RESIDENCY OPERATION AND PROCEDURE MANUAL

2016-2017

THE UNIVERSITY OF TOLEDO
Toledo, Ohio
PGY1 PHARMACY RESIDENCY PROGRAM
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July 1, 2016

Dear Resident:

On behalf of The University of Toledo Medical Center (UTMC), I would like to welcome you to the Medical Center. We are committed to the provision of outstanding post-graduate residency training programs. We currently offer an array of experiences designed to prepare individuals for roles in pharmacy with a focus on managed care.

The primary emphasis of your residency program will be the development of practice skills in an ambulatory care and outpatient pharmacy setting. You will be delegated medication therapy management responsibilities under the preceptorship of our outpatient and ambulatory care teams and help to manage the University of Toledo employee prescription benefit under my direction and the rest of the managed care team. Your preceptors will assist in the development of your one-on-one patient skills while developing your clinical knowledge in specific patient care areas. You will also be given teaching responsibilities to further develop your communication skills and abilities as a teacher. You will participate in ongoing service activities to further develop your problem solving skills and your ability to work with others.

Preceptors will establish minimum expectations for your performance during rotations. You will be encouraged to surpass these minimum expectations and provide continual feedback to me during your experiences. You will be delegated responsibilities and will be allowed to achieve as much independence as desirable and achievable.

At the end of this residency you will have a greater understanding of what it means to be a managed care pharmacist. We will prepare you to create highly managed patients that are motivated to achieve maximum value for their healthcare dollars. As a managed care pharmacist you will learn how to be at the forefront as an innovator who is willing to explore and implement a variety of clinical and plan design strategies to achieve optimal health outcomes and reduce costs. With our own employee benefit we will teach you how to champion new ways to steer members to lower cost alternatives, improve medication adherence and close gaps in care. Having access to powerful analytics for adherence and late to refill prescriptions you will help to engage members via employee incentivized wellness programs and provide opportunities for patients to make more informed and better decisions that will results in higher quality or lower cost treatment. You will be providing “one on one” patient care in a variety of settings as well as learning the administrative background of running a pharmacy and managing an employee prescription benefit.

The year ahead will be a busy one, but I am confident that you will benefit from the residency program and the team of individuals you will be working with. On a national basis, it is evident that the outstanding practitioners of the future will have completed post-graduate training in addition to their degree in pharmacy. Your investment of time, talent and energy will reap rewards in the future. As your residency program director, I am available to help you reach your highest potential. I look forward to working with you and guiding your progress and development.

Sincerely,

Cindy Puffer, RPh
Managed Care Pharmacy Operations Manager
PGY1 –Residency Program Director
RESIDENCY INFORMATION

MISSION STATEMENT
The mission of the University of Toledo Medical Center and the College of Pharmacy and Pharmaceutical Sciences (CPPS) Residency Programs is to provide outstanding residency opportunities that will allow pharmacists to advance their careers. Guiding principles are personal integrity, respect for humanity, and professionalism.

The mission of the University of Toledo PGY-1 residency is to develop a well-rounded pharmacist who exhibits qualities as a strong leader and teacher while providing optimal drug therapy to patients in an ambulatory care and outpatient setting with a managed care emphasis. The first year residency program enhances general competencies in managing medication use systems and supports optimal medication therapy outcomes for patient with a broad range of disease states. Guiding principles include personal integrity, respect for humanity, and professionalism.

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

The program will provide the resident with the knowledge and skills to pursue a career as a pharmacist in the following areas:
- Utilization management
- Ambulatory care
- Medication therapy management
- Transitions of care
- Pharmacy benefit manager
- Anticoagulation pharmacist
- Formulary management
- Specialty pharmacy/ prior authorization
- 340B specialist
- Clinical program manager
- Adjunct faculty

Environments that will be well suited for graduates of this program will be include managed care, healthcare networks, employer based benefit design, ambulatory clinics, outpatient pharmacies, drug distribution, patient safety, clinical program development, business and cost management and accountable care organizations. In addition residents completing this program will be prepared to complete a variety of PGY-2 programs including but not limited to Ambulatory Care, Pharmacotherapy, and administrative residencies.

EXPLANATION OF PURPOSE STATEMENT / PROGRAM DESIGN
The purpose of the University of Toledo PGY-1 Residency is to train the pharmacy resident to become a well-rounded pharmacist. The pharmacy resident will train at The University of Toledo Medical Center outpatient clinics, outpatient pharmacies, two ambulatory care settings as well as collaborating with the current employee prescription benefit manager while meeting the competency areas, goals, objectives within the ASHP standards. The resident will be expected to become competent within the learning experiences in the following seven required competency areas associated with learning experience documents and objectives:

1. Patient Care
2. Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education, and Dissemination of Knowledge
5. Managed Care
6. Teaching and Learning
7. Specialty Pharmacy

Preceptors assure required competency in each of the above areas by teaching or evaluating required educational goals and objectives. Competency within these six areas will be achieved by the teaching and evaluation of these goals thru learning experiences in the following required areas of focus:
- Community-University Health Care Clinic (Core + Longitudinal)
- Managed Care (Core)
- Pharmacy Administration (Core)
- HIV Clinic (Core)
- Transitions of Care (Core + Longitudinal)
- Teaching Certificate (Longitudinal)
- Research (Longitudinal)
- Staffing (Longitudinal)
- Anticoagulation Clinic (Core)
- Medication Management (CHF and MI) (Longitudinal)
- P&T Concentrated Experience (Concentrated)

While attaining competency in these areas, learning experiences will focus on managing and improving the medication-use system, quality and safety, formulary management, adherence and medication therapy management (See Appendix 1 T&E grid rotation goals and objectives).

The resident will achieve two thirds of their resident experiences providing direct patient care to specialty pharmacy patients, employees enrolled in the UT prescription benefits plan, inpatients transitioning out of the hospital, patients seen within the UT anticoagulation clinic, patients seen under the medication management clinic as well as patients cared for during the staffing component of the program.

During the residency orientation the Residency Program Director (RPD) will review the following:
- The residency's purpose and practice environment
- The appropriate accreditation standards, competencies, goals and objectives
  - T&E Grid (Appendix 1) Design and purpose
  - Learning Experience Documents (Appendix 2)
    - Explanation of the required and elective learning experiences and the length of each rotation
  - Design of the residency program including all program requirements
  - The current resident schedule (Appendix 3)
- Evaluation strategy
  - Completion, documentation and review of initial assessment form (Appendix 4a)
  - Review of initial assessment with Resident Advisory Committee (RAC) to determine changes to the program based on resident incoming needs. Updated quarterly and reviewed by RAC committee to meet the needs of the resident (Appendix 4b Customized Residency Training Plan)
  - Review of PharmAcademic and overall evaluation process
    - Preceptor Summative Evaluation of Resident (Appendix 4c)
    - Learning Experience Evaluation by Resident (Appendix 4d)
    - Preceptor evaluation by resident (Appendix 4e)
    - Formative Feedback (Appendix 4f)
    - Exit Interview (Appendix 4g)
- Residency manual review
- Residency policies, terms and conditions
  - Requirements for completion –(detailed in Residency Manual Residency completion requirements)
  - Moonlighting –(detailed in Residency Manual see Residency Benefits)
  - Duty hours- (detailed in Residency Manual Expectations and Responsibilities)
  - Dismissal-(detailed in Residency Manual Corrective Action)

Each resident will be provided an area in which to work and will be provided
- Reference materials
- Relevant technology
- Access to extramural educational opportunities
- 2K stipend for attending conferences
RESIDENCY PROGRAM DESCRIPTIONS & DEFINITIONS

In May of 2014 the CEO of the University of Toledo Medical Center (UTMC) was approached in support of adding a residency program dedicated specifically to the managed care area. UTMC was in the process of implementing a plan optimization program for its employee prescription benefit with projected additional savings of 1.1 million dollars in additional saving to the plan.

As part of the return on this projected plan optimization savings, additional funding was requested for a new PGY1 residency that would be fully dedicated to the OP pharmacies, ambulatory spaces and managed care. In July 2014 the first PGY1 residency was started at UTMC that focused on managed care, outpatient and ambulatory services. The organizational structure of the program is set up to report to the UTMC hospital.

In February 2015 the application process was started for ASHP accreditation of the program as a PGY1 residency program. Site evaluation is schedule for spring-summer of 2016. Residents completing the current program will retroactively be awarded a new certificate as an ASHP accredited program.

**Director of Pharmacy** The pharmacy shall be managed by a professionally competent, legally qualified pharmacist. The Director of Pharmacy is knowledgeable about and is expected to have experience in hospital pharmacy practice and management. An advanced management degree (e.g., M.B.A., M.H.A., or M.S.) or an administrative specialty residency is desirable.

The Pharmacy Director is responsible for the following:

- Designating the individual responsible for the administration and coordination for the PGY1 Residency Program
- Establishing the mission, vision, goals, and scope of services of the pharmacy based on the needs of the patients served, the needs of the hospital (and any health system of which the hospital may be a component), and developments and trends in health care and hospital pharmacy practice
- Developing, implementing, evaluating, and updating plans and activities to fulfill the mission, vision, goals, and scope of services of the pharmacy
- Actively working with or as a part of hospital or health-system leadership to develop and implement policies and procedures that provide safe and effective medication use for the patients served by the institution
- Mobilizing and managing the resources, both human and financial, necessary for the optimal provision of pharmacy services
- Ensuring that patient care services provided by pharmacists and other pharmacy personnel are delivered in adherence to applicable state and federal laws and regulations, hospital privileging requirements, and national practice standards
- Responsible for handling grievances that are still disputed beyond the Residency Program Director (RPD) and Resident Advisory Committee (RAC level)

**Residency Program Director (RPD)** the individual responsible for directing the activities of a particular residency program and is responsible for completion of the Residency Learning Systems (RLS) quarterly and final evaluations. The RPD must also maintain the program’s compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies throughout the accreditation cycle such as activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation. (See Appendix 5)


**Residency Coordinator** the individual(s) who the PGY-1 Residency Program Director assigns as a personal and/or professional advisor to one or more PGY-1 Residents. Point of contact for the PGY1 program when the RPD is not available.

**Preceptor** - the individual assigned to educate, train and evaluate the resident within their practice area or area of expertise who:

- Contributes to the success of residents and the program
- Provides learning experiences in accordance with Standard 3
- Participates actively in the residency program’s continuous quality improvement processes
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- Adhere to residency program and department policies pertaining to residents and services
• Demonstrates commitment to advancing the residency program and pharmacy services
• As part of their annual performance review will be assessed on the following:
  • end-of-year preceptor self-assessments
  • review quality of written feedback (sample from each preceptor)
  • review resident evaluations of preceptors and learning experiences for trends
  • participation and input for the Resident Advisory Committee meetings
  • maintain individual learning experience documents and develop appropriate activities to
    meet goals and objectives of the residency program
  • ability to complete preceptor development in a timely manner
  • review progress to date for preceptors in training

(See Appendix 5b Residency Preceptor Qualifications and Responsibility Checklist, See Appendix 5c for List of Current Residency Preceptors)

A preceptor in training development plan will be developed with any Pharmacist new to precepting who does not yet meet the qualifications for residency preceptors as stated above therefore will be
• Assigned an advisor or coach who is a qualified preceptor

and

• A Preceptor Development plan established between the RPD and the Preceptor in training that will be reviewed quarterly to assure timely progress. Preceptor-in-training development plans are used for any new preceptor that is not able to meet the ASHP requirements for a PGY1 preceptor. The development plan may span a total of 2 years.
• (Appendix 5c Residency Preceptor- In -Training Qualifications and Responsibility Checklist)
• (Appendix 5d Preceptor In training Development Plan)

Residency Advisor: Serves as a professional mentor for the resident and meets periodically to discuss progress towards goals and any issues pertaining to the program. The residency advisor may also be a preceptor for one of the resident rotations.

Administrative Coordinator designates the individual that manages and coordinate the day-to-day administrative functions of the residency program. Responsibilities are outlined in the administrative coordinator job description

Residency Advisory Committee (RAC) Oversight committee to discuss and monitor progress of the resident and the PGY1 program also responsible for establishing preceptor training and development. RAC meets once per month and is composed of core preceptors and advisors for the PGY1 residency program. RPD will chair the RAC committee and will assign the responsibility for agenda preparation and RAC meeting minutes to a RAC Committee member. The PGY1 resident will participate in RAC meetings, unless a closed session is needed. Any feedback from RAC will be given to the resident through their advisor, preceptor, or RPD as appropriate.

