfister@deaconess.com)

Phone: 812-450-3394

Allie Webb, PharmD, MBA, BCCCP

Email: [allie.webb@deaconess.com](mailto:allie.webb@deaconess.com)

Phone: 812-450-3394

**General Description:**

The neuro critical care rotation is designed to develop the clinical pharmacist's knowledge of neurology, including neurological disease states, neuro trauma, and inpatient psychiatric conditions. The rotation is designed to allow the resident to demonstrate refined knowledgebase and skills in therapeutics, pharmacokinetics, drug information, verbal and written communication, patient monitoring, patient counseling, and case presentations as these skills pertain to adult and geriatric patients with neurological disorders or disease states. Exposure to patients will be primarily on the Neuroscience, Neuro ICU, and trauma ICU units at Deaconess Hospital, but may include exposure to patients at Cross Pointe.

Though the focus of this rotation is on neurological disease states and disorders, the resident will be responsible for the comprehensive care for patients that he/she follows.

**Practice Area:**

Neuro intensive care unit (Deaconess Midtown Hospital, Deaconess Gateway Hospital)

Trauma intensive care unit (Deaconess Midtown Hospital)

**Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders, complete consults for patients, perform chart review to maximize evidence-based medicine and review targeted medications per scoring list, and provide drug information knowledge to staff.

### **Expectations of Residents:**

#### **Required Attendance**

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0900 at Gateway Neuro ICU and Deaconess Main Campus Neuro ICU. Trauma ICU has critical care rounds at 0830 on Mondays, Wednesdays, and Fridays; and 0900 on Tuesdays and Thursdays. Residents will be required to be prepared and attend daily rounds when following patients in the ICU. If desired or agreed upon with the preceptor, residents may also be required to round with the trauma service on Tuesdays and Thursdays when working weeks on trauma ICU.

#### **Required Responsibilities and Projects**

- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following. Providing pharmacy services for a designated group of patients to provide comprehensive care is included, but not limited to, the following:
  - Collecting and analyzing patient data
  - Attending multidisciplinary rounds
  - Making recommendations/adjustments for drug therapy, including:
    - Dosing calculations and adjustments
    - Inappropriate dosing regimens and route of administration
    - Interactions
      - Drug-allergy
      - Drug-drug
      - Drug-food
    - Possible side effects and adverse drug reactions
    - Duplication of therapy
    - Drug-disease state contraindications
    - Inappropriate therapy
    - Cost-ineffective therapy
    - Under or over-treatment of patient
  - Completing medication reconciliations

- Completing order verification
- Completing pharmacy consults
- Providing patient education
- Residents will be required to lead a minimum of 8 topic discussions. Topic discussions will include both required topics and a list of selectable topics to be decided upon between the resident and preceptor. Residents are expected to be prepared for topic discussions to a sufficient depth of knowledge to be able to lead the discussion of the topic. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed.
- Residents will be required to present at least 1 journal club.
- Residents will be required to present at least 1 formal presentation.

### **Disease States for Topic Discussions**

- Required
  - Subarachnoid hemorrhage
  - Central diabetes insipidus
  - Traumatic brain injury
  - ICP management
- Elective
  - SIADH and CSW
  - Ischemic stroke
  - Intracerebral hemorrhage
  - Serotonin syndrome
  - Neuroleptic malignant syndrome
  - Spinal cord injury
  - Status epilepticus
  - Migraine
  - Delirium
  - Central venous sinus thrombosis
  - Cerebral vasospasm



- Meningitis/ventriculitis
- Guillain-Barre syndrome
- Myasthenia gravis
- Multiple sclerosis
- Parkinson's Disease

**Expected Progress of the Resident**

Week 1: Observe preceptor completing consults, performing chart reviews, and attending multidisciplinary rounds

Weeks 2: Resident will take the lead for completing consults, chart reviews, and multidisciplinary rounds with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Resident will perform all roles of the pharmacist in the practice area.

Weeks 3-4: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently.

**Educational Goals and Objectives assigned with associated learning activities**

**Learning Experience Activities and Corresponding Learning Experience Goals/Objectives**

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>● Perform thorough medication regimen reviews for designated patients</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>● Identify indications for all current and prior to admission medications</li> <li>● Identify adverse drug reactions, therapeutic duplications, and drug dosing appropriateness</li> <li>● Analyze medication regimens for gaps in therapy</li> <li>● Identify patient specific variables that could impact adherence</li> </ul>

<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patientcentered care plans.</b>	<ul style="list-style-type: none"> <li>• Accurately gather, organize, and analyze patient specific information for diagnosis, appropriateness of therapy, dose, dosage regimen, route/method of administration, compliance, therapeutic duplications, therapeutic outcomes, cost, and avoidance of ADRs</li> <li>• Utilize evidence based guidelines while performing consults, reviewing patient specific regimens, and managing patients</li> <li>• Design new regimens or adjustments to current regimens that reflect appropriate consideration for indication, standard of care, patient-specific data and preferences, cost, duplications, and outcomes</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Summarize and present designated patients to the preceptor or member of the interdisciplinary team</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Effectively communicate plan and necessary monitoring to healthcare team</li> <li>• Effectively discuss changes in care and recommendations made to the healthcare team</li> <li>• Monitor patients care for changes in outcomes and follow up laboratory values as clinically indicated</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Communicate with other healthcare settings (outside hospitals, long-term care facilities, etc.) to obtain or provide relevant information</li> <li>• Adjust and update monitoring and plans of therapy respectively for different care settings</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Establish and grow a collaborative professional working relationship with other members of the healthcare team</li> <li>• Attend and participate in physician-led and interdisciplinary rounds on neuro units</li> <li>• Round with members of the neurology and neurosurgery team, including neurologists, neurosurgeons, physician assistants, and nurse practitioners</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Provide patient and family medication counseling when requested</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Document all adverse events and medication events in electronic reporting system</li> <li>• Document I-vents for all consults and interventions</li> <li>• Construct thorough and complete progress notes when applicable</li> </ul>

**Evaluations to be completed**

<b>What</b>	<b>Who</b>	<b>When</b>
-------------	------------	-------------

Formatives	Preceptor	Four
Summative Self-Evaluation	Resident	End of rotation
Summative Evaluation	Preceptor	End of rotation
Preceptor & Learning Experience Evaluation	Resident	End of rotation

## **Oncology Rotation**

Deaconess Hospital, Inc.

### **Preceptors:**

Charlie Bockelman, PharmD, BCOP and Helianthus Davoe, PharmD, BCPS

### **General Description:**

This 4-week rotation will provide the resident with basic knowledge of oncology disease states and the drug therapy used to treat them. The resident will be involved in delivering pharmaceutical care to hospitalized and ambulatory oncology patients by applying their knowledge of chemotherapy, pain management, antibiotics, and symptom management. The resident will also be actively involved in daily patient rounds, chemotherapy preparation, formulary reviews, drug information presentations, and ambulatory managerial duties.

### **Practice Area**

The resident will spend this rotation at the Infusion Center Pharmacy at Gateway campus. There will also be rounding with Oncology Practitioners in the outpatient office at Chancellor and both inpatient campuses, Midtown and Gateway.

### **Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders including chemotherapy, complete consults for patients, perform chart review to maximize evidence-based medicine, and provide drug information knowledge to staff.

### **Expectations of Residents:**

The expectations of the resident include but are not limited to: assigned projects, topic discussions on pharmacology, treatment and supportive care, rounding with physicians, reviewing charts for hospitalized oncology patients, completing consults for those units, attending lung clinic and tumor conference weekly, participation in daily activities performed by oncology infusion center pharmacist, as well as being a drug information resource for the oncology team.

### **Expected Progress of Resident**

Week 1: Orient to site, roles, and environment of oncology clinical pharmacist and infusion center pharmacists by observing preceptors.

Week 2-3: Conduct chart reviews and navigate through therapy plans to complete thorough patient work-ups before rounding with oncologists. Residents to review recommendations to be made to provider with preceptor prior to patient visits. Differentiate between immunotherapy and chemotherapy and what different precautions need to be taken when being made.

Week 4: Provide recommendations to oncologists and serve as a resource for any pharmacy-related questions they may have. Ensure proper medication doses in the infusion center by reviewing notes, guidelines, and patient-specific information. Follow USP 800 to ensure proper handling of hazardous drugs.

**Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>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.</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>Observe outpatient chemotherapy infusion and learn difference between inpatient and outpatient chemotherapy infusions</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient’s overall health goals.</b>	<ul style="list-style-type: none"> <li>Provide pharmacy services for designated patients (patients at infusion center, 5100 OPCC, or GW SurgOnc A600)</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>Provide pharmacy services for designated patients (patients at infusion center, 5100 OPCC, or GW SurgOnc A600)</li> <li>Present topic discussions to preceptor based on NCCN guidelines</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>Provide pharmacy services for designated patients</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>Contact and discuss current therapy with patients.</li> <li>Discuss side effects, compliance, and clinical outcomes.</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients</b>	<ul style="list-style-type: none"> <li>Observe outpatient chemotherapy infusion and learn difference between inpatient and outpatient chemotherapy infusions</li> </ul>

experiencing care transitions regarding physical location, level of care, providers, or access to medications.	<ul style="list-style-type: none"> <li>• Provide pharmacy services for designated patients (patients at infusion center, 5100 OPCC, or GW SurgOnc A600)</li> </ul>
<b>Objective R1.1.8: (Applying) Demonstrate responsibility to patients.</b>	<ul style="list-style-type: none"> <li>• When staffing in the clinic, make sure that all doses are prepared in a safe but timely manner and answer any questions that the patients may have.</li> <li>• Follow and help manage patients that may have adverse drug reactions.</li> </ul>
<b>Goal R1.2: Ensure continuity of care during patient transitions between care settings.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Attend lung clinic and tumor care conference</li> <li>• Rounding with physicians</li> <li>• Providing drug information to physicians and nurses</li> </ul>
<b>Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>	
<b>Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.</b>	<ul style="list-style-type: none"> <li>• Order medications from cardinal and assess available products for cost savings</li> </ul>
<b>Objective R1.3.3: (Evaluating) the process for preparing, dispensing, and administering (when appropriate) medications.</b>	<ul style="list-style-type: none"> <li>• Observe outpatient chemotherapy infusion</li> </ul>

**Evaluation to be completed:**

- Three formative evaluations will be conducted throughout the rotation
- A summative evaluation will be completed at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.

## **Orientation Rotation**

Deaconess Hospital, Inc

### **Preceptors:**

Kelli Lovell, PharmD, CACP, CFCP, MMCP

### **General Description:**

This 6-week course will orient the new resident to the health system, the operational aspects of the pharmacy, the RPDC process, and the PGY1 Residency requirements. This rotation is evaluated at the end of the 6 weeks and at the end of the 6-month period

### **Practice Area:**

Inpatient operational and clinical shifts on all inpatient units at Midtown and Gateway.

### **Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders, complete consults for patients, perform chart review to maximize evidence-based medicine and review targeted medications per scoring list, and provide drug information knowledge to staff.

### **Expectations of Residents:**

The resident is expected to begin this rotation with basic knowledge of hospital operations and pharmacotherapeutics.

At the end of the rotation, the resident is expected to:

- Complete the resident orientation checklist and describe the PGY1 residency requirements
- Describe the operational aspects of the pharmacy, regulatory requirements, and ability to navigate the electronic health system and databases to provide safe and effective medication therapy to patients.
- Independently staff a pharmacist operations shift at the end of 6 weeks and a clinical pharmacist shift at the end of 6 months.

### **Expected progression of the resident:**

**Week 1-2:** Complete all pre-work of assigned orientation (ie policies, readings, net learnings). Begin on pharmacist orientation checklist.

**Week 3-4:** Rotate through all applicable campuses and continue working on orientation checklist.

**Week 5-6:** Complete orientation checklist. Resident is able to function at all applicable sites as a new pharmacist hire and work independently as a licensed pharmacist in those areas.

**Educational Goals and Objectives Assigned with associated learning activities**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1:</b> Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	
<b>Objective R1.1.1:</b> (Analyzing) Collect relevant subjective and objective information about the patient.	<ul style="list-style-type: none"> <li>• Uses a systematic and organized approach to gather and verify information from appropriate sources</li> <li>• Outline patient specific clinical information in form of progress note</li> </ul>
<b>Objective R1.1.2:</b> (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	<ul style="list-style-type: none"> <li>• Discover potential interventions and identifies medication therapy problems accurately.</li> <li>• Formulate a systematic approach to consistently critically assess inconsistencies or unexpected lab results related to consults</li> </ul>
<b>Objective R1.1.3:</b> (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.	<ul style="list-style-type: none"> <li>• Demonstrate ability to independently handle workload (including appropriate delegation) to ensure timely patient care</li> <li>• Show proficiency in providing complete and concise patient education</li> <li>• Demonstrate patient understanding at completion of education and document accordingly</li> </ul>
<b>Objective R1.1.4:</b> (Applying) Implement care plans.	<ul style="list-style-type: none"> <li>• Utilize multiple modes of communication and select most appropriate to ensure receipt of recommendation</li> <li>• Use MAR and chart documentation to ensure appropriate administration of medications</li> <li>• Employ direct communication skills with other healthcare professionals to accomplish prompt delivery of high quality patient care</li> </ul>
<b>Objective R1.1.5:</b> (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	<ul style="list-style-type: none"> <li>• Illustrate understanding with updated daily care plan for each assigned pharmacy consult</li> <li>• Appropriately modifies care plans.</li> </ul>
<b>Objective R1.1.6:</b> (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	<ul style="list-style-type: none"> <li>• Identifies potential and actual medication-related problems.</li> <li>• Evaluates cost, availability, coverage and affordability of medications upon discharge</li> <li>• Choose correct category for interventions and report according to department P&amp;P</li> <li>• Considers the appropriateness of medication therapy during care transitions.</li> </ul>



<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective R1.3.1: (Applying)</b> Facilitate the medication-use process related to formulary management or medication access.	<ul style="list-style-type: none"> <li>• Demonstrate knowledge and application of new skills via completed “New Pharmacist Orientation Checklist”</li> <li>• Practice formulary and therapeutic interchange protocols</li> <li>• Use knowledge and skills observed at Pharmacy &amp; Therapeutics Committee meetings to apply policies</li> </ul>
<b>Objective R1.3.3 (Evaluating)</b> Manage the process for preparing, dispensing, and administering (when appropriate) medications.	<ul style="list-style-type: none"> <li>• Use the 6 expected health system safety behaviors</li> <li>• Demonstrate ability to supervise and describe role and responsibility of pharmacy technician to appropriately prioritize work load and assure accuracy and quality of work.</li> <li>• Use skills to supervise and validate medications retrieved, compounded, packaged, and barcode scanned from automated technology</li> <li>• Prepare and supervise the compounding of IV products using appropriate aseptic technique</li> <li>• Show proficiency in aseptic technique by completing test/competency</li> <li>• Interpret the elements of a complete medication order</li> <li>• Show ability to contact appropriate health care provider for order clarifications and document accordingly</li> <li>• Execute documentation of modifications to a medication order appropriately</li> <li>• Demonstrate personal practice of and ability to appropriately use technology to check the accuracy of medications dispensed, including correct patient, correct medication, correct dosage for, correct dose, correct number of doses, expiration date, and proper repackaging.</li> <li>• Employ organizational policy and procedures and quality assurance standards for preparation of medications</li> </ul>

**Evaluation to be Completed:**

- Two formative evaluations will be conducted throughout the rotation
- A summative evaluation will be completed at the end of the rotation by the resident and the preceptor. This document will be reviewed with the preceptor, resident, and residency program director.
- The resident will complete an evaluation of the preceptor and the learning experience at the end of the rotation.
- **The resident must submit completed training checklist to preceptor to meet criteria for completion of this rotation.**

## **Pediatric and Neonatal Pharmacy Rotation**

Deaconess Hospital Inc

### **Preceptors:**

Kristen Chlebowski, PharmD

Thomas Petersen, PharmD

### **Assistant(s):**

Angela Madej, PharmD

Janelle Seitz, PharmD

Jen Wade, PharmD

### **General Description:**

This rotation is designed to introduce the resident to general pediatric inpatient care and neonatal intensive care settings. Residents will develop skills in pediatric drug therapy by monitoring, evaluating and formulating recommendations to then communicate with other health care providers utilizing current guidelines and evidence based medicine practices.

### **Practice Area:**

Gateway pediatric unit, Gateway pediatric intensive care unit, Women's Hospital neonatal intensive care unit

### **Role of Pharmacist in this Practice Area:**

The pharmacist will verify orders, complete consults for patients, perform chart review to maximize evidence-based medicine and review targeted medications per scoring list, and provide drug information knowledge to staff.

### **Expectations of Residents:**

The resident will either round with a hospitalist, intensivist, or the family medicine team daily, serving as the clinical pharmacist for the pediatric and pediatric ICU units. They will also attend rounds in the neonatal ICU on occasion. They will prepare and lead topic

discussions, complete one project and one final presentation (journal club vs case presentation) and may be assigned education opportunities with students, nurses pharmacists, or other healthcare professionals in addition to daily clinical duties.

### **Required Attendance**

- Residents will be required to prepare for and attend family medicine pediatric rounds as they occur on their assigned unit (timing is determined based on provider and work load, but residents start rounding around 0700 daily).
- Residents will also attend neonatal ICU rounds on occasion (will be communicated ahead of time, round held at 0930 daily).
- Residents will be required to review patients with the preceptor or a designated pharmacist daily.

### **Required Responsibilities and Projects**

- Residents will be expected to assume complete responsibility for pharmacy services for the patients in their assigned unit or patients they are rounding on with a physician or team. Residents will perform all roles of the pharmacist in their practice area.
- Residents are expected to attend all pediatric code blues. If multiple pharmacists respond, the resident should remain as one of the primary pharmacists (ideally with preceptor as second pharmacist) in the patient room.
- Residents will be required to lead a minimum of 10 required and 5 elective topic discussions. Residents are expected to be prepared for topic discussions to a sufficient depth of knowledge to be able to lead the discussion of the topic. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed.
- Residents will be required to present at least 1 formal presentation (journal club or case presentation).
- Residents will be required to complete at least 1 assigned project.