An ongoing preceptor development plan will be established thru the residency advisory committee and become an expectation of the annual performance review process. Annually each core preceptor will be responsible for:
• completing one preceptor development CUE per quarter
• Attend the University Of Toledo College of Pharmacy Preceptor Development Seminar
• attending an annual retreat residency review to make changes to the residency program
• Participate in one annual leadership or ASHP sponsored RLS training as determined by the RPD

Appendix 5F development tracking form

Residency Continuous Program Improvement Process:
1. RAC – Monthly
2. Formal annual program evaluation – Annual June retreat
3. Modification to the residency program discussed monthly at RAC in response to ongoing assessment of the Resident customized residency training plan
4. Graduate tracking updated annually (Google docs Attachment H)
EXPECTEDATIONS AND RESPONSIBILITIES OF RESIDENTS- Listed within policy section of manual

Professional Conduct
The PGY1 residency is committed to providing excellence in patient care, teaching and research in an environment that is respectful of others, adaptive to change and accountable for outcomes. The resident must understand that he/she is representative of the University of Toledo and the Outpatient Pharmacies and Ambulatory Clinics and is expected to conduct him/herself in a professional manner at all times.

It is the responsibility of all residents to adhere to the University of Toledo Medical Center (UTMC) Standards of Conduct policy which states: The University of Toledo’s goals of excellence in education, research, and in quality patient care are supported by a set of standards of conduct. A detailed description of the standards may be found at: http://www.utoledo.edu/policies/administration/humanresources/pdfs/3364_25_01.pdf

Professional Dress
All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of UTMC. Clean, pressed white lab coats of full length will be worn at all times in patient care areas. Any specific problems with dress will be addressed by the resident's program director and/or preceptor. A detailed policy may be found at: http://www.utoledo.edu/policies/administration/humanresources/pdfs/3364_25_06.pdf

Identification Badges
UTMC Security requires all personnel to wear his/her badge at all times when they are on campus. If the badge is misplaced, a temporary badge is available at Security in the basement of the hospital. If the employee badge is lost, the resident must report the loss immediately to Security, and render a fee for replacement. This identification badge will also be utilized to obtain access to any area requiring a badge swipe for admittance. A detailed policy regarding employee badges may be found at http://www.utoledo.edu/policies/administration/finance/pdfs/3364-40-23%20%20Identification%20Badges.pdf

Patient Confidentiality
Patient confidentiality will be strictly maintained by all residents. Any consultation concerning a patient will be held in privacy with the utmost concern for the patient’s and family’s emotional and physical well-being. A detailed policy may be found at http://www.utoledo.edu/policies/administration/compliance/pdfs/3364-15-10.pdf

Electronics and Responsible Use
The use of any electronics (both personal and University-provided) and the use of computing resources are subject to the requirements of legal and ethical behavior within the university community. The resident may be given university-provided electronics for use while employed at the University of Toledo Medical Center. All electronics must be returned in good-working condition at the end of residency. Any lost, stolen, or damaged electronics (by negligence, etc.) will be replaced at the resident’s expense. A detailed policy regarding electronics and responsible use can be found at https://www.utoledo.edu/policies/administration/info_tech/pdfs/3364_65_05.pdf, A detailed policy regarding electronic mail services can be found at https://www.utoledo.edu/policies/administration/info_tech/pdfs/3364_65_01.pdf

Attendance
Residents are expected to attend all functions as required by the Residency Program Director (RPD) and rotation preceptors. The residents are solely responsible for their assigned operational pharmacy practice and are responsible for ensuring that these service commitments are met in the event of an absence. All leave requests should be discussed at least 30 days in advance with the involved preceptor(s) to assure that service responsibilities can be fulfilled. An excused absence is defined as vacation, sick, or professional leave discussed with and signed off by the respective rotation preceptor and program director. This schedule may have slight variations depending on factors such as clinics, staffing, teaching, professional obligations and unexpected variability in preceptor schedules. (See Appendix 3 Resident Schedule)
The PGY1 Resident is required to staff one Saturday a month in addition to weekday requirements, during pharmacy business hours (not to exceed 7am-7pm).

In the case of inclement weather or other emergencies, all essential services on the Health Science Campus will continue. Essential personnel are required to report to work during all emergencies when scheduled. The PGY1 Resident will report to work when the outpatient pharmacies and clinics remain open. Please refer to the detailed policy found at https://www.utoledo.edu/policies/administration/humanresources/pdfs/3364_25_14.pdf
**Leave of Absence**
Residents are expected to perform their duties for 12 calendar months. Therefore, absence due to a vacation, illness, personal business, etc. should not exceed allotted time. Any unexpected hardship must be communicated with the residency program director and absence will be planned. Any make up time must be added to the projected date of completion of the required 12 months of training. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled. Arrangements with individual residents and the RPD will be made for any unforeseen long term leave of absence and may include a furlough of pay and completions to be determined when appropriate. (See Appendix 6- Leave of Absence Form)

**Letter of Acceptance and Contract**
The residency program director (RPD) must provide the PGY1 resident with a letter outlining their acceptance. (See Appendix 7 Letter of Acceptance & Appendix 8 Contract Template)

**Duty Hours**
Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

ASHP duty-hour standards
- Duty Hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities.
- Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4 week period. It is highly unlikely that the residents within the PGY1 residency will be expected to be “on call”. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

**Moonlighting**
(internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. The ability to moonlight must be discussed with the RDP and if allowed the following must be considered and documented in the resident employee record:
- All moonlighting hours must be counted towards the 80 hour maximum weekly hour limit.
- Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
  - The type and number of moonlighting hours allowed by the program
  - A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
  - A mechanism for evaluating residents overall performance or residents judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
  - A plan for what to do if residents participation in moonlighting affects their judgment while on scheduled duty hour
    - If it is determined that moonlighting is affecting the ability of the resident to complete required PGY1 residency requirements, the resident will be required to immediately stop moonlighting.

**RESIDENCY REQUIREMENTS**

**Completion Requirements**
Residents in all residency programs will be required to complete 12 months of training and perform or participate in a number of pharmacy related/professional activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. In addition to the expectations outlined by the accreditation standards we expect residents to be able to:
- Describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professionals to achieve optimal patient outcomes.
- Function as a pharmacist in a variety of settings.
- Participate in drug use review and drug policy development in the managed care setting.
- Provide medication therapy management services at the outpatient pharmacies and 340B pharmacy.
- Communicate effectively in writing.
Communicate effectively verbally with other team members.
Teach others effectively about drug therapy.
Participate in quality improvement initiatives including each department PMAAR quality improvement initiative.

A checklist of the minimum requirements for completion of this residency is available in Appendix 12.

At the completion of 12 months of training the RPD will award a certificate of residency to those residents who complete the program’s requirements (See Appendix 12a). Completion of the programs requirements will be documented with summative evaluations for each rotation and a documented final exit interview with the resident (Appendix 4c & 4g). Specific resident work products/ records/ files/ electronic tracking or other projects tied to a specific learning experience will be saved by year within that specific learning experience folder for future reference and teaching purposes.

The following specific activities/ deadlines must be completed to maintain resident status:

1) **Licensure with the Ohio State Board of Pharmacy by September 30th** of the year starting residency. Any resident who fails to pass/ take the licensure exam in this timeline must formally document this failure in a letter to the RPD and Pharmacy Director. The resident must pass the exam at the next feasible exam date (to be determined with the RPD) or will be subject to dismissal from the program. All residents must be licensed by the Ohio State Board of Pharmacy. Information on the license process may be access at [http://pharmacy.ohio.gov/](http://pharmacy.ohio.gov/). Questions regarding licensure may be addressed directly to the Ohio Board of Pharmacy.

Ohio Board of Pharmacy
77 South High Street, Room 1702
Columbus, OH 43215-6126
Telephone: 614-466-4143
Fax: 614-752-4836

Residents must be graduates of an ACPE accredited college of pharmacy or have an FPGEC from the NABP. Additionally, residents must at least have a graduate intern license upon starting the PGY-1 year. If you have not received your pharmacist license by September 30th, your participation in the residency program will be reviewed, and you may be subject to dismissal.

2) **National Provider Identifier**
In additional to licensure, residents are required to obtain a National Provider Identifier (NPI) by July 1st and update it by September 30th after obtaining the pharmacist license. This can be completed online at [https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart](https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart).

Pass all UT Human Resources Mandated Resident Pre-employment qualifications
If you do not pass all UT Human Resources Mandated Pre-employment items, your participation in the residency program will be reviewed, and you may be subject to dismissal.

3) **Complete all UTMC Mandated Training**
   **Diversity Training**
   1. The Cultural Diversity training is located at [https://testbank.utoledo.edu/Public/Login.aspx](https://testbank.utoledo.edu/Public/Login.aspx). Please use Internet Explorer as your browser since many of the other browsers create problems with the modules.
   2. The link above will take the user to something that looks like a calendar. Above the calendar grid, there are login boxes for UTAD ID and Password.
   3. On the left side of the page, there is a list of links to use to access the tests. Under Testing/Training the third link is labeled Select Test. Clicking on this link will take the user to a drop-down selection menu.
   4. Use this drop down to find the test labeled Diversity Training (172).
   5. Select that test and click the button beneath it labeled Take Selected Test. This will take the user to the training module. Please be sure that any "Pop-up Blocker" on your browser is turned off during this training or the training module will not come up.
   6. The user should complete all five training modules. Please be sure to use a computer that has speakers and make certain the sound is audible. You will not be able to advance through each screen until the audio portion for each screen is completed.
7. Once you have completed all five modules, click on the button labeled **Complete**. This will take the user to a short survey regarding the training itself. This survey must be completed and the **Submit** button must be clicked in order to have the user’s name added to the database to indicate completion.  

**TIP:** Print or save a copy of the completion certificate to be used for the Teaching and Learning Certificate program.

**Annual Safety Training**

1. Go to [http://www.utoledo.edu/depts/safety/Training.html](http://www.utoledo.edu/depts/safety/Training.html) in an internet browser (Explorer may be better than Firefox).
2. Click on **Safety and Health Test Bank (online) and Training Calendar** in the middle of the screen.
3. Type in your UTAD username and password.
4. If you have a requirement for training, your list of required test(s) will appear. Click on the **name of the test** to begin.
5. If you previously started a test that you didn’t finish, a test number will be waiting on the screen after you log in. Click on the appropriate blue test number to begin OR click the **Select Test** option on the left of the screen under **Testing/Training**.
6. A new box will appear titled **Select Test**. In that box is a drop-down menu where all the tests are listed. Click on the arrow for the drop-down menu and choose the test you want to take. Test #1 Safety 2010-2011 (for most employees)
   - Check with the RPD to ensure the appropriate test is taken
7. Then click the **Take Selected Test** button – you can take it at that point or start it later. You have the option to exit and come back to finish later at any point during the test.
8. The first question of the test will appear. Answer each question by **clicking on the desired answer**. **TYPING THE ANSWER DOES NOT WORK**! Click on the blue word **Next** or the blue number on the next box to advance to the next question of the test.
9. When you are done choose the **Finish/Score** test link just above your test answers.
10. The program will provide you with a results page if you have completed your test.
   - You can print the results page by clicking on the **Print** button below the results. You can also click the **Missed Questions** button to see the questions you missed.
   - There is a button **Other Test Results** if you want to look at your past test scores. If you want to return to the log-in page, click the button **Testing Home**.
   - If you failed the test or any individual topics, go to your test bank home page, then click on **Select Test** from the menu on the left side. Then use the dropdown menu in the middle of the screen and choose the test for the topic you failed. Many tests have similar names, so be sure to pick the test with the same name as the topic(s) you failed.
   - When you are finished using the test bank, do not forget to log off.

**HIPAA training**

In the past HIPAA training has been completed by the GME office during the official orientation for the hospital. If this is not done at that time, it can be completed online at the same location as the Diversity and Safety online training modules.

**Pharmacist Training Pathway** documents will be completed during the orientation month of July. This pathway document should be carried with you from location to location so that preceptors and check off appropriate training and learning experiences.

**CITI Program Training** documentation needed prior to participating in institutional research.  
https://www.citiprogram.org

4) **Participate in the Residency Orientation Program**

A formal orientation program hosted by the Office of Graduate Medical Education for all medical residents is scheduled at the end of June each year. All new pharmacy residents are expected to attend these sessions for the general orientation process completed through the Graduate Medical Education (GME) office and the Human Resources (HR) department. New hire paperwork (W4, I9, benefits form, etc.) will be completed at this time. The orientation period in June is used to introduce the incoming residents to UTMC, the College of Pharmacy and Pharmaceutical Sciences, and the department of pharmacy along with outlining the expectations for the residency year.

See Z:\Pharmacy\Common\Outpatient Pharmacy\PGY1 Residency\Recruiting and HR documents\HR docs
The annual resident July orientation will include training by the RPD and appropriate preceptor to the following:

- The residency's purpose and practice environment.
- The appropriate accreditation standards, competencies, goals and objectives.
- Design of the residency program including all program requirements.
- Description of required and, if applicable, elective learning experiences.
- Z:\Pharmacy\Common\Outpatient Pharmacy\PGY1 Residency\Rotation Documents
- Evaluation strategies used
- Residency manual review
- Residency policies, terms and conditions, e.g., requirements for completion, moonlighting, duty hours, dismissal
- Review of resident’s self-assessment to determine resident's strengths and needed areas

This and other self-assessment activities will be taken into consideration when developing the customized plan.

5) Participation in the Pharmacy & Therapeutics Committee Mission of the Pharmacy and Therapeutics program is to provide world class pharmaceutical care at the University of Toledo while maintaining fiduciary responsibility through engaged multidisciplinary team include medical staff from all departments, pharmacy, quality improvement, information technology nursing, dietary, respiratory, finance, and administration.

The PGY1 resident will be responsible for presenting one Therapeutic Drug Class Review, OR one Drug Monograph at a formal hospital P&T committee meeting. For the project that is chosen, a preceptor will be assigned to provide assistance to the resident. The project will be assigned at the pre-P&T Pharmacy meeting the month before the presentation. The resident will practice their presentation at the P&T Pharmacy Review Meeting on the second Tuesday of the same month that the resident will be presenting. For the P&T assignment, a checklist must be completed to allow for proper follow through of the topics presented.

To Access Equipp P&T software  https://www.equipp.org/default.aspx

ID = NABP number
password = Toledo@123

The resident will be responsible for completing the following:

- **P&T checklist** (Appendix 9a)

- **CME disclosure form** (Appendix 9b)

- **One therapeutic class review**- Each resident is required to participate in a drug class review for presentation at the pharmacy and therapeutics committee meeting. The goal of the project is to identify preferred agents within an assigned drug class for toxicity, cost, and/or effectiveness. Policies and procedures determined by the department of pharmacy and UTMC administration must be followed. Satisfactory performance as determined by the RPD or his/her designee is required for the successful completion of the program.(Appendix 9e Therapeutic class review template).

OR

- **One Drug monograph** Each resident is required to participate in presenting a drug monograph to the pharmacy and therapeutics committee for the request of addition to formulary or review of a medication to support patient care at UTMC. The resident will be given the specific medication to review by the RPD or his/her designee. Policies and procedures determined by the department of pharmacy and UTMC administration must be followed. Satisfactory performance as determined by the RPD or his/her designee is required for the successful completion of the program. A template for the composition of the monograph and the PowerPoint used to present the medication can be found on the Z drive in the PGY1 Pharmacy Residency Folder. (Appendix 9c)
• One additional managed care medication use evaluation which will be used to evaluate the cost impact for the employee prescription benefit and application of clinical guideline compliance. The role of the managed care MUE will be to evaluate the efficiencies of the OPTUM formulary and assure that providers are using the OPTUM formulary to meet guideline compliance. The UT clinical pharmacy team will work with OPTUM clinical pharmacists and report back information regarding any improvement process that can be established in the UT employee prescription benefit program. Any identified concerns will be taken back to the OPTUM P&T committee which meets quarterly in at the OPTUM headquarters in Chicago. The MUE will include the following:
  • Chose a drug class for a medication use evaluation process that is a critical component of care for a specific disease or condition or highly used nonformulary medication or signs of treatment failure that are of interest for the UT employee prescription benefit. After data analysis the following information will be evaluated by the clinical team:
    • Number of patients utilizing the chosen medication within the class to review identifying significant trends in utilization
    • Total cost to the UT health plan
    • Percentage of patient cost share
    • Trends in drug utilization per year by class
    • Spending trends for the MUE
    • Percent of claims per year by drug
    • Identification of top Rx spend pmpm
    • Cost per patient per year
    • OP pharmacy prescription capture rate
    • Educate our UT RA to promote the use of criteria, guidelines treatment protocols and standards of care used by the OPTUM formulary. ( review OPTUM guideline protocols for the chosen class of meds )
    • Develop and implement plans for improvement of the MUE process based on MUE findings ( if indicated) - identify when Tier three is used without use for Tier 2
    • Demonstrate opportunities to minimize costs and verify appropriate use of the class of medications for the employee prescription benefit.

5) Resident Research Project and Manuscript

Project selection / Scope of projects/ Approval
Each year, the RPD and potential project preceptor(s) will submit research topics ideas for consideration. Discussions with the resident during residency orientation will allow the resident to review potential projects. A resident may develop his/her own idea for a research project and discuss/receive approval from a preceptor and the RPD. Once a topic and preceptor have been selected, the resident will be allotted time during the residency to complete a pharmacy practice research project within the residency year. A manuscript suitable for publication in a peer-reviewed journal describing the results of the project must be written and submitted to RPD and preceptor overseeing the research. Those involved with the research must complete CITI and IRB training.

Investigational Review Board (IRB) and CITI Training
Each resident will need to be trained prior to completing a project containing human subjects as the target population. This training provides information needed for the IRB submission process as well as contact information for the IRB department.
  • This training should be completed online through CITI and accessed on the IRB website under Training and Education tab found at http://www.utoledo.edu/research/RC/HumanSubs_Menu.html.

Status Reports
As a part of the research process, the resident will be evaluated quarterly by the preceptor for the longitudinal learning experience. The project preceptor should add further clarification and/or comments about the resident or progress of the project as he/she feels is necessary.

Preparation of a Manuscript Acceptable for Publication
All residents will write at least one manuscript suitable for publication in a peer-reviewed biomedical journal. One manuscript must be a report of the PGY-1 resident’s practice related project. Additional manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a
preceptor is required. The resident must be first author and be responsible for submission and revisions to a journal.

**Project Completion**
The project will be considered complete when the stated objective(s) have been met to the satisfaction of the project preceptor and the RPD, a manuscript suitable for publication and results of the project are submitted to the RPD, and the project is presented at Ohio Pharmacy Resident Conference. A residency certificate will not be awarded until the project is complete.

**Example Project Timeline**

<table>
<thead>
<tr>
<th>Date</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 1-30</strong></td>
<td>The resident, in conjunction with Residency Director and potential project preceptor(s), will identify a project and complete a Resident Project Approval Form. (Appendix 10) This form must be submitted to the RPD by the end of July</td>
</tr>
<tr>
<td><strong>Onboarding in July</strong></td>
<td>Completion of Human Subjects Review - IRB training</td>
</tr>
<tr>
<td><strong>Mid-August</strong></td>
<td>IRB deadline - The project rationale and design will be completed and submitted to the appropriate investigational review board (IRB). If changes are needed, comments will be returned to the principle investigator.</td>
</tr>
<tr>
<td><strong>Early September</strong></td>
<td>First draft of abstract for ASHP/AMCP poster presentation</td>
</tr>
<tr>
<td><strong>Mid-September</strong></td>
<td>Revised draft of IRB proposal due</td>
</tr>
<tr>
<td><strong>Late September</strong></td>
<td>Submission of IRB application</td>
</tr>
<tr>
<td><strong>September 30th</strong></td>
<td>Submission of timeline for remainder of research project depending on scope and type of project.</td>
</tr>
<tr>
<td><strong>October 1st</strong></td>
<td>Submission of abstract to APHA poster presentation</td>
</tr>
<tr>
<td><strong>February 1st</strong></td>
<td>Submission of abstract for Ohio Pharmacy Residency Conference (OPRC)</td>
</tr>
<tr>
<td><strong>March 1st</strong></td>
<td>Final abstract for OPRC due</td>
</tr>
<tr>
<td><strong>April 1st</strong></td>
<td>1st draft of manuscript due</td>
</tr>
<tr>
<td><strong>April 8th</strong></td>
<td>1st draft of OPRC slides due</td>
</tr>
<tr>
<td><strong>June 15th</strong></td>
<td>Final draft of manuscript due</td>
</tr>
<tr>
<td><strong>June 30th</strong></td>
<td>Projects will be completed. In cases where the projects are not completed by this date, sufficient progress must have been made to allow for submission to OPRC</td>
</tr>
</tbody>
</table>

Refer to research series documents
Z:\Pharmacy\Common\Outpatient Pharmacy\PGY1 Residency\Additional Series\Research Series

6) **Participation in Conferences**

**The University Health System Consortium (UHC) Pharmacy Council Meeting** December - held in conjunction with the ASHP Midyear Clinical Meeting. The resident is required to attend the events of the pharmacy council as well as present during the resident poster presentation reception. This session will provide the opportunity for interaction and networking with UHC leadership along with other UHC-affiliated residents and pharmacists. Information can be found at [https://www.uhc.edu/](https://www.uhc.edu/).

**TIP:** Watch for deadlines for abstract submission and sign-up as soon as registration is open. Enter abstract information early to ensure participation in the event.

**American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting (MCM)**

December a Focus on improving patient care by allowing pharmacists to update their knowledge, network, enhance current skills, and learn about the latest technology available. This forum serves as an opportunity to seek future employment or evaluate residency programs. Each resident is responsible for presenting a poster of current research information along with participating in recruitment efforts for The University of Toledo residency programs. Information can be found at [http://www.ashp.org/mcm](http://www.ashp.org/mcm).

**TIP** Check website early for actual conference dates and location
- Although the board supplied for the poster presentation is 48" by 96", a poster of 36" by 56" is sufficient. Templates for the poster are available on the Z drive.
- Check website often for hotel, registration, CareerPharm, and abstract information/deadlines.

**Ohio Pharmacy Residents Conference (OPRC)** March

The Ohio Pharmacy Residents Conference (OPRC) is held in the spring of the year and is a forum where residents share experiences and expertise. Each resident will make a brief presentation on their project which will be evaluated by preceptors and residents attending the conference. The resident will participate in a practice session with UTMC preceptors prior to OPRC attendance. Residents are required to present.
TIP Check website for actual conference dates and location
- Data Collection for OPRC needs to be completed by March 15th and data analysis by April 1st

American Academy of Managed Care Pharmacy
Residents are encouraged to attend the AMCP October fall and/or April meeting and present research through poster presentations. Information can be found at www.amcp.org
- Check website for actual conference dates and location.

TIPS FOR ALL CONFERENCES: Be aware of deadlines for abstracts, registrations, and presentation submission.
Presentation recommendations:
- Have uniformity between all UTMC presentations
- Include a slide describing the institution where the research was conducted (if appropriate)
- Include a slide with the learning objectives of the presentation
- Active learning: ask audience to answer after questions (participation) and then highlight/discuss correct answer
- Prepare early and practice in front of faculty/preceptors on multiple, separate occasions if possible

7) Participation in Recruitment Efforts
The resident will assist with the recruitment efforts of the PGY1 residency program. Each resident is an important source of information for potential candidates. Candidates will expect to be able to interact with the current residents at the ASHP midyear show-case and the current resident is expected to spend time providing information to interested candidate. Residents will be asked to staff residency showcases and recruitment events. Recruitment events may include but are not limited to:
- ASHP midyear conference
- TASHP Residency Showcase - Toledo
- OSHP Residency Showcase - Columbus
- ONU Residency Showcase – Ida
- AMCP Nexus if annual budget permitting
- AMCP annual meeting budget permitting

8) Teaching Certificate Program, Leadership, Presentation and Research Series
Teaching Certificate: The University of Toledo College of Pharmacy and Pharmaceutical Sciences (UTCOPPS) offer a comprehensive teaching certificate program. Participation in the program is mandatory.

Resident involvement in the teaching activities fosters development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. The program is designed to demonstrate faculty roles and responsibilities while promoting teaching skills essential to developing and delivering didactic or experiential instruction. Residents will work with and be evaluated by a preceptor for these activities.

Minimum:
- Participation in each required teaching certificate program session.
- Satisfactory completion of assignments by schedule due dates.
- Active participation in small group teaching activities (minimum of 32 hours).
  - Within the residency program, credit will also be given for the following small group teaching opportunities (12 of 32 will qualify)
    - Smoking Cessation small group teaching
    - Teaching in residence halls about healthy lifestyle and behaviors
    - Kobacker Center
    - Medical Assistant teaching
    - Lambda Kappa Sigma Medication Safety event
    - Support staff education on medication safety Ruppert
    - Patient education for disease state management and wellness
- Participation in didactic lecture
- Participation at end-of-year wrap-up session.
• Development of a teaching/research portfolio suitable for use in applying for a faculty position.

Information regarding the program topics and schedule will be made available during the orientation month when the teaching certificate program is reviewed.

**Leadership Series:**
Various preceptors offer a series of didactic teachings in the areas of leadership and research. The active participation in these programs is mandatory.

- Each resident will be required to discuss numerous leadership topics during Friday Leadership training. In addition the resident will be required to read and discuss the following:
  - Strength Finders 2.0  Tom Rath
  - Good to Great Jim Collins
  - One discussion on emotional intelligence
  - Participate in a weekend Crucial Conversations training

**Presentation Series:**
Various preceptors offer sessions on how to prepare residency level presentations. The Presentation Series schedule will be discussed during residency orientation. Signing up for various Managed Care Pharmacy journals to get increased exposure to Managed care topics of interest is helpful.