### **Expected Progress of the Resident**

Week 1: Observe preceptor in role early in the week completing consults, chart reviews and multidisciplinary rounds as applicable. Attend rounds with the family medicine residents and observe resident/attending discussion. The resident will perform chart reviews and be prepared to round on at least 10 patients (as applicable with census), complete any pediatric consults, document on the scoring list and provide any teachings or admission/discharge medication reconciliations required.

Week 2: Resident will complete all consults, scoring list flags, chart reviews, and participate in family medicine rounds as well as resident/attending discussion with advice from the preceptor as needed. Residents will review recommendations to be made in

rounds with the preceptor prior to rounds as applicable. Resident will perform all roles of the pharmacist in the practice area as previously stated.

Weeks 3-4: Resident will independently prepare for rounds and discuss interventions prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area. Preceptor to be available for questions and to review final treatment plan, but residents should be able to formulate plan independently.

**Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists’ Patient Care Process).</b>	
<b>Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Organize pertinent patient data utilizing hospital electronic medical record for daily rounding and completion of consults</li> <li>• Identify areas for pharmacy involvement at Family Medicine/Attending rounds</li> </ul>
<b>Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient’s overall health goals.</b>	<ul style="list-style-type: none"> <li>• Examine medication regimens for designated patients</li> <li>• Distinguish indications for all current and prior to admission medications</li> <li>• Identify adverse drug reactions, therapeutic duplications, and drug dosing appropriateness</li> <li>• Identify patient specific variables that could impact adherence</li> <li>• Organize and present designated patients to the preceptor or member of the interdisciplinary team</li> </ul>
<b>Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Construct plans utilizing guidelines and appropriate pediatric references when performing consults, reviewing patient specific regimens, and managing designated patients</li> <li>• Design therapeutic regimens that reflect consideration of best evidence, adherence and social issues, and comorbid disease states</li> </ul>
<b>Objective R1.1.4 (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Effectively execute communication of plan and necessary monitoring to healthcare team</li> </ul>
<b>Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Effectively discuss changes in care and recommendations made to the healthcare team</li> <li>• Prepare follow-up plan, making adjustments as clinically appropriate</li> </ul>
<b>Objective R1.1.6 (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to</b>	<ul style="list-style-type: none"> <li>• The plan and all changes will be communicated to the team during morning rounds and documented fully in the chart.</li> </ul>

medications.	
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Demonstrate a collaborative professional working relationship with other members of the healthcare team (Family Medicine Resident and/or Hospitalist/Intensivist daily rounding/discussion)</li> </ul>
<b>Objective R1.2.2 (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to form a professional yet courteous relationship with patients, family members, and caregivers encountered as part of Family Medicine or Hospitalist rounds</li> </ul>
<b>Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to appropriately document pharmacy consults/progress notes, patient education, medication reconciliation, and pharmaceutical recommendations in the medical record</li> <li>• Demonstrate ability to document all adverse events and medication events in electronic reporting system</li> <li>• Demonstrate ability to utilize I-vent system for all consults and interventions</li> </ul>
<b>Competency Area R4: Teaching, Education, and Dissemination of Knowledge</b>	
<b>Goal R4.1: Provide effective medication and practice-related education.</b>	
<b>Objective R4.1.1 (Creating) Construct educational activities for the target audience.</b>	<ul style="list-style-type: none"> <li>• Prepare topic discussions to effectively educate pharmacy students or other healthcare professionals</li> <li>• Prepare a formal presentation for pharmacy staff and/or family medicine residents</li> </ul>
<b>Objective R4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b>	<ul style="list-style-type: none"> <li>• Outline major educational points via handout for formal presentation</li> <li>• Illustrate ability to create a thorough and well-organized Powerpoint presentation to educate audience during presentations</li> <li>• For all activities the resident will create a written summary to be included in the weekly email or newsletter for those that cannot attend or complete the verbal activity.</li> </ul>
<b>Objective R4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to provide effective patient education as necessary</li> <li>• Execute a formal presentation for pharmacy staff and/or family medicine residents</li> <li>• Relate current patients to topic discussions when teaching students or discussing with other healthcare professionals</li> </ul>
<b>Objective R4.1.4 (Evaluating) Assess effectiveness of educational activities for the intended audience.</b>	<ul style="list-style-type: none"> <li>• Design a questionnaire, built in case study, or post exam to evaluate knowledge gained during the formal education.</li> <li>• Use the teach-back method for patients as appropriate</li> </ul>
<b>Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.</b>	
<b>Objective R4.2.1 (Evaluating) Employ appropriate preceptor role for a learning scenario.</b>	<ul style="list-style-type: none"> <li>• Identify most appropriate preceptor role (instructing, modeling, coaching, facilitating) when co-precepting students, reviewing student consults, leading topic discussions, counseling patients and presenting education to pharmacy/medical staff</li> </ul>

	<ul style="list-style-type: none"> <li>Choose and employ the most appropriate preceptor role (instructing, modeling, coaching, facilitating) when co-precepting students, reviewing student consults, leading topic discussions, counseling patients and presenting education to pharmacy/medical staff</li> </ul>
<b>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</b>	<ul style="list-style-type: none"> <li>The resident will assume the role of the preceptor and utilize each type of teaching and feedback when appropriate.</li> </ul>
<b>Competency Area E5: Management of Medical Emergencies</b>	
<b>Goal E5.1 Participate in the management of medical emergencies.</b>	
<b>Objective E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.</b>	<ul style="list-style-type: none"> <li>Attend mock code blue on Pediatrics</li> <li>Complete a discussion session with the appointed Pharmacist on PALS guidelines.</li> </ul>

**Evaluation to be completed:**

- Three formatives will be completed by the resident and preceptor during the rotation as well as one summative evaluation at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.
- A preceptor evaluation and a learning experience evaluation will be assigned to the resident at the end of the rotation.

## Practice Management/Drug Information Rotation

Deaconess Hospital, Inc.

**Preceptors:** Meredith Petty, PharmD, Clinical Manager; Will Miller, PharmD, MBA, BCIDP

**General Description:** This ~10 1/2-month longitudinal rotation will combine drug information and administrative responsibilities. The resident will be involved as a primary drug information specialist by assisting with questions, research, drug evaluations, formulary reviews, etc. The resident will also be actively involved in administrative practices including leadership, budget, and managerial practices. Teaching will be required of the resident throughout the rotation including lectures, journal clubs, PT&D presentations, a competency presentation, and case presentations.

**Practice Area Role/Preceptor Role:** The resident will participate in and experience key leadership and administrative activities. The primary preceptor for this rotation is the Clinical Manager/RPD, who manages leadership activities, budget, scheduling, PT&D, and educational opportunities for the department. The preceptor will ensure that the resident is involved in each of these aspects.

**Expectations of Residents:** At the beginning of the rotation, residents will meet frequently with key leaders in the department, including the Residency Program Director. They will attend the Pharmacy, Therapeutics, & Diagnostics Committee meetings and complete the subsequent newsletter monthly. The resident will have several management-gearred focus topics throughout the year with the RPD, director, or administrative preceptor. As the year continues, residents will meet with the RPD less frequently. The residents will be expected to start to work on required items from their checklist towards the end of the second quarter, including PT&D presentations, teaching presentations, in-services, and other presentations, all of which should be completed on time. The resident will attend staff and residency meetings and will run each of these meetings once by the end of the year. In the last quarter of the year, the resident will help with the residency budget for the following year. A residency developmental plan will be developed initially and quarterly thereafter. The resident will be expected to complete the teaching certificate as well as any other items on the required checklist by June 30<sup>th</sup>.

Quarter 1: Resident will attend all meetings and start working on projects. An annual residency project will be identified and the resident will begin work on this. The resident will develop an understanding of organizational leadership positions. Resident will meet with the RPD approximately weekly. Resident will demonstrate self-reflective evaluation ability on formative and summative evaluations. Residents will be involved with students as able, with preceptor serving as model.

Quarter 2: Resident will work on completion of requirements checklist including journal club, MUEs, or P&T presentations. Resident will participate in strategic departmental meetings. Staff meetings and residency meetings will be modeled for resident by preceptors. Resident will continue to work on annual residency project and submit the project to ASHP Midyear. Resident will begin working towards teaching certificate. Resident will complete all PharmAcademic evaluations thoroughly and timely and continue self-reflective ability on evaluations. Resident will manage time well and meet all deadlines. Resident will continue to meet with RDP approximately monthly.

Quarter 3: Resident will continue to work on completion of requirements checklist including journal club, MUEs, or PT&D presentations by meeting ~50% of presentation and PT&D requirements. Resident will participate in next year’s residency interviews. Resident will continue to work on annual residency project, meeting all deadlines, and submit the project for annual Great Lakes conference. Resident will continue to work on teaching certificate. Resident will complete all PharmAcademic evaluations thoroughly and timely and continue self-reflective ability on evaluations. Resident will manage time well and meet all deadlines. Resident will continue to meet with RPD approximately quarterly. Resident is able to precept students as able with some feedback/support from preceptor.