**Responsibilities for the presentation series include two major presentations during the residency:**

- **TASHP CE program presentation** – Managed care topic of the resident choice
  - Presentation date to be assigned July
  - Practice presentation one month prior to your assigned CE program.
  - CE Planning Document turned into RPD by July 31 (Appendix 11)

- **OPRC Presentation of your research topic** – topic that coincides with your research results
  - Date to be announced in January
  - Practice session one month prior to the presentation
  - Presentation timeline- Spring

- **Ohio State Board-approved Continuing Education Program**
  - Resident may be requested to present one Ohio State Board-approved continuing education presentation during the residency program.
  - Presentations will be scheduled as needed by the outpatient pharmacy department
  - The goal of the presentation is to improve the resident's communication skills and presentation techniques, literature evaluation, and understanding of the continuing education process.
  - The topic should involve current managed care topics of interest.
  - Guidelines for the CE presentation will be provided as part of the orientation process. (CE planning document can be found in the appendix 11)

Refer to presentation series documents  
Z:\Pharmacy\Common\Outpatient Pharmacy\PGY1 Residency\Additional Series\Presentation Series

**Research Series:**
Various preceptors will provide sessions on how to prepare your research and stay on time to complete your final poster project. The research series schedule will be discussed during residency orientation.

Refer to research series documents  
Z:\Pharmacy\Common\Outpatient Pharmacy\PGY1 Residency\Additional Series\Research Series

9) **Successful Completion of Basic Life Support (BLS) Curriculum**
Each resident is expected to successfully complete the BLS curriculum (offered during orientation) within the first month of the residency. The goal is to ensure the resident is familiar with and capable of providing BLS, in the event of an emergency and is a requirement of the vaccine certification program.

10) **Successful Completion of PGY1 Learning Experiences**
Learning Experiences will be evaluated using the outcomes, goals and objectives approved by ASHP for the specific residency program. Each residency learning experience has an assigned preceptor who meets the intent of the standard by possessing the appropriate knowledge, skills, attitudes and abilities to guide residents in the specific area. Each preceptor will have on file an up to date academic and professional
At the beginning of each rotation, the preceptor will review the rotation expectations, learning objectives and specify the degree of autonomy the resident will have on the rotation. In addition, residents will be expected to document all activities appropriately throughout the month.

Upon completion of the PGY1 residency program the resident will:
1. Understand how to manage the drug distribution process for an organization’s members (employee benefits)
2. Design and implement clinical programs to enhance the efficacy of patient care and provide medication therapy management services to special patient populations, employees, and outpatients
3. Provide medication and practice-related information, education and/or training
4. Exercise leadership and practice management skills through involvement with longitudinal leadership program and involvement in a variety of pharmacy committees
5. Demonstrate project management skills and develop a manuscript suitable for publication

Learning experiences are offered in the following areas (Appendix 2 Detailed Learning Experience documents):
- Orientation (Core)
- Managed Care (Core)
- Pharmacy Administration (Core)
- HIV Clinic (Core)
- Anticoagulation (Core)
- Community-University Healthcare Clinic (Core + Longitudinal)
- Transition of Care longitudinal (Core + Longitudinal)
- Research and MUE (Longitudinal)
- Teaching Certificate (Longitudinal)
- Staffing Transitions of Care (Longitudinal)
- Medication Management – CHF/MI (Longitudinal)
- P&T (Concentrated)

11) Be actively involved in a Learning Environment
As part of an academic medical center it is our mission to improve the human condition and to provide an environment conducive to professional development. It is an expectation the resident will participate and lead learning experiences with APPE, IPPE, and other learners.

12) Involvement in Committees
The resident will be assigned to several committees, and regularly scheduled meetings. These meetings include, but are not limited to:
- Outpatient Leadership Committee (meets twice monthly)
- Operations Leadership Team (meets once monthly)
- Practice Area Forum (meets once monthly)
- UT P&T committee and anticoagulation subcommittee (quarterly)
- Attend committee meetings with the preceptor of current rotation

13) Complete a self-assessment (Initial Assessment)
At the beginning of the residency (within 30 days to the start of the program) the resident will complete a self-assessment of their practice experience and complete an appropriate competency needed to practice within the department. (Appendix 4a & 4b and PharmAcademics) See ASHP Pre-Survey Packet at http://www.ashp.org/DocLibrary/Accreditation/Applying-for-Accreditation/PGY1-Pharmacy-Residencies-Programs-PDF.pdf
- The purpose of the initial assessment is to determine:
  - Short- and long-term career goals of the incoming resident
  - Incoming strengths (required)
  - Professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objectives
  - Personal strengths related to being a professional
  - Incoming areas for improvements (required)
  - Professional areas for improvement in terms of knowledge, skills, and abilities related
to the educational goals and objectives

- Personal areas for improvement related to being a professional
- Incoming learning interests related to required or elective learning opportunities
- Assist in the development of the customized plan to be reviewed with RAC members to make changes to the program based on current resident needs

14) **In collaboration with the RPD Develop a Customized Plan**

The RPD and preceptors will customize the training program for the resident based upon an assessment of the resident’s entering knowledge, skills, attitudes, and abilities and the resident’s interests.

- The Customized Resident Plan template (Appendix 4b) is completed in narrative form utilizing the resident self-assessment and additional information gained through discussion to address all areas in the customized plan template.
- There must be at least, but not limited to, three goals included in the residents customized plan.
- Goals should be specific and have a plan that includes activities that will be used to accomplish resident goals.
- Both the resident and Residency Program Director (and Advisor, if applicable) sign the customized plan.

During the first quarterly plan review with the RPD the self-assessment will be discussed.

- The customized plan will be reviewed and updated quarterly based on experiences/feedback, preceptor assessment and input from the RPD. This will also be used to assess resident strengths and weaknesses.
- For quarterly updates, the resident will initiate the self-assessment and customized plan that will then be reviewed (with input), discussed with the resident and approved by the preceptor and RPD (See Appendix 4b).

15) **Creation of a Residency Portfolio**

Residents will be assigned a location on the Z drive to compile their electronic residency portfolio. All relevant documents demonstrating objective completion should be uploaded to the residency portfolio for each learning experience. Research project progress, publications, etc. should also be loaded into this portfolio. The electronic residency portfolio will be reviewed prior to fourth quarter evaluation with RPD for completeness and appropriateness. Resident will not receive Certificate of Completion without an acceptable residency portfolio.

16) **Participate in the Residency Feedback and Evaluation Process**

Regular assessment is vital to the success of the resident and program in several ways:

- Ensuring that that the resident is meeting the defined goals and objectives to be a quality well-rounded practitioner.
- Providing the resident with opportunities for self-assessment and reflection for personal development and growth.
- Allowing for assessment of the preceptor and learning experience (by the resident) for continued growth and success of the program.

The assessment strategy will include three different types of evaluations:

1. Preceptor evaluation of residents’ attainment of educational goals and objectives.
2. Residents’ self-evaluation of their attainment of educational goals and objectives.
3. Residents’ evaluation of the preceptor and learning experience.

**PharmAcademic**

Evaluations are done using PharmAcademic. Resident, preceptors, and RPD all have access to this system with a unique login and password. Experience objectives will be evaluated with the following scale:

- Achieved for Residency
  - A resident must have ‘Achieved’ the objectives at least once for competency R1 and upon preceptor consensus for other competency areas before you can ‘Achieve for Residency’.
    - Preceptors on subsequent rotations will not be required to evaluate (but they still have the option).
    - It makes it clear to all subsequent preceptors that this item has been ‘Achieved for Residency’.
- It lets the resident know that we are monitoring their progress as a whole, not just on each experience.
- RPD can change the evaluation status of an objective to ‘Achieved for Residency’ status if warranted.
- Generally reserved for facilitating phase of resident development.

- Achieved
  - Generally used during the facilitating phase of resident development
- Satisfactory Progress
  - Generally used in the modeling/coaching phase of resident development
- Needs Improvement
  - Generally used during the instructing phase of resident development
- Not Applicable
  - Generally used when this does not apply to your learning experience

Training videos for PharmAcademic use are available at https://www.pharmacademic.com/Help.aspx.

Each of the three assessments is described below along with a description of the quarterly review. A detailed assessment strategy table showing the evaluation category, tool, individual responsible, submission date, and the individual to whom the evaluation should be submitted can be found below.

**Types of Evaluations:**

**Resident Self-Reflection:**
Each resident will self-reflect on areas that are going well and areas for improvement within the residency program as well as the impact of the resident’s communication and behavior on the achievement of goals. This will be discussed on the first day of each learning experience.

**Resident Self-Evaluation:**
Evaluation based on the resident’s performance during the learning experience. This evaluation is to be reviewed at the end of the rotation during the discussion of the resident’s summative evaluation.

**Resident’s Evaluation of Preceptor and Experience**
Each resident will complete an evaluation of the preceptor and experience within one week of the end of the experience or quarterly for longitudinal experiences. The evaluation reminder will be sent to you via PharmAcademics. The Resident evaluation of the preceptor will be reviewed by the preceptor at the end of each rotation. The RPD will also use the evaluations as a tool and discussion during the preceptor’s evaluation when applicable.

**Preceptor’s Evaluation of Resident’s Performance**
Each preceptor will complete a criteria-based evaluation of the resident within one week of the end of the experience or quarterly for longitudinal experiences. The preceptor will be sent a reminder to complete the evaluation within PharmAcademic. The preceptor should let the resident know what criteria they are using for the evaluation process in a narrative and summative process. The evaluation is to be discussed with the resident at the end of the learning experience.

**Longitudinal Evaluation Process**
Longitudinal activities, when applicable, will be evaluated at least once per quarter and will be set up in PharmAcademics. The evaluations must be completed within three days of the end of the quarter to allow adequate time for the Residency Program Director/Advisor to incorporate the comments from the evaluations into the resident’s quarterly evaluation.

**Quarterly Evaluations**
An evaluation of the residents’ progress in achieving program’s goals and objectives will be completed in conjunction with the Developmental Plan. The RPD will review the resident’s evaluations quarterly and add comments accordingly. The RPD will determine if program outcomes and goals are being achieved. The RPD will also consider residents self-evaluation and preceptor feedback to determine achievement of residency program goals for that quarter (Achieved for residency status).
RPD will review the quarterly evaluation with the resident at the end of each quarter. Residents will perform a self-assessment on their progress during the discussion with the RPD and updates to the developmental plan will be made based on the resident’s self-assessment.

Adjustments to the first, second, and third quarter plans are made based upon review of the resident performance relevant to the previous quarter’s plan:

- With input from preceptor(s) and residents;
- The identification of new strengths or areas for improvement and, optionally,
- Changes in residents’ short- or long-term career goals and interests.
- A quarterly resident review at RAC committee will be used as a mechanism by which adjustments to the development plan will be made based on both formative and summative feedback.
- If there is no need for changes in the development plan, this is documented.
- Assessment information collected about a resident is a component of the development plan, but is not the plan itself.

**End of Residency Self-Evaluation**

At the end of the year, the resident will complete a Goal-Based Residency Self-Evaluation and Exit Interview (Appendix 4g)

### Residency Evaluation Responsibilities

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Method of Evaluation</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Resident</td>
</tr>
<tr>
<td><strong>ROTATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotation Midpoint</td>
<td>Narrative</td>
<td>During Rotation</td>
<td>X</td>
</tr>
<tr>
<td>Formative</td>
<td>Snapshots or other</td>
<td>During Rotation</td>
<td>X</td>
</tr>
<tr>
<td>Resident</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>End of Rotation</td>
<td>X</td>
</tr>
<tr>
<td>Preceptor</td>
<td>Likert-scored questions with comments</td>
<td>End of Rotation</td>
<td>X</td>
</tr>
<tr>
<td><strong>QUARTERLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Longitudinal</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td>Residency Project</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td>Summary of Resident’s Progress</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Narrative (template lists the required contents)</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residency Program Director/Advisor</td>
<td>Likert-scored questions with comments</td>
<td>Midyear</td>
<td>X</td>
</tr>
<tr>
<td><strong>FINAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>Narrative and RLS Outcomes and RLS Outcomes</td>
<td>End of Program</td>
<td>X</td>
</tr>
<tr>
<td>Residency Program Director/Advisor</td>
<td>Likert-scored questions with comments</td>
<td>End of Program</td>
<td>X</td>
</tr>
<tr>
<td>Resident Exit interview</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Review of Residency Goals and Objectives**

In order to meet the accreditation standards, residents will need to achieve the goals and objectives for PGY1 residency programs. This will consist of all the required outcomes in addition to elective any chosen electives. The detailed document that contains these outcomes, goals and objectives
Review of Residency Learning Experiences
The resident will participate in all required learning experiences as defined by the PGY1 residency program. (See Appendix 2 T&E grid). Any modifications to the learning experiences will be discussed with the RPD and documented as to the reason for the change.