Quarter 4: Resident will continue to work on and subsequently complete checklist requirements. Resident will wrap up annual residency project and submit a manuscript suitable for publication. Resident will lead meetings. Resident will complete the teaching certificate program. Resident will complete all PharmAcademic evaluations thoroughly and timely and continue self-reflective ability on evaluations. Resident will manage time well and meet all deadlines. Resident will continue to meet with RPD approximately quarterly. Resident is able to precept students as able, independently.

**Educational Goals and Objectives Assigned with associated learning activities:**

<b>Competency Area R3: Leadership</b>	
<b>Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.</b>	
<b>Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.</b>	<ul style="list-style-type: none"> <li>• Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).</li> <li>• Assesses medication shortages and develops processes to manage current shortages.</li> <li>• Discusses leadership topics with lead, supervisor, or director.</li> <li>• Explains how pharmacy planning relates to the organization and/or department’s mission and vision.</li> <li>• Explains the department and/or organization’s decision-making structure.</li> <li>• Participates in strategic planning days as applicable.</li> <li>• Identifies pertinent human resources and personnel management policies and procedures, including (but not limited to) workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources.</li> <li>• Discusses a performance evaluation with RPD.</li> <li>• Develops residency budget for following fiscal year.</li> </ul>
<b>Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.</b>	<ul style="list-style-type: none"> <li>• Explains the quality improvement plan(s) of the department and/or organization.</li> <li>• Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety</li> </ul>



	<p>requirements. Meets with regulatory manager to discuss.</p> <ul style="list-style-type: none"> <li>• Understands trends and changes in pharmacy by updating the Pharmacy Annual Report and presenting the Pharmacy Forecast at strategic planning.</li> </ul>
<p><b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.</b></p>	
<p><b>Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.</b></p>	<ul style="list-style-type: none"> <li>• Uses principles of continuous professional development (CPD) planning (e.g. accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).</li> <li>• Sets realistic expectations of performance.</li> <li>• Engages in self-reflection of one’s behavior, knowledge, and growth opportunities.</li> <li>• Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.</li> <li>• Demonstrates ability to use and incorporate constructive feedback from others.</li> <li>• Articulates one’s career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.</li> <li>• Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.</li> <li>• Demonstrates self-motivation and a “can-do” positive approach.</li> <li>• Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.</li> </ul>
<p><b>Objective R3.2.2 (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</b></p>	<ul style="list-style-type: none"> <li>• Balances personal needs appropriately with the needs of the department and/or organization and maintains a healthy work-life balance.</li> <li>• Demonstrates personal commitment to the mission and vision of the department and/or organization.</li> <li>• Demonstrates effective workload and time management skills.</li> <li>• Prioritizes and organizes all tasks appropriately and meets all deadlines.</li> <li>• Prioritizes appropriate daily activities.</li> <li>• Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).</li> <li>• Demonstrates ability to lead a staff and residency team meeting.</li> <li>• Sets and manages appropriate timelines in harmony with pertinent stakeholders.</li> <li>• Proactively assumes and takes on increased levels of responsibility.</li> </ul>

	<ul style="list-style-type: none"> <li>• Follows through on obligations collaboratively and without prompting.</li> <li>• Ensures timely and thorough transfer of appropriate responsibilities.</li> <li>• Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities as needed.</li> <li>• Appropriately balances quality and timeliness in all aspects of work.</li> </ul>
<p><b>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.</b></p>	<ul style="list-style-type: none"> <li>• Represents pharmacy as an integral member of the healthcare team.</li> <li>• Demonstrates professionalism through appearance and personal conduct.</li> <li>• Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.</li> <li>• Holds oneself and colleagues to the highest principles of the profession’s moral, ethical, and legal conduct.</li> <li>• Prioritizes patient healthcare needs.</li> <li>• Accepts consequences for his or her actions without redirecting blame to others.</li> <li>• Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.</li> <li>• Advocates effectively on behalf of patients to other members of the healthcare team.</li> <li>• Delegates appropriate work to technical and clerical personnel.</li> <li>• Understands and respects the perspectives and responsibilities of all healthcare team members.</li> <li>• Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.</li> <li>• Works collaboratively within the department and/or organization’s political and decision-making structure.</li> </ul>
<p><b>Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.</b></p>	<ul style="list-style-type: none"> <li>• Identifies professional organization(s) that align with practice interests.</li> <li>• Articulates the benefits of active participation in professional associations at all levels.</li> <li>• Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare.</li> <li>• Develops personal vision and action plan for ongoing professional engagement.</li> <li>• Actively participates in ASHP Midyear recruiting.</li> <li>• Addresses the needs of patients through service and/or education.</li> </ul>

<b>Competency Area R4: Teaching and Education</b>	
<b>Goal R4.1: Provide effective medication and practice-related education.</b>	
<p><b>Objective R4.1.1: (Creating) Construct educational activities for the target audience.</b></p>	<ul style="list-style-type: none"> <li>• Obtains an accurate assessment of the learner’s needs and level of understanding.</li> <li>• Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.</li> <li>• Uses appropriate teaching strategies, including active learning.</li> <li>• Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices, and aligns with stated objectives.</li> <li>• Designs instructional materials that meet the needs of the audience.</li> <li>• Develops patient education materials that appropriately match the cultural needs and health literacy level of the intended audience.</li> <li>• Includes accurate citations and relevant references and adheres to applicable copyright laws.</li> </ul>
<p><b>Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b></p>	<ul style="list-style-type: none"> <li>• Writes in a manner that is concise, easily understandable, and free of errors.</li> <li>• Demonstrates thorough understanding of the topic.</li> <li>• Determines appropriate breadth and depth of information based on audience and purpose of education.</li> <li>• Notes appropriate citations and references.</li> <li>• Includes critical evaluation of the literature and knowledge advancements, as well as an accurate summary of what is currently known on the topic.</li> <li>• Develops and accurately uses tables, graphs, and figures to enhance the reader’s understanding of the topic, when appropriate.</li> <li>• Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).</li> <li>• Creates visually appealing documents (e.g., font, white space, and layout).</li> <li>• Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.</li> <li>• Creates one’s own work and does not engage in plagiarism.</li> <li>• Seeks, processes, and appropriately incorporates feedback from the targeted audience.</li> <li>• Presents two 1-hour lectures, 1 competency, 2 journal clubs, and 2 case presentations.</li> </ul>
<p><b>Objective R4.1.3: (Creating) Develop and demonstrate</b></p>	<ul style="list-style-type: none"> <li>• Selects teaching method to deliver the material based on the type and level of learning</li> </ul>

<p><b>appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</b></p>	<p>required (cognitive, psychomotor, and affective).</p> <ul style="list-style-type: none"> <li>• Incorporates multiple appropriate educational techniques to present content.</li> <li>• Demonstrates rapport with learners.</li> <li>• Develops and uses effective audio-visual and technology tools and handouts to support learning activities.</li> <li>• Demonstrates thorough understanding of the topic.</li> <li>• Organizes and sequences instruction properly.</li> <li>• Presents at appropriate level of the audience (e.g. patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).</li> <li>• Speaks at an appropriate rate and volume with articulation and engaging inflection.</li> <li>• Effectively uses body language, movement, and expressions to enhance presentations.</li> <li>• Makes smooth transitions between concepts.</li> <li>• Summarizes important points at appropriate times throughout presentations.</li> <li>• Demonstrates ability to adapt appropriately during the presentation.</li> <li>• Captures and maintains learner/audience interest throughout the presentation.</li> <li>• Responds to questions from participants in a concise, accurate, and thoughtful manner.</li> </ul>
<p><b>Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Identifies appropriate time to solicit feedback from the learner.</li> <li>• Solicits timely, constructive, and criteria-based feedback from the learner.</li> <li>• Writes assessment questions (if used) in a clear and concise format that reflects best practices.</li> <li>• Assesses learners for achievement of learning objective(s).</li> <li>• Identifies and takes appropriate actions when learner fails to understand delivered content.</li> <li>• Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.</li> </ul>

**Evaluations to be Completed:**

- A total of 2 formatives will be evaluated quarterly.
- A summative evaluation will be completed by the preceptor(s) and the residents quarterly and at the end of the rotation. This document will be reviewed with the preceptor, resident, and residency program director.
- A preceptor evaluation and a learning experience evaluation will be completed by the resident at the end of the learning experience. This document will be reviewed with the preceptor, resident, and residency program director.

**Residency Project**  
Deaconess Hospital, Inc

**Preceptors:**

Dependent on Project

Oversight: Michelle Schymik, PharmD, BCPS; Meredith Petty, PharmD, RPD

**General Description:**

A year-long residency project is a requirement of the Deaconess Hospital, Inc PGY1 program. A preceptor will serve as primary mentor with the Residency Coordinator and Director providing oversight. This project will be presented by the resident in a poster format at ASHP Midyear meeting and as a Powerpoint presentation at the Great Lakes Symposium.

**Practice Area:**

Residency Projects can be inpatient or ambulatory. A project list will be developed by the Residency Team prior to the residency year. Once the list is completed, the topics will be discussed with the residents and an agreement on a project will be determined. The project will be one that benefits the health system and feed up to the strategic goals of the organization.

**Role of Pharmacist in this Practice Area:**

The preceptor will serve as primary mentor and co-author for the project. The Residency Coordinator and Director will provide oversight of the project.

**Expectations of Residents:**

The expectation of the resident is that they will complete all steps required to complete their pharmacy residency project adequately and on time.

- Register for ASHP by 8/30
- Initial plan developed by 8/30
- Literature search, benchmarking etc by 9/20
- Draft Abstract to preceptor by 9/20
- Abstract submitted to ASHP (check ASHP for exact deadline) 9/28

- Evaluate and start to obtain IRB approval by 10/1
- First draft of project by 10/20
- Poster PPT to preceptor by 11/1
- Project submitted to PR for print by 11/9
- Great Lakes abstract draft by 1/25
- Great Lakes abstract due (check website for exact date) by 2/1
- Register for Great Lakes by 2/12
- Project final by 3/1
- First draft of manuscript by 4/1
- Great Lakes practice to pharmacy week of 4/8
- Second Great Lakes practice week of 4/15
- Final manuscript by 5/15

**Educational Goals and Objectives Assigned with associated learning activities**

<b>Competency Area R2: Practice Advancement</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R2.1: Conduct practice advancement projects.</b>	
<b>Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.</b>	<ul style="list-style-type: none"> <li>• Analyzes background information that is relevant.</li> <li>• Analyzes opportunity by using best practice or evidence based principles.</li> <li>• Determines an appropriate topic for a practice-related project of significance to the organization.</li> <li>• Determines an appropriate topic for residency project that is significant to patient care.</li> <li>• Evaluates data generated by the health information technology team or automated systems to identify opportunities.</li> </ul>
<b>Objective R2.1.2: (Creating) Develop a project plan.</b>	<ul style="list-style-type: none"> <li>• Constructs a plan design that is practical to implement and measure.</li> <li>• Develops a feasible design for a project that considers who or what will be affected by the project.</li> <li>• Develops a sound research or quality improvement question that can realistically be addressed in the desired time frame.               <ul style="list-style-type: none"> <li>• Identifies committees or groups to provide necessary approvals, (e.g.,</li> </ul> </li> </ul>

	<p>intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).</p> <ul style="list-style-type: none"> <li>• Develops a feasible timeline.</li> <li>• Develops a plan for data analysis.</li> </ul>
<b>Objective R2.1.3: (Applying) Implement project plan.</b>	<ul style="list-style-type: none"> <li>• Effectively presents plan to appropriate audiences.</li> <li>• Implements a project as specified in the design.</li> <li>• Implements changes with the project.</li> <li>• Obtains IRB approval if necessary.</li> <li>• Presents project to key stakeholders along with concerns, solutions, etc.</li> </ul>
<b>Objective R2.1.4: (Analyzing) Analyze project results.</b>	<ul style="list-style-type: none"> <li>• Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.</li> <li>• Collaborates with project team members to validate project analysis, as appropriate.</li> </ul>
<b>Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.</b>	<ul style="list-style-type: none"> <li>• Evaluates data and outcomes of the project.</li> <li>• Considers limitations of project.</li> <li>• Assesses impact of the project.</li> <li>• Evaluates changes based on outcomes.</li> </ul>
<b>Objective R2.1.6: (Creating) Develop and present a final report.</b>	<ul style="list-style-type: none"> <li>• Creates a manuscript acceptable for publication</li> <li>• Creates a poster for ASHP Midyear.</li> <li>• Creates effective handouts, slides, etc to assist with oral presentations.</li> <li>• Presents project summary to staff, P&amp;T, Great Lakes.</li> </ul>

**Evaluation to be Completed:**

- A summative evaluation will be completed quarterly by the preceptor and at the end of the rotation by the preceptor and resident. A learning experience and preceptor evaluation will be completed at the end of the rotation by the resident.



## **Staffing Rotation**

Deaconess Hospital, Inc

### **Preceptors:**

Kelli Lovell, PharmD, CACP, CFCP, MMCP

### **General Description:**

This longitudinal rotation will expand upon the general staffing skills initially covered in the orientation phase of residency. As the resident gains confidence and knowledge throughout the year, this rotation will critique ability to translate that into improved patient care as provided in the operational tasks of the pharmacy. This rotation is evaluated at 6-week intervals with verbal meeting with the preceptor as well as scheduled evaluations in Pharmacademic.

### **Practice Area:**

Inpatient operational and clinical shifts on Friday evenings and weekends for all inpatient units at Midtown and Gateway.

### **Role of Pharmacist in this Practice Area:**

The staff pharmacists (OE and IV shifts) verify orders, answer phone calls to provide drug information, ensure accuracy of medication dispensing, and oversee the timely delivery of medications. The clinical pharmacists complete consults for patients, perform chart review to maximize evidence-based medicine and review targeted medications per scoring list, and provide drug information knowledge to staff. The pharmacist also assists with various aspects of medication dispensing that include verifying correct unit dose packaging, checking compounded parenteral medications, product procurements and delivery, and provision of individual patient medications to the unit in a coordinated fashion.

### **Expectations of Residents and Expected Progression of the Resident:**

The resident is expected to expand upon job-related skills while applying new knowledge gained throughout the year along with basic knowledge of hospital operations and pharmacotherapeutics from orientation.

- Quarter 1 – Resident will initiate staffing experience in the main pharmacy working IV and OE shifts. During this time, they will begin to translate knowledge gained in disease-state specific rotations to the overall care of a patient and further develop skills

presented in orientation. In this setting, resident will begin to recognize specific job-related skills that may not have been observed in orientation.

- Quarter 2 – Resident will progress into more independent management of staffing shift by exhibiting proficiency in using technology and tools to complete tasks.
- Quarter 3 and 4 – Resident will transition staffing focus to clinical role. Resident will recognize the responsibilities of the weekend clinical shift and hone time-management skills as well as expanding ability to integrate clinical knowledge gained throughout residency year.

**Educational Goals and Objectives Assigned with associated learning activities**

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Outline patient specific clinical information in form of progress note</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>• Illustrate understanding with updated daily care plan for each assigned pharmacy consult</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Formulate a systematic approach to consistently critically assess inconsistencies or unexpected lab results related to consults</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Use MAR and chart documentation to ensure appropriate administration of medications</li> <li>• Employ direct communication skills with other healthcare professionals to accomplish prompt delivery of high quality patient care</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Discover potential interventions to physicians and nurses in an effective manner</li> <li>• Utilize multiple modes of communication and select most appropriate to ensure receipt of recommendation</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Show proficiency in providing complete and concise patient education</li> <li>• Demonstrate patient understanding at completion of education and document accordingly</li> </ul>

<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to update daily care plan for each assigned pharmacy consult</li> <li>• Choose correct category for interventions and report according to department P&amp;P</li> </ul>
<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.</b>	<ul style="list-style-type: none"> <li>• Practice formulary and therapeutic interchange protocols</li> <li>• Use knowledge and skills observed at Pharmacy &amp; Therapeutics Committee meetings to apply policies</li> </ul>
<b>Objective R1.3.2: (Applying) Participate in medication event reporting</b>	<ul style="list-style-type: none"> <li>• Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).</li> <li>• Uses appropriate technology for reporting adverse drug events.</li> </ul>
<b>Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to supervise and describe role and responsibility of pharmacy technician to appropriately prioritize work load and assure accuracy and quality of work.</li> <li>• Use skills to supervise and validate medications retrieved, compounded, packaged, and barcode scanned from automated technology</li> <li>• Prepare and supervise the compounding of IV products using appropriate aseptic technique</li> <li>• Interpret the elements of a complete medication order</li> <li>• Show ability to contact appropriate health care provider for order clarifications and document accordingly</li> <li>• Demonstrate personal practice of and ability to appropriately use technology to check the accuracy of medications dispensed, including correct patient, correct medication, correct dosage for, correct dose, correct number of doses, expiration date, and proper repackaging.</li> <li>• Employ organizational policy and procedures and quality assurance standards for preparation of medications</li> </ul>

**Evaluation to be Completed:**

- Two formative evaluations will be conducted throughout the rotation
- A summative evaluation will be completed at the end of the rotation by the resident and the preceptor. This document will be reviewed with the preceptor, resident, and residency program director.
- The resident will complete an evaluation of the preceptor and the learning experience at the end of the rotation.

## **JOB DESCRIPTION**

### **MISSION STATEMENT**

To advance the health and wellbeing of our community with a compassionate and caring spirit.

### **STANDARDS OF PERFORMANCE (50%)**

Organizational competencies and corresponding behaviors will be measured for all employees in the organization according to the Deaconess FIRST Standards. Details of these standards can be found in P&P 45-19 and in the Standards of Performance booklets.

#### **Fantastic Employees**

Compassion in Action:

Creating a Spirit of Customer Service

Teamwork: Courtesy & Commitment

Communication

Ethics & Integrity

#### **Increasing Quality**

Safety

Quality Improvement

Personal Appearance

Annual Requirements

#### **Resulting in Growth**

Goals – Included in Job Specific Standards

#### **Superior Service**

Confidentiality & Privacy

Noise Control

Facility

Staffing/Availability

#### **Top Financial Performance**

### **SUMMARY OF THE JOB**

This position has responsibility for providing pharmaceutical care for all patients of the hospital. This position also has responsibility for demonstrating leadership, immediate oversight and training in the daily activities of the pharmacy department. The Pharmacy Resident will assist with all aspects of clinical drug monitoring, drug distribution, medication education and all other aspects of pharmaceutical care. The Resident may also be assigned to work on special projects to enhance their experience in pharmaceutical services. The Pharmacy Resident will assist the hospitalists, medical residents and other physicians regarding pharmaceutical care issues.