Annual Review of Residency Program
Resident Advisory Committee will hold an annual retreat in June to review and make necessary changes to the following:
- T&E grid
- Program schedule
- Review orientation month and modifications needed
- Review of learning experience documents to determine effectiveness of meeting mission, vision and program needs
- Review of longitudinal experiences
- Review of teaching certificate learning experience meeting program needs
- Final review of resident research project and manuscript submission
- Any other necessary changes to the program based on current resident feedback

18. Participate in Departmental Quality and Safety Initiatives
The purpose of the Quality Assessment, Performance Improvement and Patient Safety Plan is to provide a formal mechanism by which the University of Toledo Medical Center (UTMC) utilizes objective measures to monitor and evaluate the quality of services provided to patients. Quality is defined broadly to include care that strives to be safe, effective, patient centered, timely, cost efficient, and equitable. The plan facilitates a multidisciplinary, systematic performance improvement approach to identify and pursue opportunities to improve patient outcomes and reduce the risks associated with the patient safety in a manner that embraces the mission of the hospital, pharmacy and PGY1 residency program. The PGY1 resident will be exposed to numerous quality initiatives throughout the residency including but not limited to the following:

Patient Safety Event and Incident Reporting
- Reportable events must be described on the online Incident Report. This online submission will be forwarded and used by Department managers and Quality management for patient safety and quality initiatives.
- When an incident is placed in patient safety net the managed care pharmacy team will review the incident and follow up with necessary evaluation of the root cause of the issue and make necessary changes to prevent the incident from taking place again.
- The resident will be responsible for performing an annual review of all outpatient pharmacy events and for presenting both data and improvement initiatives to pharmacy leadership.

Quality and Patient Safety Cycle - PMAAR - The quality and patient safety program that close the loop on any identified quality, patient safety or patient satisfaction issue or investigation. The Acronym stands for:
- **Plan** - Define your work using priorities from the Performance Improvement Annual Plan or issues identified as impacting important outcomes of care, treatment or service.
- **Measure** - Use existing data where possible. Indicators should reflect the issue at hand.
- **Analyze** - Conduct quantitative and qualitative analysis of the data/process being studied
- **Act** - Determine an action or actions that will impact the trend in the desirable direction
- **Review** - A successful intervention should cause a noticeable change in the experience within a reasonable period of time

An annual PMAAR report will be submitted (see Appendix 18 for Quality Performance Improvement Annual Report) by each OP/ambulatory pharmacy location to the Managed Care Pharmacy Operations Manager and follow up discussion will take place at outpatient pharmacy leadership meetings and be reported to quality and safety when applicable.
ISMP Medication Safety Self-Assessment for Community and Ambulatory Pharmacy – each pharmacy and ambulatory location will undergo one section of this tool annually to be reviewed at the pharmacy leadership meeting for ongoing changes to policy and procedures for the department. [https://www.ismp.org/selfassessments/Book.pdf](https://www.ismp.org/selfassessments/Book.pdf)

This comprehensive tool is designed to help assess the safety of medication practices of the outpatient and ambulatory pharmacy areas, identify opportunities for improvement, and compare experience with the aggregate experiences of demographically similar community pharmacies around the nation. Although ISMP is solely responsible for the content of the self-assessment, the project is cosponsored by the American Pharmaceutical Association (APhA) Foundation and the National Association of Chain Drug Stores (NACDS).

Areas to be assessed include the following:

- Patient information
- Drug information
- Communication of Drug orders and other drug information
- Drug Labeling, Packaging and nomenclature
- Drug standardization, storage and distribution
- Use of Devices
- Environmental factors
- Staff Competency and Education
Patient Education
Quality and Process and Risk Management

STAR RATINGS - Although the employee prescription benefit at The University of Toledo is not tied to STAR ratings, the resident will be exposed to ways that they can improve our STAR rating score by evaluating the EQUIPP rating scale. Using the pharmacy NCPDP number and a password you will learn how to access and interpret Equipp quality data: https://www.equipp.org/professional.aspx

19.) Participate in the Documentation and interpretation of Dashboard and Outcomes Data for the outpatient and ambulatory care clinics

COMPLETION OF RESIDENCY REQUIREMENTS

Residents are expected to satisfactorily complete all requirements of the UT PGY1 Program in general and those specific to the individual residency program. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion.

Successful completion of the residency program (and subsequent awarding of the residency certificate) is defined by:

- Achieving ≥ 80% of the program objectives with the remaining amount
- Completion of UT Teaching Certificate Program requirements including the submission of a teaching portfolio by June 30th
- Submission of a manuscript suitable for publication for the major research project by June 30th.
- Presentation of research project at assigned local and national meetings.

Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The primary preceptor, in conjunction with the RPD shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

1. Residents shall be given verbal counseling by their preceptor and/or RPD. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in their personnel file by the involved RPD.
2. If the resident continues to fail in their efforts to meet deadlines or objectives, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
3. If the preceptor or RPD determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be set forth by the RPD with input from the preceptor. Action may include remedial work or termination. A decision for termination may be appealed to the Pharmacy Director.

The required residency activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. In addition to the expectations outlined by the accreditation standards we expect residents to be able to:

- Describe their personal philosophy of managed care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professionals to achieve optimal patient outcomes.
- Function as a pharmacist in a variety of outpatient, ambulatory and managed care settings.
- Participate in drug use review or drug policy development.
- Provide medication therapy management services at the outpatient pharmacies or 340B pharmacy.
- Communicate effectively in writing
- Communicate effectively verbally with other team members
- Teach others effectively about drug therapy
- Participate in quality improvement initiatives

PGY1 CANDIDATE SELECTION PROCESS

The University of Toledo PGY1- residency program participates in the ASHP Resident Matching process also known as the “Match”. The Match provides an orderly process to help our resident obtain a position in our residency program. The American Society of Health-System Pharmacists (ASHP) is responsible for establishing
the rules and monitoring the implementation of the Match. The administration and conduct of the Match is carried out by National Matching Services Inc. on behalf of ASHP. To participate in the Match, an applicant must be a graduate of or graduating from an ACPE-accredited college of pharmacy, or otherwise is eligible for licensure.

- Potential candidates are received using the ASHP online PhORCAS system.
- Applicants are screened by the PGY1 screening committee using the PGY1 Residency Application Screening Tool (Appendix 13a)
- Interviews are scheduled with top candidates
  - Emails are sent to chosen candidates notifying them of their interview status and inviting them to campus for an On-Site interview (Appendix 13b)
  - Once dates for interviews are received from the candidate a letter is sent (Appendix 13c) outlining
    - Interview location
    - Presentation requirements
    - Schedule for the day
  - Emails are sent to candidates that were not selected by the screening committee notifying candidate that they will not be interviewed for the UT PGY1 program of interview status (Appendix 13d)

The interview committee for the PGY1 program consists of the following:
- PGY1 Residency Program Director
- PGY1 Residency Program Coordinator
- PGY1 Residency Preceptors
- University of Toledo Medical Center Director of Pharmacy
- PGY1 Pharmacy Practice Residency Program Director
- University of Toledo College of Pharmacy Professor of Pharmacy Practice

- Folders for each candidate are prepared and distributed to the interview committee at least three days prior to the onsite interview.
  - Candidate folders will contain the following:
    - Candidate CV
    - Presentation materials
    - Interview Schedule (Appendix 13e)
    - Interview Questions and rating grid (Appendix 13f)

- After all interviews are completed, the interview committee convenes to determine the Rank Order list for Phase I of the Match for desirable candidates for the PGY1 program. The Phase I Rank is then submitted in order of program preference. Each applicant submits a Rank Order List on which the applicant lists the desired programs, in numerical order of the applicant's preference (first choice, second choice, etc.)

### Residency Applicant Interview & Ranking Process

- Each applicant will be evaluated by preceptor using the Residency application Residency Application Screening Tool (Appendix 13a)
- Review of Residency applicants - choose Top candidates are selected based on screening tool rubric
  - Each applicant is evaluated during interview by core preceptors (and current resident)
  - Group discussion is held after each interview & evaluations filled out individually
  - Each applicants score from preceptors is totaled and averaged with results documented;
  - Input from current PGY1 resident will be discussed
  - Discuss numerical ranking of applicants based on results and program fit
  - Residents will be excused (residents evaluations not included in totals, and residents do not vote)

- Discussion and voting (preceptors who participated) **NOT RANK CANDIDATE**
  - Vote by show of hands to not rank a candidate
  - Unanimous vote required to not rank a candidate
  - "Raise your hand if you do not wish to rank"

- Discussion and voting (preceptors who participated) of applicants **TO RANK**
  - Vote by show of hands to rank a candidate
  - Majority vote required to rank candidate
• “Raise your hand if you wish to rank”
• Discussion and voting (preceptors who participated) of RANK ORDER TO SUBMIT TO NMS
• Numerical ranking from evaluation is used as a start; then discussion of applicant, review of
• Vote by show of hands on rank order; majority vote required for rank order
• "Raise your hand if you wish to rank __________as #1, etc.
• Copies of Excel spreadsheets with evaluation totals are destroyed by shredding
• Rank order will be submitted by RPD to NMS

The Match then places individuals into positions based entirely on the preferences stated in the Rank Order Lists and each applicant is placed with the most preferred program on the applicant’s Rank Order List that ranks the applicant and does not fill all its positions with the more preferred applicants. Similarly, each program is matched with the most preferred applicants on its list. **Applicants and programs do not receive information about the rankings submitted by other applicants and programs.** Each applicant is given only the final result the applicant obtains in the Match while each program is provided only the final results of the match including the names of the applicant it matched.

If after Phase I of the Match the PGY1 program have an unfilled position, the Match will offer those positions to unmatched applicants in Phase II of the Match. Applicants who did not participate in Phase I of the Match may also be added into Phase II of the Match. All applicants seeking positions after Phase I and all programs with available positions after Phase I- submit their Rank Order Lists by the deadline for Phase II of the Match. A second match will be carried out using those Rank Order Lists, and the results of Phase II of the Mach will then be distributed.

The Match results constitute a binding commitment from which neither the applicant nor the program can withdraw without mutual written agreement.

A letter, putting in writing an appointment agreement with the matched applicant is sent to the matched applicant and is postmarked no later than 30 days following the receipt of the results for each Phase of the Match (Appendix 7 and 8)

**Schedule of Dates Candidate Selection Process**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>August, 2015</td>
<td>Residency Agreements for participation in the Match are sent to residency program director, who must return their agreements to National Matching Services Inc.</td>
</tr>
<tr>
<td>November, 2015</td>
<td>Beginning in early November, applicants will be able to register for the Match. Prior to registering applicants should review information accessible from the link in the About to Match section of the ASHP website. Applicants register for the Match via the online registration portal shared by the Match and the Pharmacy Online Residency Centralized Application Service (PhORCAS).</td>
</tr>
<tr>
<td>November 1, 2015</td>
<td>List of programs participating in the Match will be available on the ASHP website <a href="http://www.natmatchcom">www.natmatchcom</a></td>
</tr>
<tr>
<td>December 31, 2015</td>
<td>Recommended date by which applicants should register for the Match</td>
</tr>
<tr>
<td>January 2016</td>
<td>Onsite Resident Interviews</td>
</tr>
<tr>
<td>February 5, 2016</td>
<td>By this date instructions for submitting Rank Order Lists and obtaining Match results will be available to applicant and program directors registered to participate in the Match</td>
</tr>
<tr>
<td>February 15, 2015</td>
<td>Beginning on this date applicants and programs will be able to submit Rank Order Lists for Phase I of the Match</td>
</tr>
<tr>
<td>March 3, 2015</td>
<td>Final date on which applicants can register to participate in Phase I of the Match</td>
</tr>
<tr>
<td>March 4, 2015</td>
<td>Final date for submission of applicant and program Rank Order Lists for Phase I of the Match. NO Rank Order Lists for Phase I of the match can be accepted after this date.</td>
</tr>
<tr>
<td>March 18, 2016</td>
<td>Results of Phase I of the Match are released to applicants and program directors Program Directors must send letters of confirmation of phase I Match results no later than April 17, 2016, to matched applicant who must sign and return the letter of confirmation (Appendix 7) The list of programs with available positions for Phase II of the Match will be provided on the Match web site beginning at 12:00 pm EST. Applicants who</td>
</tr>
</tbody>
</table>
are not matched to a position in Phase I, as well as applicants who did not participate in Phase I, will be able to use PhORCAS to prepare applications beginning on March 18.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
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<tbody>
<tr>
<td>March 23, 2016</td>
<td>Beginning on this date, applicants who did not obtain a position in phase I of the Match will submit applications.</td>
</tr>
<tr>
<td>March 28, 2016</td>
<td>Applicants and programs will be able to submit Rank Order Lists for Phase II of the Match.</td>
</tr>
<tr>
<td>April 1, 2016</td>
<td>Final date for submission of applicant and program Rank Order lists for Phase II of the Match.</td>
</tr>
<tr>
<td>April 8, 2016</td>
<td>Results of Phase II of the Match are released to applicants and program directors. Program directors must send letters of confirmation of the Phase II Match result no later than May 8, 2016, to matched applicants who must sign and return letter of confirmation.</td>
</tr>
<tr>
<td>April 15, 2016</td>
<td>Recommended date for RDP to begin making offers to applicants.</td>
</tr>
</tbody>
</table>

**GENERAL INFORMATION**

**UTAD Account**
Your myUT username is your UTAD domain account. This is the user ID and password used to access your UTNet email, log into your office computer, or log into a hospital workstation. Your activated UTAD account will serve as your myUT username for the portal. If you are new to the University of Toledo or have not yet activated your UTAD account, complete the following steps to activate your account.

1. To activate your account or reset your password, use your Internet Browser and go to https://myutaccount.utoledo.edu.
2. Enter your UT Employee ID number (rocket ID number) and birth date in the form specified.
3. If a message is displayed saying there is an error, the ID or birth date does not match what is stored in the Active Directory; click on the back arrow and try retyping whichever field had the error. If you still have problems then please contact the Help Desk at x2400.
4. Once the information is entered, click on **Activate Your UTAD Account**.
5. Read the computer usage policy and click **I Agree**.
6. If everything is found correctly, you will see a new screen displaying your name and the user ID that you have been assigned for the UTAD domain. You will also be asked to enter the password for your UTAD account. You will have to enter it a second time to ensure you did not mistype it. Then hit the **Set** button.
7. At this point, your account will be activated, your password set, and the question/answer stored. If you do not already have an email account, you will be asked if you want a university email account. Click **Yes** to create one.
8. You are then notified that a mailbox has been created. **It can take up to four hours for your mailbox to become active.** Click **Continue**.
9. You should get a message saying your university computer account has been activated. You now have a UTAD account and a myUT username.
10. Click **Confirm**.

**If you are unable to activate your account, please contact the Help Desk at x2400**

**Home Pages**

- **OP Pharmacy Home Page**  
  https://www.utoledo.edu/outpatientpharmacy/
- **Inpatient Pharmacy Home Page**  
  C:\Documents and Settings\cpuffer\Desktop\Home Page.mht
- **UTMC Residency Home Page**  
  http://www.utoledo.edu/pharmacy/residency/index.html
- **MYUT Home Page**  
  https://myut.utoledo.edu/index2.html
- **PIT**  
  https://ciweb-prod.utoledo.edu/pharmacy/StaffAccount.aspx
Network Drives

Z Drive
The Z drive is used to share documents and resources between employees, and can be accessed at any UT computer on campus. Personal documents and those involving HIPAA protected information should not be placed on the Z drive. This drive is routinely backed up by the UT IT Department.

H Drive
The H drive is employee-specific, and should be used as a way to ‘store’ documents and resources that you would need to open on other computers across campus. The H drive can be accessed when logged into any UT computer on campus. No other employees can access your H drive, and this is not a method of sharing with other employees.

Parking
There is an annual fee for parking that is subject to change each year. Please refer to the parking website for costs associated with parking.
Use the following link and instructions to register your vehicle with the UT Parking Services:
http://www.utoledo.edu/parkingservices/facultypерmits.html
- Each resident must register for a permit by going to http://myparking.utoledo.edu and log-in. (This site can also be accessed from http://myut.utoledo.edu/.
  - Click on the employee tab and located under the Auxiliary Services tab,
  - Click the Request/Update Permit link.)
  - Once logged in, click the Apply for a Permit and complete the requested information.
- Parking for salaried HSC employees is considered an “A” lot permit.
- Ensure information typed into the program is accurate. Misinformation may lead to a ticket.
- If you have questions pertaining to permits, please contact the Parking Services Office at 419-530-5846 or by email at parking@utoledo.edu.
- If you have any questions, regarding tickets or appeals, please contact the Parking Enforcement Office at 419-530-4100 or visiting their website at http://www.utoledo.edu/parking/parkingenforcement.
- Further information can be found on the Z drive in the PGY1 Pharmacy Residency Folder.

Identification Badges
The process for creating an identification badge or Rocket Card is an online, automated process.
- Log into your UT Portal at http://myut.utoledo.edu/.
- Select the Employee tab.
- In the left hand column, click on Request a New/Replacement Rocket Card.
- Re-enter log-in and password information.
- Upon logging in, verify that your title and department information (Pharm.D, Resident, and Pharmacy) is correct and select the campus where you would like to pick up your ID badge. Then select Click here to Upload Photo.
- Use the Browse button to upload your photo. Please pay attention to the photo requirements listed on the page. The photo must be business appropriate, and we retain the right to refuse any photo that does not meet the UTMC requirements.
- Once successfully uploaded, you will be asked to Submit Photo or Re-upload.
- Once this is completed, you will be returned to the home screen and you must hit Submit Order.
- Once submitted you will receive a receipt on-screen that may be printed. A receipt will also be sent to your university email address.
- You will receive an email from Rocketcard@utoledo.edu when your ID card is printed and ready to be picked up.

Computer Access
- QS1- please work with IT tech to obtain access to QS1 by calling the main campus outpatient pharmacy at 419-530-3456.
Horizon Clinical is the electronic medical record system utilized at UTMC. Each resident must complete the Horizon Clinical confidentiality statement in order to be granted access. This form can be accessed from https://cp.utoledo.edu/portal/supportfiles/confidentiality_statement.pdf. Once completed, the form must be faxed to Clinical Informatics at 419-383-3125. An email will be sent to the resident with the appropriate account credentials. This could take up to 48 hours to complete.

Athena access- Once Horizon's clinical access has been granted; call IT (x2400) to activate Athena access.

Impravata – Access via IT pharmacist

Mckesson Connect – Assigned by RPD during orientation

RXVIEW Catamaran – Assigned by RPD during orientation

Resident Office Space
The resident will have an office located in the College of Pharmacy. The administrative assistant will provide the resident with a key assignment. All keys must be returned prior to termination of employment. In addition, the resident office will contain a computer, secondary monitor, phone and various office supplies.

Keys
Keys for the PGY1 resident office, OP Pharmacies, etc. will be issued to the resident during orientation. Keys must be returned at the end of residency, and any lost keys will be replaced at the expense of the resident.

Facilities link

Administrative Support
Department Of Pharmacy – Julie Zbierjewski x3820
Department of Pharmacy Practice – Karen Mockensturm x1944

Photocopies/Supplies
Residents should use photocopy machines throughout the hospital with use of the appropriate pharmacy code assigned during orientation.

Residents may also use the Department of Pharmacy Practice photocopy machine with the following provisions:

- Copies are made for use in the residency program.
- Machine malfunctions are promptly reported to administrative support staff.
- Paper clips, staples, etc. are kept away from the photocopy machine.

If you are working on a project that needs a large number of copies, it should be sent to the print shop. Any further questions regarding operations of the photocopy machine or printing services should be directed to the administrative support staff.

Holly Smith will be responsible for ordering supplies. During orientation you will be shown where to obtain supplies. Basic supplies (pens, staples, paper clips, etc.) are available in the Department of Pharmacy and the Department of Pharmacy Practice for the resident's use. If further supplies are needed, contact Holly Smith to purchase this product (within reason) for the resident's use.

Mail
Incoming mail will be placed in individual mailboxes daily. Each resident will have a mailbox in the department of pharmacy for incoming mail (MS 1060) as well as a mailbox in the department of pharmacy practice for departmental mail. Outgoing mail may be placed in the outgoing mailbox in either location.

Pharmacy Address
3000 Arlington Avenue MS 1076
Toledo, Ohio 43614

Library Services
The primary purpose of the Mulford Medical Library is to meet the information need of faculty, staff, residents, and students, and to support curriculum, research, and patient care goals of the University of Toledo and the University of Toledo Medical Center. The library is located on the 4th, 5th, and 6th floors of the Mulford Building. It has an extensive collection of books and journals and provides access to eBooks, eJournals, and other databases. Library resources can be accessed at: http://www.utoledo.edu/library/mulford/index.html

Residency Benefits
Resident stipend: $40,000 per annum paid bi-weekly
Your first paycheck does not come until the end of July. You are paid two weeks after the ending of the pay period.

- Taxes: Federal, State and F.I.C.A. taxes will automatically be deducted from paychecks.
- [https://www.utoledo.edu/depts/hr/](https://www.utoledo.edu/depts/hr/)

**Residency Leave:**

**Vacation - 10 work days.**

- Resident’s vacation leave will be arranged with prior written approval of preceptor and program director. A leave of absence form (Appendix 6) must be completed prior to taking vacation.
- Your residency program director and coordinator will work with you to determine any special needs for time off for the year. Taking time off for interviews for either a job or a PGY2 residency will be considered.
- Residency director and preceptor must approve vacation leave 30 days in advance.
- No more than 5 days can be missed in any given experience without scheduling make-up.
- For job interviews and PGY2 interviews, the vacation leave must be approved by the residency director and preceptor prior to accepting the interview offer date.

**Conference Leave - Up to five days** leave for attending national meetings, conferences, or seminars for professional development purposes with the permission of the RPD.

**Sick Leave Two weeks (10 work days)** of sick leave for the year with pay. Any unused vacation/sick time will be lost if not used by the end of the 12 month residency.

**Bereavement Leave: Up to 3 days** may be taken for bereavement of an immediate family member and can be used from ‘sick’ time allotted.

**Extended leave** - Due to unforeseen circumstances (e.g. illness, maternity leave, jury duty, etc.) there may be an extended leave from the program. This may significantly impact achieving the program’s objectives in the defined program year (July 1 – June 30th) and alternative options may need to be considered. See the hospital policy and procedures as it relates to extended leave at

**Holidays:** When the Outpatient pharmacy is closed the resident will not be expected to be working.

**Moonlighting:** any working obligation provided as a pharmacist outside of recognized residency training requirements. PGY-1 residents are only permitted to moonlight as contingent pharmacists at UTMC outpatient pharmacies during those times that do not interfere with the resident obligations. This contingency position must be approved by the Residency Program Director and must comply with ASHP duty hour standards. [http://www.ashp.org/DocLibrary/Accreditation/Regulations-stdards/Duty-Hours.aspx](http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx)

**Professional Liability Insurance:** Coverage will be provided to the resident by the University for acts or omissions that occur during the resident’s participation in the program and covered under the policy. Moonlighting activities of the resident will not be covered. It is recommended to get personal professional liability insurance if you are moonlighting.

**Health Care and other benefits:** Medical, dental, vision, and prescription insurance benefits are provided at pre-determined rates. It is the resident’s obligation to select and enroll in the benefit program. For benefit costs and program selection please visit the Human resources benefit website at [http://www.utoledo.edu/depts/hr/benefits/index.html](http://www.utoledo.edu/depts/hr/benefits/index.html)

**Travel Reimbursement:** A travel stipend of $1,5000 is provided to each resident to assist in covering the expenses for attendance at the ASHP or AMCP Midyear Clinical Meeting and Ohio Pharmacy Resident Conference. This amount is to cover flights, hotels, registration, and food for these meetings. Alcohol is not reimbursed. The resident is responsible for remaining costs once the stipend value has been reached.

- Flights, hotels, and registration will be coordinated through the department and must be paid on the residency purchasing card (P-card).
- Food, automobile mileage, and other miscellaneous charges are to be at the resident’s expense followed by completion of a travel reimbursement form.
- Maximum per diem meal coverage information can be found at [http://www.gsa.gov/portal/category/100120](http://www.gsa.gov/portal/category/100120).
- Itemized receipts must be included with travel reimbursement form.
- The travel & reimbursement module login by logging into “my UT,”” then clicking on “employee,” “more employee options,” and “travel & reimbursement module.”
Questions regarding travel stipend and reimbursement should be directed to Natalie Tuttle.

**Poster Reimbursement:** The UTMC Residency Program will have posters printed for each resident that presents at an educational and professional meeting
- Use poster template (located on the Z drive in the PGY1 Pharmacy Residency Folder) with Arial font and white text boxes.
- The posters should be printed as a 36” x 56”, laminated, color poster.
- The residency program utilizes printing services provided by [www.makesigns.com](http://www.makesigns.com).
- Coordination of ordering the resident poster will be completed by Natalie Tuttle.

**Fitness Center:** The Institution maintains a fitness center at no charge to employees. This center is located on the third floor of Dowling Hall. ID badge access is required.