### **ESSENTIAL FUNCTIONS AND RESPONSIBILITIES (50%)**

**Job Duties** include the following, other duties may be assigned.

1. Assures personal and departmental compliance with all regulatory and accreditation standards including ASHP, HFAP, OSHA, ISBOP, ISDOH, FDA, DEA, USP and EPA.
2. Contributes to the quality improvement of the department and /or organization by: Participating on a quality improvement team; Identifying improvement strategies for the department/organization, including potential cost savings.
3. Effectively designs, recommends, monitors and evaluates patient specific pharmacotherapy. This includes providing patient education, responding to drug

information requests, attending code blues, providing pharmacokinetic dosing, providing anticoagulation services, rounding with interdisciplinary teams, performing medication reconciliation and providing nutrition support services.

4. Prepares and dispenses medications using appropriate techniques following the health systems policies and procedures, maintaining the health system formulary, understanding the inventory system and maintaining the department systems and records.

5. Contributes to the development of health care professionals or consumers by writing pharmacy newsletters, providing a pharmacy staff competency program, providing a lecture, inservice or presentation annually, conducting a P&T presentation and/or volunteering for a community benefit program.

6. Contributes to the performance improvement of the department by: Acting as a preceptor for students or residents as qualified, and/or Training new staff.

7. Contributes to the financial development of the department and/or organization.

8. Demonstrates immediate oversight and training to technician staff to accomplish the daily operations of the department.

9. The resident must meet all requirements and responsibilities as outlined in the residency program.

## **JOB REQUIREMENTS & QUALIFICATIONS**

Qualifications to perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **Education and Experience**

Requires a PharmD degree from an ACPE accredited school of pharmacy. Experience in hospital pharmacy preferred but is not required. Experience with direct supervision preferred but is not required. Requires an interview with the Pharmacy Residency Team and participation in the ASHP Match program.

### **Certificates, Licenses, Registrations**

Must qualify for licensure in the State of Indiana. Employment is contingent upon completion of licensure within 90 days of employment.

Must not have any records or convictions involving any form of chemical dependency, felony, or any adverse actions pending by any Board of Pharmacy.

### **Language Skills**

Ability to read, analyze and interpret physician orders, professional journals, policies and procedures and government regulations. Ability to write and ability to convey clinical notes electronically. Ability to effectively present information and respond to questions from customers.

## Mathematical Skills

Ability to add, subtract, divide and multiply using whole numbers, common fractions and decimals. Ability to compute rates, ratios and percentages. Ability to interpret graphs. Ability to calculate creatinine clearances and pharmacokinetic/nutrition support dosing calculations.

## Reasoning Ability

Ability to define problems, collect data, establish facts and draw valid conclusions. Ability to interpret an expansive variety of written and electronic information including but not limited to physician orders, journals, lab values and culture and sensitivity reports.

## Computer Skills

Ability to enter data electronically, retrieve data, assemble and organize data. Ability to use and analyze data and ability to integrate diverse sources of data.

## Other skills, ability or knowledge

1. Knowledge of generic and trade pharmaceutical names.
2. Knowledge of Latin names, authorized abbreviations and chemical symbols for all common medications.
3. Knowledge of metric and apothecary systems of weights and measures.
4. Knowledge of medications dosages for infants, children, adult and geriatric patients.
5. Willing to accept responsibility for improved patient outcomes.
6. Considerable initiative and judgment required to evaluate appropriateness and cost effectiveness of drug therapy and to make appropriate recommendations to physicians and health care providers to reach desired patient outcomes.
7. Accuracy in dispensing and manufacturing products is essential.
8. Works under limited supervision as well as provides direction to staff to accomplish the daily responsibilities of the department.

## PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

	Amount of Time			
	None	Under 1/3	1/3 to 2/3	Over 2/3
Stand			X	
Walk		X		
Sit			X	

Use hands to finger, handle, or feel				X
Reach with hands and arms				X
Climb or balance	X			
Stoop, kneel, crouch, or crawl		X		
Talk or hear				X
Taste or smell		X		

Weight Lifted	Amount of Time			
	None	Under 1/3	1/3 to 2/3	Over 2/3
Up to 10 pounds		X		
Up to 25 pounds		X		
Up to 50 Pounds		X		
Up to 100 pounds		X		
More than 100 pounds	X			

### Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

	Amount of Time			
	None	Under 1/3	1/3 to 2/3	Over 2/3
Exposure to Flammable Liquids		X		
Exposure to Solvents		X		
Exposure to Hazardous Substances Such as Oncology Medications		X		

### OTHER REQUIREMENTS

#### Mental and Emotional

There are mental and emotional requirements of all position working in a health care setting due to the nature of the services provided. The requirements include: handling multiple priorities, making decisions under pressure, working in close proximity to others and/or in a distracted environment, managing anger/fear/hostility, managing stress appropriately, working with others effectively, and working alone effectively.

#### Compliance and Regulatory

All employees are required to comply with all laws, regulatory guidelines, and health care policies. This included, but is not limited to: federal, state, and local laws, State Department of Health (ISDH), Healthcare Facilities Accreditation Program (HFAP), The

Joint Commission, Health Insurance Portability and Accountability Act (HIPAA), and Deaconess Policies and Procedures.



# Policy and Procedure

DEACONESS HEALTH SYSTEM  
Pharmacy Departmental Policy

DEACONESS HEALTH SYSTEM  
Pharmacy Departmental Policy

Policy and Procedure 6-12

## POST GRADUATE YEAR ONE RESIDENCY (PGY1)

**I. SCOPE:** This policy applies to the following pharmacy departments

X	Deaconess Hospital Pharmacy (Midtown, Gateway, Crosspointe, Residency, 340B Contract Pharmacy, & Remote Locations)
X	Deaconess Hospital Family Pharmacy (Midtown, Gateway) & Specialty Pharmacy
	Deaconess Henderson Pharmacy
	Deaconess Henderson Family Pharmacy
	Deaconess Union County Pharmacy
	The Womens Hospital Pharmacy
	Deaconess Hospital Diabetes Departments 7190, 7790, 7880
	Deaconess Hospital Anti-Coagulation Clinic, MTM
	Deaconess Gibson Pharmacy

**II. PURPOSE:** This policy is to outline aspects, requirements and procedures for the PGY1 pharmacy residency program within Deaconess Hospital, Inc.  
PGY1 Program Purpose: PGY1 pharmacy residency programs build on pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

**III. DEFINITIONS:**

- A. Pharmacy Residency: An organized, directed, postgraduate training program in a defined area of pharmacy practice
- B. Resident: A licensed pharmacist who has applied to a residency program and accepted a position for an extended year of training and work related experience.

**IV. POLICY:** The PGY1 pharmacy residency program will adhere to all rules and requirements as set forth by the credentialing commission of the American Society of Health Systems Pharmacists (ASHP).

**V. RESPONSIBILITY:** The Deaconess Pharmacy Residency Program Director is responsible for all aspects of the PGY1 pharmacy residency program.

**VI. PROCEDURE:**

- A. Recruiting for the Program

1. Deaconess Health System, which includes Deaconess Hospital PGY1 Pharmacy Residency Program, offers equal employment opportunity to all applicants for employment and to all employees regardless of race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law. The Deaconess Health System offers diversity in recruiting through the following:
  - a. Deaconess Human Resources posts Pharmacist openings with a variety of Social Media platforms to reach a broader geographic range and more diverse applicants
  - b. Deaconess Human Resources posts openings with regional Pharmacy Schools which promote diversity and inclusion in their admissions and enrollment
  - c. Deaconess provides open interviews with graduating students from regional Pharmacy Schools which have generated an increase in diversity among our applicants
  - d. Deaconess has hosted the Health Science Institute for over 30 years for top academic high school science institute which helps to promote pharmacy careers at Deaconess thus increasing the chances of the graduating pharmacy student to return to our community.

The Deaconess PGY1 Pharmacy Residency Program also promotes diversity and inclusion by:

- a. Participating in the American College of Clinical Pharmacists (ACCP) & Student National Pharmaceutical Association (SNPhA) Virtual Residency Showcase, which is free and open to all candidates.
- b. Participating in PGY1 residency recruiting showcases such as Indiana Pharmacist Alliance and ASHP Midyear.
- e. Listing PGY1 Residency Program in the Residency Directory of both American College of Clinical Pharmacists (ACCP) and American Society of Health-System Pharmacists (ASHP) which are available to anyone without required membership to any organization

#### B. Application to the Program

1. Deaconess Hospital, Inc. will abide by all rules associated with the ASHP Match process for residency application
2. Resident application materials required to be submitted for an interview include: A current curriculum vitae, a letter of intent, 3 standard letters of recommendation, an official school transcript and an application. All materials are retrieved on-line using Phorcas. Residents are also required to submit an online application for employment with Deaconess Hospital, Inc.
3. All resident applicants are prescreened to determine which candidates will be granted an interview. A pre-screening assessment is completed for all applicants. The prescreening score is determined by the RPD, the Residency Coordinator and the preceptor who attended ASHP Midyear. Resident applicants are interviewed based upon their pre-screen score rank with 18 being the maximum number of applicants accepted for interview. Resident

applicants will be invited to interview by the RPD and will be scheduled via online scheduling.