**CORRECTIVE ACTION PROCESSES**

**Corrective Action, Failure to Achieve Certification and Involuntary Dismissal Policies**

Each resident will be treated with fairness and respect. The director of pharmacy, program directors, preceptors, and faculty will follow a corrective action process based on counseling and a warning system when a serious deficiency in the resident’s performance is noted. The corrective action process will be used when addressing areas of resident performance or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified schedule(s) will result in the resident not receiving a certificate of successful completion of the training program and may result in involuntary dismissal. However, certain behaviors or actions will be considered immediate grounds for dismissal and the corrective action process will not apply. Corrective action process procedures and grounds for dismissal are outlined below.

**Corrective Action Process**

The corrective action process will be utilized if the resident fails to present him/herself in a professional manner, follow policies and procedures of the University, College, Department, or Medical Center, make satisfactory progress on any of the residency goals or objectives (not to be determined by one rotation), and make satisfactory progress towards the completion of a residency requirement.

- The RPD or designate, prior to initiating corrective action, will conduct a thorough investigation. This includes meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem.
- Following an investigation, the RPD will review the results of the investigation to determine the need to initiate a corrective action process. The RPD shall inform the resident of the results of the review regardless of the final decision.
- The corrective action process consists of the following:
  - Verbal and written counseling including specific expectations for improved performance or behavior.
  - Issuance of verbal and written warnings of the duration of the probationary period.
  - Issuance of a schedule for any additional verbal and written reviews and performance/behavior expectations during the probationary period.
  - A verbal and written statement issued at the end of the probationary period associated with the corrective action process stating the final evaluation of the resident’s performance. The final evaluation shall fall into one of three categories:
    - Successful improvement and achievement of required program performance and or professional behavior by the resident.
    - Partial, yet inadequate, improvement in or unsuccessful achievement of required performance or behavioral expectations. If this applies to an inability of the resident to successfully complete any requirement for certification of completion of residency training, this is to be accompanied by a request for resident voluntary termination.
    - Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter.
When the RPD determines that corrective action is completed, he/she will write a letter or memo to the resident. All such documents will be kept in the resident personnel file and a copy of each document must be given to the resident.

Grounds for Immediate Dismissal
Just cause for dismissal includes failure to perform the normal and customary duties of a resident, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the Hospital. Subsequent to receiving notification of an occurrence from the list above, the RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem or occurrence. Follow HR disciplinary and dismissal documentation if needed.

Specific concerns, behaviors or actions fulfilling these requirements are listed below:
- The resident fails to obtain pharmacy licensure or eligible for licensure in the state of Ohio by September 30th for residents starting in July.
- The resident fails to meet all UT Human Resources Pre-employment Qualifications.
- The resident knowingly or due to negligence of action places a patient, employee or any other person in danger.
- The resident displays acts or threats of violence toward any other person including aggressive behavior or stalking.
- The resident is found to be using alcohol, illegal substances or other recreational substances at any time during work and non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible and safe fashion.
- The resident is involved in any kind of diversionary act involving controlled substances or 340B drug.
- The resident is found to carry, possess or use any weapon on medical center property.
- The resident falsifies information on a document including billing of fraudulent claims.
- The resident commits plagiarism determined by a majority decision of the Resident Advisory Committee (RAC) called to review the materials suspected of plagiarism. This committee must consist of the director of pharmacy services, manager of clinical pharmacy services, the resident’s program director, and a clinical specialist in the appropriate area of practice.
- The resident is absent from work more than 5 days beyond allotted personal time off and is unwilling to make up this time.
- The resident sexually harasses a patient, employee or any other person while in performance of their duties as a resident.
- The resident commits an act vandalism or theft of medical center property.

UNIVERSITY OF TOLEDO MEDICAL CENTER INFORMATION
Mission
Improve the human condition by promoting the best prescribed care for our patients, students, and coworkers through excellence in integration of distribution, clinical, education of tomorrow’s professionals, and research.

Description
The University of Toledo Medical Center is an approximately 250 bed, level 1 trauma hospital located in Toledo, Ohio. The University of Toledo Medical Center is the area’s only academic medical center, providing high levels of expertise, the resources to handle the most complex cases, and access to the latest and safest medical advances. Specialties include cardiology, neurology, orthopedics, cancer, surgery and kidney transplantation.

UTMC provides compassionate, university-quality care and strives to meet the needs of patients and exceed their expectations. This commitment is founded in our belief that patient care will always come first.

Vision
- Redefine the standards of excellence in health care through teamwork toward a common vision
- Improve the human condition
- Advance knowledge through excellence in learning, discovery and engagement
- Serve as a diverse, student-centered public research university
UNIVERSITY OF TOLEDO COLLEGE OF PHARMACY AND PHARMACEUTICAL SCIENCES

Description
Founded in 1904, The University of Toledo College of Pharmacy and Pharmaceutical Sciences has a long history of producing successful pharmacists and pharmaceutical scientists, many of whom have become leaders in business, industry and academia. In 2010, the College expanded to a new facility on the University’s Health Science Campus. Our nationally ranked college has markedly increased nationally competitive research funding and has developed a reputation for training pharmaceutical scientists at the master’s and doctoral levels. During the last 20 years, the college scholarship endowment has grown tremendously, allowing the college to award nearly $100,000 annually in scholarships. These measures of success have helped position the college for its nationally prominent role in pharmaceutical education. With schools of pharmacy, medicine, nursing, and allied health, UT presents an excellent combination for academic success and interdisciplinary focus.

Vision
The University of Toledo College of Pharmacy and Pharmaceutical Sciences will improve the human condition by developing pharmacists and by advancing knowledge together with its application through research. This vision will be achieved through student-centered instruction and research in a collaborative, dynamic academic and practice environment.

Relationship with College of Pharmacy
The University of Toledo PGY1 residency program maintains a close relationship with the University of Toledo College of Pharmacy and Pharmaceutical Sciences. The resident will be expected to work one-on-one with pharmacy students in various stages of their experiential training in addition to several small group teaching activities and a didactic lecture as a component of the program’s Teaching and Learning Certificate Program. A unique facet of the program is the opportunity to work closely with students in their advanced pharmacy practice experience rotations who are part of the Managed Care Block rotation at The University of Toledo. The resident is expected to work closely with the students who are part of this block to initiate and begin the resident research project and other projects, possibly including but not limited to a medication utilization review or additional research projects. Additional involvement with the College of Pharmacy is elected by the resident by may include involvement in managed care block recruiting events, speaking at AMCP meetings, or precepting different events for various pharmacy organizations.

DEPARTMENT OF PHARMACY INFORMATION

Services Description
The University of Toledo Medical Center offers both inpatient and outpatient services on both the Main Campus and Health Science Campus. Inpatient services include dispensing and clinical functions, with specialties including: internal medicine, critical care, information technology, solid organ transplant, oncology, infectious diseases, pain management, and safety and investigational drug services. Outpatient services include dispensing to staff and patients, and clinical services in the area of: adherence, anticoagulation, cardiology, employee wellness, HIV management, solid organ transplant, vaccinations, and overall medication management.

Mission
Improve the human condition by promoting the best prescribed care for our patients, students, and coworkers through excellence in integration of distribution, clinical, education of tomorrow’s professionals, and research.

Vision
Provide university quality care by delivering outstanding pharmaceutical service.

SCOPE (Appendix 6a)

Pharmacy Code of Ethics
- Our pharmacy staff promotes the well-being of every patient in a caring, compassionate, and confidential manner.
- Our pharmacy staff acts with honesty and integrity in professional relationships.
- Our pharmacy staff maintains professional competence through life-long learning.
- Our pharmacy staff promotes education.
• Our pharmacy staff respects the values and abilities of colleagues and other health professionals.
• Our pharmacy staff promotes evidence based, rational, cost-effective care.
• Our pharmacy staff endorses and promotes the principals of continual process improvement.
• Our pharmacy staff recognizes the importance of innovation and uses it in creative ways to solve problems.
• Our pharmacy staff assures full compliances with established practice standards set by The Joint Commission (TJC), ASHP, and UTMC.

Pharmacy Services extend to various patient care areas
• Anticoagulation Service
• Infectious Disease – anticoagulation clinic
• Outpatient pharmacy services – Employee prescriptions
• Transition of Care Services – Discharge patients
• Heart Failure Clinic – CHF MI

Pharmacists are responsible for the procurement, preparation, distribution and control of all medications used and responsible for collaborating with other health care professionals to ensure safe medication use.

Short and long term pharmacy department goals are continually evaluated and integrated in the resident experience. (Appendix 14)

University of Toledo Pharmacy Department Committee Structure
The practice site includes pharmacy in the planning of patient care services and policies of the hospital and pharmacy department with various committees within the organization
• Operations Leadership Committee
• Area Practice Forum
• Outpatient Pharmacy leadership Committee
• Residency Advisory Committee
• Pharmacy and Therapeutics Committee
• Pharmacy Advisory Council
• Dean Cabinet

Policies and procedures can be accessed as follows:
Hospital administration https://www.utoledo.edu/policies/utmc/administrative/index.html
Pharmacy Department https://www.utoledo.edu/policies/utmc/pharmacy_hsc/index.html
Outpatient Pharmacy training and certification for procedures https://ciweb-prod.utoledo.edu/pharmacy/StaffAccount.aspx
The University of Toledo College of Pharmacy and Pharmaceutical Sciences

Administration

Johnnie L. Early, II
Dean

Wayne P. Hose
Exec. Asst. Dean &
Professor of Medicinal Chemistry

Paul Edelberg
Center for Drug Design and Development

Christine Hulse
Associate Dean Student Affairs, Professor of Pharmacology

Rebecca Medlock
Director of Student Services for the Preprofessional Division (HSC) (PSA)

Andrew Black
Vice Chair

Marcia Mikulecky
Vice Chair - Interim Chair

Kathleen Wall
Vice Chair

Lisa McPherson
Vice Chair

Johnnie L. Early
Vice Chair - Interim Chair

Christine Mullen
Vice Chair - Interim Chair

Laura Wunder
Vice Chair

Lisa McPherson
Vice Chair

Laura Wunder
Vice Chair

William S. Meeker, Jr.
Professor & Chair of Pharmacology

James Slama
Director, CSPS Program

Katerina Papadakis (CWA)
Admin. Secretary 1

Katherine Zembro (CWA)
Secretary 1

Amy Smith
Director, IPPE Program

Kristina Karama (CWA)
Secretary 1

Mary Beomnoo (CWA)
Director of Undergraduate Pharmacy Education

Megan Kass
Director of Professional Education

Richard Montgomery
Assistant Director of CSPS and Director of Institute for Professional Education in the Pharmaceutical Sciences (PSA)

Katherine L. Hahne (CWA)
Admin. Secretary 1

Katherine Zielinski (CWA)
Secretary 1

Student Workers

Amelia Radhakrishnan
Laboratory Technician (PSA)

Christopher Hall
College of Pharmacy Technology Coordinator (PSA)

1/29/11 dmh
### PHARMACY PERSONNEL & IMPORTANT CONTACT NUMBERS

#### Outpatient Pharmacy and Ambulatory Clinical Staff

<table>
<thead>
<tr>
<th>Pharmacist</th>
<th>Title</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cindy Puffer</td>
<td>HEB 115B College of Pharmacy Managed Care Pharmacy Operations Manager</td>
<td>419-383-6668</td>
</tr>
<tr>
<td>Valerie Householder</td>
<td>Main Campus Pharmacy Manager</td>
<td>419-530-3471</td>
</tr>
<tr>
<td>Holly Smith</td>
<td>Health Science Campus Pharmacy Manager</td>
<td>Ext. 3750</td>
</tr>
<tr>
<td>Vacant</td>
<td>Health Science Campus Transitions of Care Pharmacist</td>
<td>Ext. 3750</td>
</tr>
<tr>
<td>Nikki Hamons</td>
<td>340B HIV Pharmacist</td>
<td>Ext. 3355</td>
</tr>
<tr>
<td>Yana Doughty</td>
<td>Anticoagulation Pharmacist</td>
<td>EXT 4502</td>
</tr>
</tbody>
</table>

#### Department of Pharmacy

<table>
<thead>
<tr>
<th>Pharmacist</th>
<th>Title</th>
<th>HSC Phone Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell Smith</td>
<td>Director of Pharmacy</td>
<td>3788</td>
</tr>
<tr>
<td>Lindsey Eitniear</td>
<td>Clinical Pharmacist, PGY1 Pharmacy Residency Director</td>
<td>3875</td>
</tr>
<tr>
<td>John Macko</td>
<td>Information Technology Pharmacist</td>
<td>5298</td>
</tr>
<tr>
<td>Kelli Cole</td>
<td>Antimicrobial Steward</td>
<td>5267</td>
</tr>
<tr>
<td>Kellie Buschor</td>
<td>Transplant/Critical Care Pharmacist</td>
<td>1942</td>
</tr>
<tr>
<td>Cindy Puffer</td>
<td>Managed Care Pharmacy Operations Manager</td>
<td>6668</td>
</tr>
<tr>
<td>Rachel Rarus</td>
<td>Clinical Research Pharmacist and Medication Safety Officer</td>
<td>3794</td>
</tr>
<tr>
<td>Natalie Tuttle</td>
<td>Clinical Operations Director</td>
<td>6849</td>
</tr>
<tr>
<td>Robert Wright</td>
<td>Information Technology Pharmacist</td>
<td>5298</td>
</tr>
<tr>
<td>Jared Austin</td>
<td>Outpatient Oncology Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Holly Smith</td>
<td>Outpatient Pharmacy Manager</td>
<td>3706</td>
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#### Support Staff