4. Resident applicants are interviewed using a standard interview form by the Residency Team preceptors, the Residency Coordinator and the Residency Director. Residents are able to interact with applicants during the tour of the health system.
5. A case presentation by the applicant is required, with a shortened version for Phase 2, and is scored by members of the residency interview team based upon standard scoring rubric
6. Ranking is based upon the total interview score from scoring rubric.
7. Residency team discussion, including participation of the current residents, occurs prior to final ranking to determine if there are applicants that will not be ranked and to discuss the ranking order.
8. Resident applicants will be provided online access to the Deaconess PGY1 Residency Policy along with the Residency Manual which includes requirements of the program and other information.
9. Resident applicants requiring a VISA sponsorship are not eligible for application within the health system and therefore cannot be interviewed.
10. Residents are required to be a graduate of an ACPE-accredited Doctor of Pharmacy program and licensed or eligible for licensure in the state of Indiana.

#### C. Acceptance to the Program

1. Once Phase 1 Match results are released by Phorcas, the Residency Program Director will contact each new resident within 1 day.
2. In the event there are open positions at Deaconess that did not match during Phase 1, Deaconess will participate in ranking applicants during the Phase 2 Match. For positions that are offered in Phase 2 of the Match, no action to fill these positions will occur prior to the release of the Phase 1 Match results. Once Phase 2 applicants are released, Deaconess will interview candidates via video conferencing as preferred, or phone if video conferencing is not possible. If matched, the Residency Program Director will contact each new resident within 1 day.
3. If Deaconess continues to be unmatched after Phase 2 Match results, the Residency Program Director will interview candidates released by ASHP that have not matched in either Phase. Deaconess will interview candidates via video conferencing as preferred, or phone if video conferencing not possible. If an offer is made to an applicant, the Residency Program Director will contact each new resident within 1 day.
4. The PGY1 Residency is a full 12 month work commitment starting July 1st to June 30th. Pay will be salaried at \$52,000 annually
5. A letter of acceptance will be sent to each new resident within 30 days of the match results. Prior to making any offers, the Residency Program Director will verify with applicants, to the best of ability, that the applicants have neither been matched previously to other programs nor accepted other offers.
6. Benefits for residents include option to purchase medical insurance, dental insurance, vision insurance, life insurance, on site child care. The resident will also benefit from free employee assistance program and wellness

program, free parking, free fitness center, and dedicated office space. Low cost dormitory style housing may also be available upon request.

7. An updated Residency Manual inclusive of the requirements of the program, an employment contract, their job description, and a Deaconess Hospital, Inc. acceptance letter will be sent to the resident. The resident is required to send back a signed copy of manual receipt, the contract and a signed job description acknowledgment. These will be sent to the resident within 30 days of the Match (Phase 1 or 2) or acceptance of the resident if outside of the Match. Documented acceptance of these materials and acceptance of the program and its terms is required within 14 days of starting the residency program. The resident is required to submit an online application for employment with Deaconess Hospital, Inc. The online application will outline the terms and conditions of employment for the resident. Human Resources will also send the resident a new hire letter outlining physical appointments, required new hire documents and dates for on boarding.

#### D. Requirements of the Program

1. Residents agree to be appointed to the position of PGY1 resident as their full time employment for the duration of 12 months. If unforeseen circumstances cause these 12 months not to be continuous, the resident must discuss an alternative plan for completion of the residency commitment with the Residency Director. Residents receive 20 days of paid time off, 5 of which will cover unworked holidays. This time off is used for sick time, holidays and vacation. If 3 days or more of PTO and/or Meeting weekdays are taken consecutively during a rotation, the rotation will be extended in length. Time away from the residency program may not exceed a combined total of the greater of 37 days per 52-week training period without requiring extension of the program. Examples of time away from the program include vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference or education days, though they are considered to be a required part of the program, will also be included in the number of days away from the program. The maximum extension of the program will be ~ 2 weeks, which will include continued salary and benefits. Residents taking leave in excess of this allotted time will not receive a certificate of completion. HR policies will be followed for leave of absence
2. Successful completion of the PGY-1 residency requires 100% of all goals in Required Competency Areas 1,2 and 4 to be marked as Achieved and 100 % of all goals in Required Competency Area 3 and Elective Competency Area 5 to be marked as Satisfactory Progress or Achieved. The RPD will be responsible for marking goals as met for the residency at least quarterly.
3. The resident will be required to complete all activities as outlined in the Requirements Checklist (See Exhibit B) unless not applicable. The RPD will be responsible for updating the requirements of the checklist for residents at least quarterly.
4. A residency project is required to complete the program. The project will be presented at the ASHP Midyear meeting and Midwest Great Lakes Symposium. These meetings are required and all fees plus air/hotel is paid for

- by Deaconess. A manuscript acceptable for publication is required. IRB approval if necessary will be obtained from Butler University
5. Moonlighting is permitted only at Deaconess on a limited basis and only upon the Residency Director's approval. Residents will attest to the duty hour requirements monthly in Pharmacademic by recording any moonlighting hours or stating they have not moonlighted and have abided by the ASHP duty hours requirements.
  6. The resident is required to adhere to all policies and procedures set forth by Deaconess Hospital, Inc.
  7. Resident licensure (NABPLEX and MPJE) is required within 45 days of residency start date. Extenuating circumstances to be discussed with Residency Team. If the resident cannot complete licensure within 45 days ,they are suspended without pay. Suspended time will be made up by the resident at the end of the residency year. If the resident is not licensed within 90 days of residency start date, they are terminated from the program.
  8. Residents are required to be on site at least 40 hours per week, unless they have time off; however, time commitments may exceed this. The ASHP guidelines for duty hours will be followed.
  9. Each resident is required to staff 2 weekends in a 6 week period (weekend staffing includes Friday evening and Saturday/Sunday with at least 8 hours between shifts), as well as, either Thanksgiving plus the day after Thanksgiving or a Christmas Holiday shift. Residents will also staff a New Years shift- either New Years eve or New Years day. Both residents staff the days between Christmas and New Year's as well as 1-2 days during Spring Break.
  10. Upon completion of all requirements of the program, each resident will be awarded a certificate of residency completion, accredited by ASHP, from Deaconess Hospital, Inc.
  11. Employees of Deaconess, including preceptors and residents, have access to Deaconess CONCERN Employee Assistance Program. This free program offers short term counseling and follow up for mental health, life changes , family issues, work/life balance, or personal problems.

E. Resident Well-Being and Resilience

1. Quarterly residency development plan will include assessment of well-being and resilience
2. Residents are encouraged to use all PTO days throughout the residency year to enjoy time away from work for relaxation and rejuvenation
3. Residents have access to the following benefits through Deaconess
  - a. Employee Wellness which includes health screening, WellBeing+Me app with educational modules, access to health coaches, health-focused events
  - b. Discounted fitness facilities such as free access to Deaconess Fitness Centers and discounts on local gym memberships
  - c. Employee Assistance Program which offers short-term counseling and referral if needed for those with mental health concerns
4. ASHP provides Well-Being and Resiliency Resources at <https://wellbeing.ashp.org/>

5. Residency Program Director, Residency Coordinator, Preceptors, and Resident Mentor are always available for to help the resident work on ways to maintain their well-being

#### F. Disciplinary Action

1. The resident will abide by all Deaconess Hospital, Inc. Standards of Employee Conduct, Standards of Performance, Deaconess policies and procedures, Indiana state and federal laws and all compliance regulations. Failure to do so may result in dismissal from the residency program.
2. Failure to become a licensed Indiana pharmacist may result in dismissal from the residency program.
3. Poor performance related to the required outcomes and goals of the residency program will result in disciplinary action and may result in dismissal from the residency program.
4. Disciplinary action will be conducted in a step-wise approach. If the need arises, the preceptor, if involved, and Residency Director will discuss the issue with the resident and collectively will determine a solution to the issue. Documentation will be placed in the resident's file. If this plan does not yield desired results, a second plan will be defined and documented. If the resident continues to fail in their efforts or it is determined that the resident will not complete the program in the normal time frame, the Residency Team will meet to discuss potential remedial work or termination. Termination will be discussed prior with Human Resources.

#### G. Preceptor Requirements

1. Licensed pharmacists are eligible to precept a residency rotation after completion of an ASHP-accredited residency program with a minimum of one year experience or three years' experience if an ASHP resident program has not been completed.
2. All preceptors must complete a Preceptor Academic and Professional Record and update this record annually.
3. Preceptors will be reappointed utilizing the preceptor reappointment checklist.
4. Preceptor training for New Preceptors will include
  - a. Completion of Preceptor Application/Self-Assessment, Letter of Intent, Preceptor Academic and Professional Record, and current CV
  - b. Residency Program Director must complete a developmental plan and review of the training checklist quarterly.
5. Preceptor Development
  - a. Preceptor Development education will occur during the residency meetings at least 6 times per year.
6. Preceptors must have a description of their learning experience and a list of activities to be performed by the resident following Blooms Taxonomy. Each activity will be tied to a specified objective within each required goal assigned to that rotation.
7. Preceptors must orient the residents to their learning experience including reviewing and providing written copies of the learning experience, the educational goals and objectives, and evaluation strategies.

8. Summative evaluations, preceptor evaluations and learning experience evaluations for each rotation are discussed by the preceptor with the resident, resident with the preceptor, the next schedule preceptor, and the Residency Director ad hoc. Evaluations must contain criteria based feedback for each objective. Evaluations without adequate feedback will be returned for editing.
9. Preceptors will provide ongoing verbal and written feedback to the resident via formatives. The feedback section of Pharmacademic can be used for additional feedback. Preceptors must demonstrate the ability to provide criteria-based feedback and evaluation of resident performance.
  - a. For each objective evaluated, the preceptor will explain successes and will list examples of how the resident met the objective.
  - b. For each objective evaluated, the preceptor will also list areas needed to improve.
  - c. It may be appropriate to mark the objective as achieved even if there are identified areas of improvement needed.
  - d. Definitions

**Definition of terms used on assessments**

When a preceptor or resident completes a formative or summative assessment, a consistent definition will be used for the criteria used to assess resident's performance:

**Needs Improvement:** Resident is not performing at the expected level for that particular time. Significant improvement is needed.

- Requires direct instruction the majority of the time. Frequently requires assistance, direct supervision, guidance, intervention or prompting in order to complete objectives.
- Requires some/minimal direct instruction but requires modeling the majority of the time or relies heavily on preceptor coaching.
- Frequently is unable to retain and incorporate information taught.

Preceptor Action: Documented criteria must be provided in Pharmacademic with direction on how the resident should improve their performance. Presence of one or more of the above is sufficient to mark needs improvement

**Satisfactory Progress:** Resident is performing and progressing at a level that is expected. May requires skill development over more than 1 rotation.

- Requires some modeling but majority of preceptor involvement is coaching or facilitation.
- Requires some supervision, guidance, intervention or prompting to complete objectives.
- Is able to retain and incorporate most information taught.
- Asks appropriate questions some of the time.
- Completes tasks in a timely manner with limited prompting

- Acts professionally
- Incorporates feedback with minimal prompting
- Makes appropriate, safe, evidence based recommendations with limited preceptor prompting or intervention.

Preceptor Action: The preceptor is required to document criteria based qualitative comments in Pharmacademic that are specific and actionable as to what the resident has done well and what areas to improve upon.

**Achieved:** Resident can perform activity independently for the earning experience.

- Minimal or limited modeling or direct instruction required. Resident operates nearly autonomously with some input from preceptor (coaching), which is largely resident-initiated.
- Consistently makes appropriate, safe, evidence based recommendations on an independent basis.
- Independently and competently completes assigned tasks.
- Acts professionally.
- Consistently incorporates feedback and shows ownership of actions.
- Minimal supervision needed.

Preceptor Action: The preceptor must document criteria based specific examples within Pharmacademic to justify achievement.

10. Preceptors and residents must demonstrate the ability to provide criteria-based feedback and evaluation of resident performance.
  - For each objective evaluated, the evaluation will explain successes and will list examples of how the resident met the objective.
  - For each objective evaluated, the evaluation will also list areas needed to improve.
  - It may be appropriate to mark the objective as achieved even if there are identified areas of improvement needed.
  - All evaluations, with the exception of formative evaluations, will be completed and cosigned in Pharmacademic within 7 days of the end of a rotation or the end of assignment.  
Preceptors must demonstrate a mastery of the four preceptor roles when teaching clinical problem solving: Instruction, Modeling, Coaching, and Facilitating.
11. Preceptors must demonstrate pursuit of continued refinement of their teaching skills.
12. Preceptors are required to attend Residency Team meetings and resident presentations, inservices, etc if scheduling allows.



13. Preceptors attending the ASHP Midyear Conference will be required to present highlights/pearls from the meeting to pharmacist staff.
14. Preceptor Scheduling: To help prevent preceptor burnout as well as give the preceptor adequate time with their resident in order to instruct, model, coach, and facilitate effectively
  - a. Unless there are certain circumstances, preceptors who own a rotation are required to be with the residents during their rotation. Schedules should be written accordingly.
  - b. Preceptors who precept rotations 4 or more weeks in length will submit their full staffing schedule to the RPD prior to that schedule opening
  - c. Preceptors can request ½-1 project day prior to the rotation starting to create a resident schedule, set-up learning experiences with other healthcare professionals, update required readings, etc
  - d. Evenings
    - i. In order to facilitate more time with the resident, preceptors who are the sole preceptor will have their required evenings cut proportionally to the length of the rotation
    - ii. If rotation spans two schedules, evening reduction will be split evenly between the two schedules
    - iii. If a rotation has two preceptors, the evening reduction will be split evenly between the preceptors
    - iv. Examples
      - 4 week rotation with 1 preceptor = 2/3 of a schedule, so preceptor will have required evenings reduced by 2/3 for that schedule (4 evenings removed)
      - 4 week rotation with 2 preceptors = 2 evenings removed for each preceptor (4 evenings removed total)
      - 6 week rotation with 2 preceptors = 3 evenings removed for each preceptor (6 evening removed total)
    - v. If the rotation does not require the preceptor to be with the resident on a daily basis (ie orientation or Gen Med), no changes to required evenings will be made
    - vi. Leads and preceptors of longitudinal rotations are exempt

#### H. Residency Director Requirements

1. There is only one Residency Director responsible for all sites under Deaconess Hospital, Inc.
2. The Residency Director will assure that all educational outcomes of the program, the welfare of the resident and the welfare of patient are not compromised by reliance on residents to fulfill service requirements.
3. The Residency Director will assure duty hour requirements are followed.
4. The Residency Director will assure the program is compliant with all ASHP Residency Standards.
5. The Residency Director will assure all evaluations are completed appropriately for each learning experience including the resident's self-evaluation, preceptor evaluation of the resident and resident evaluation of the

- preceptor and learning experience. All evaluations, with the exception of formatives, for an experience must be completed and cosigned in PharmAcademic within 7 days of the end of the experience or end of the assigned date. Evaluations by the resident without adequate constructive comment will be sent back to the resident for additional feedback.
6. The Residency Director will be responsible for marking goals as met for the residency.
    - a. The Residency Director and Coordinator will complete an initial resident developmental plan within 30 days of hire. The plan will be discussed with each resident and the plan will be agreed upon by both parties. The Residency Director will reassess the resident's developmental plan quarterly by reviewing each initial and ongoing plan to date. The RPD will review and update goals and objectives achieved/not achieved for the program, the status of rotation projects, the progress of the annual residency project, an assessment of resident well-being and resilience, and the requirements checklist. The Resident Developmental Plan will be shared with all preceptors quarterly and reviewed at a Residency Team Meeting. Residents must also complete a self- assessment developmental plan, including well-being and resilience, initially and quarterly thereafter.
  7. The Residency Director or Coordinate will orient the resident to the residency program.
  8. The Residency Director will meet frequently with the residents for the first 6 months then less frequently the last 6 months. .
  9. The Residency Director will evaluate qualified potential preceptors based upon their desire to teach and their skills.
  10. The Residency Director will provide preceptors with opportunities to enhance their teaching skills.
  11. The Residency Director will track graduated residents and document their career information.
  12. The Residency Director will assess preceptor skills using resident evaluations and feedback. Evaluations with a "Never" marked or negative feedback will be discussed with the RPD.
  13. The Residency Program Director will conduct an Annual Preceptor Self-Assessment for each preceptor to evaluate desire to teach, requirements, skills and needs.

## **VII. REFERENCES: ASHP Residency PGY1 Program Requirements**

# PHARMACY RESIDENT'S ACADEMIC AND PROFESSIONAL RECORD

---

Full Name and Credentials:

Email address:

Organization/Training Site:

## EDUCATION

College or University	Dates	Degree/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## POSTGRADUATE TRAINING *(e.g., residency, fellowship)*

Specific Type of Postgraduate Training	Institution	Preceptor	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PROFESSIONAL EXPERIENCE: *List your experience in pharmacy practice for the last five years, most recent record first.*

Practice Site	Location	Position and Title	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## Job Description and Performance Standards

I acknowledge that I have been given a copy, or know where to find an electronic copy, of my Job Description and Performance Standards for my position at Deaconess.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Resident Acknowledgement of Receipt of Resident Manual

I acknowledge that I understand the requirements for completion of the Deaconess PGY1 Residency include:

I accept these terms and conditions as part of accepting the position. I have received my copy of the Deaconess Hospital Inc PGY1 Resident's Training Manual and agree to abide by all requirements described in its contents. Noncompliance with the requirements will result in failure to complete the PGY1 Residency.

Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return to: Meredith Petty, PharmD  
Residency Program Director  
Department of Pharmacy  
Deaconess Hospital  
600 Mary Street  
Evansville, IN 47747  
812-450-2494