<table>
<thead>
<tr>
<th>Staff</th>
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<tbody>
<tr>
<td>Jennifer Guy</td>
<td>Safety Control Technician</td>
<td>5186</td>
</tr>
<tr>
<td>Jill Hass</td>
<td>Inventory Control Specialist</td>
<td>5297</td>
</tr>
<tr>
<td>Deb Herzog</td>
<td>Technician Supervisor</td>
<td>4185</td>
</tr>
<tr>
<td>Julie Zbierajewski</td>
<td>Administrative Secretary</td>
<td>3820</td>
</tr>
<tr>
<td>Chris Post</td>
<td>Transition of Care Certified Technician</td>
<td></td>
</tr>
<tr>
<td>Rachel V</td>
<td>Transition of Care Certified Technician</td>
<td></td>
</tr>
<tr>
<td>Holiday Caton</td>
<td>Inventory and IT Certified Technician</td>
<td></td>
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</table>

#### Department of Pharmacy Practice- UT College of Pharmacy

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Specialty Area(s)</th>
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<tbody>
<tr>
<td>Borovicka, Mary</td>
<td>Psychiatry, Neurology, Geriatrics</td>
<td>1985</td>
</tr>
<tr>
<td>Cappelletty, Diane</td>
<td>Infectious Disease, Immunology</td>
<td>1957</td>
</tr>
<tr>
<td>Churchwell, Mariann</td>
<td>Nephrology, Dialysis</td>
<td>1567</td>
</tr>
<tr>
<td>Jung, Rose</td>
<td>Critical Care, Infectious Disease, Statistics</td>
<td>1961</td>
</tr>
<tr>
<td>Kamrn, Gayle</td>
<td>Neurology</td>
<td>1932</td>
</tr>
<tr>
<td>Kaun, Megan</td>
<td>Diabetes, Cardiology, Blood/Coagulation Disorders</td>
<td>1579</td>
</tr>
<tr>
<td>Lengel, Aaron</td>
<td>Metabolic Syndrome (DM, HL, HTN), MTM, Billing, Preventative/Chronic Care</td>
<td>1924</td>
</tr>
<tr>
<td>Mangan, Michelle</td>
<td>Diabetes, Hypertension, Hyperlipidemia, MTM</td>
<td>3867</td>
</tr>
<tr>
<td>Mauro, Laurie</td>
<td>Critical Care, Internal Medicine, Renal, Clinical Toxicology</td>
<td>1953</td>
</tr>
<tr>
<td>Mauro, Vincent</td>
<td>Cardiology, Pharmacokinetics</td>
<td>1952</td>
</tr>
<tr>
<td>Murphy, Julie</td>
<td>Internal Medicine</td>
<td>1901</td>
</tr>
<tr>
<td>Nesamony, Jerry</td>
<td>Nanotechnology, Novel drug delivery systems</td>
<td>1938</td>
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<tr>
<td>Ohlinger, Martin</td>
<td>Critical Care, Nutrition, Sports Medicine</td>
<td>1535</td>
</tr>
<tr>
<td>Peeters, Michael</td>
<td>General Medicine, Evidence-Based Medicine, Emergency Medicine</td>
<td>1946</td>
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<tr>
<td>Faculty Member</td>
<td>Specialty Area(s)</td>
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<tr>
<td>Sahloff, Eric</td>
<td>HIV, Infectious Disease</td>
<td>1962</td>
</tr>
<tr>
<td>Schmude, Kim</td>
<td>Endocrine (other than DM), General Medicine, OTC</td>
<td>1957</td>
</tr>
<tr>
<td>Serres, Michelle</td>
<td>Chronic Disease State Management</td>
<td>1979</td>
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**Department of Pharmacy Administration**

<table>
<thead>
<tr>
<th>Faculty Member</th>
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<tbody>
<tr>
<td>Pinto, Sharrel</td>
<td>Medication Therapy Management, Health outcomes research, Comparative effectiveness</td>
<td>1906</td>
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<tr>
<td>Vaidya, Varun</td>
<td>Outcomes Research, Comparative effectiveness, Pharmacoeconomics, Pharmacoepidemiology</td>
<td>1516</td>
</tr>
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</table>

**Other Important Phone Numbers**

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<thead>
<tr>
<th>Employee</th>
<th>Specialty Area(s)</th>
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<tbody>
<tr>
<td>Jennifer Ray</td>
<td>Human Resources</td>
<td>21-1428</td>
</tr>
<tr>
<td></td>
<td>Credit Union</td>
<td>4470</td>
</tr>
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<td>Security/Police (non-emergency)</td>
<td>2601</td>
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<td>Parking Enforcement</td>
<td>21-4100</td>
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<tr>
<td></td>
<td>Rocket Card (ID Badge Services)</td>
<td>4400</td>
</tr>
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<td></td>
<td>Payroll</td>
<td>21-8780</td>
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APPENDICES- see next page
## Appendix 1- T&E Grid (Z:Pharmacy/Common/OutpatientPharmacy/PGY1Residency/TEGrid)

### PGY1 Residency Goals & Objectives

<table>
<thead>
<tr>
<th>Revised 5/12/2016</th>
<th>Orientation</th>
<th>Managed Care</th>
<th>Pharmacy Administration</th>
<th>HIV Clinic</th>
<th>Anticoagulation</th>
<th>Community-University Health Care Clinic</th>
<th>Transitions of Care</th>
<th>Research and MUE</th>
<th>Teaching Certificate</th>
<th>Staffing</th>
<th>Medication Management</th>
<th>P&amp;T concentrated experience</th>
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<td>ROTATION TYPE</td>
<td>CORE</td>
<td>CORE</td>
<td>CORE</td>
<td>CORE</td>
<td>CORE + LONGITUDINAL</td>
<td>CORE + LONGITUDINAL</td>
<td>CORE + LONGITUDINAL</td>
<td>LONGITUDINAL</td>
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<td>4 weeks</td>
<td>8 weeks</td>
<td>8 weeks</td>
<td>8 weeks (core) 52 weeks (longitudinal)</td>
<td>8 weeks (core) 52 weeks (longitudinal)</td>
<td>52 weeks</td>
<td>52 weeks</td>
<td>52 weeks</td>
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<td>8 weeks</td>
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<tr>
<td>Preceptors:</td>
<td>Puffer, C</td>
<td>Puffer, C</td>
<td>Smith, H</td>
<td>Hamons, N</td>
<td>Doughty, Y</td>
<td>Householder, V</td>
<td>Smith, H</td>
<td>Manzey, L</td>
<td>Murphy, J</td>
<td>Smith and Householder</td>
<td>Schroeder, M</td>
<td>Eitniear, L</td>
</tr>
</tbody>
</table>

#### Competency Area R1: Patient Care

**GOAL R1.1** In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients... following a consistent patient care process.

<table>
<thead>
<tr>
<th>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.</th>
<th>T/E</th>
<th>T/E</th>
<th>T/E</th>
<th>T/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.</td>
<td>T/E</td>
<td>T/E</td>
<td>T/E</td>
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<tr>
<td>Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.</td>
<td>T/E</td>
<td>T/E</td>
<td>T/E</td>
<td>T/E</td>
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<tr>
<td>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</td>
<td>T/E</td>
<td>T/E</td>
<td>T/E</td>
<td>T/E</td>
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<tr>
<td>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</td>
<td>T/E</td>
<td>T/E</td>
<td>T</td>
<td>T</td>
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<tr>
<td>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking</td>
<td>T/E</td>
<td>T/E</td>
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<td>Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</td>
<td>T/E</td>
<td>T/E</td>
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<tr>
<td>Objective R1.1.8: Demonstrate responsibility to patients.</td>
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<td>T/E</td>
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**GOAL R1.2** Ensure continuity of care during patient transitions between care settings.

<table>
<thead>
<tr>
<th>Objective R1.2.1: (Applying) Manage transitions of care effectively.</th>
<th>T/E</th>
<th>T/E</th>
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<tbody>
<tr>
<td>Objective R1.2.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.</td>
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</tr>
<tr>
<td>Objective R1.3.1: (Applying) Manage aspects of the medication-use process related to formulary management.</td>
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<tr>
<td>Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.</td>
<td>T/E</td>
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</tr>
<tr>
<td>Competency Area R2: Advancing Practice and Improving Patient Care</td>
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</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective R2.1.1: (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</td>
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<td></td>
</tr>
<tr>
<td>Objective R2.1.2: (Applying) Participate in medication-use evaluation.</td>
<td>T/E</td>
<td></td>
</tr>
<tr>
<td>Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.</td>
<td>T/E</td>
<td></td>
</tr>
<tr>
<td>Objective R2.1.4: (Applying) Participate in medication event reporting and monitoring.</td>
<td>T/E</td>
<td></td>
</tr>
<tr>
<td><strong>GOAL R2.2</strong> Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.</td>
<td>T/E</td>
<td></td>
</tr>
<tr>
<td>Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.</td>
<td>T/E</td>
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<tr>
<td>Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.</td>
<td>T/E</td>
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<tr>
<td>Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.</td>
<td>T/E</td>
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<tr>
<td>Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project.</td>
<td>T/E</td>
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<tr>
<td><strong>Competency Area R3: Leadership and Management</strong></td>
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<tr>
<td>Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</td>
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<tr>
<td>Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.</td>
<td>T/E</td>
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<tr>
<td><strong>GOAL R3.1</strong> Demonstrate leadership skills.</td>
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<tr>
<td>Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.</td>
<td>T/E</td>
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<tr>
<td>Objective R3.2.2: (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.</td>
<td>T/E</td>
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<tr>
<td>Objective R3.2.3: (Applying) Contribute to departmental management.</td>
<td>T/E</td>
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<tr>
<td>Objective R3.2.4: (Applying) Manages one's own practice effectively.</td>
<td>T/E</td>
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<tr>
<td><strong>Competency Area R4: Teaching, Education, Dissemination of Knowledge</strong></td>
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<tr>
<td>Objective R4.1.1: (Applying) Design effective educational activities.</td>
<td>T/E</td>
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<tr>
<td>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</td>
<td>T/E</td>
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<tr>
<td>Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.</td>
<td>T/E</td>
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<tr>
<td>Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.</td>
<td>T/E</td>
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<tr>
<td><strong>GOAL R4.1</strong> Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.</td>
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<tr>
<td>Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.</td>
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<tr>
<td>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</td>
<td>T/E</td>
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<tr>
<td><strong>GOAL R4.2</strong> Effectively employs appropriate preceptors' roles when engaged in teaching.</td>
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<tr>
<td>Competency Area E4: Managed Care Pharmacy</td>
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<tr>
<td><strong>Objective E4.1.1</strong> (Applying) Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.</td>
<td>T</td>
<td>T/E</td>
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<tr>
<td><strong>Objective E4.1.2</strong> (Applying) Observe organizational policy for the safeguarding of proprietary business information.</td>
<td>T</td>
<td>T/E</td>
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<tr>
<td><strong>GOAL E4.2</strong> Understand the interrelationship of the pharmacy benefit management company, the health plan, and the delivery system functions of managed care.</td>
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<tr>
<td><strong>Objective E4.2.1</strong> (Understanding) Explain the health-plan functions of managed care, including pharmacy and medical benefit and management, medication cost shares, formulary design, medication criteria development, prior authorization, pharmacy access, and contract negotiations (medication acquisition/rebates/network pharmacy), specialty and traditional medication utilization management.</td>
<td>T/E</td>
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<tr>
<td><strong>Objective E4.2.2</strong> (Understanding) Explain the interrelationship of the health plan and the delivery system functions of managed care.</td>
<td>T/E</td>
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<tr>
<td><strong>GOAL E4.3</strong> Understand unique aspects of providing evidence-based, patient-centered medication therapy management with interdisciplinary teams in the managed care environment.</td>
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<tr>
<td><strong>Objective E4.3.1</strong> (Understanding) Compare and contrast ways in which the provision of medication therapy management may or may not differ in the managed care environment as compared to various lines of business (Commercial, Medicare, Medicaid, Health Exchanges).</td>
<td>T/E</td>
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<td><strong>Competency Area E6: Teaching and Learning</strong></td>
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<tr>
<td><strong>GOAL E6.1</strong> Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.</td>
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<tr>
<td><strong>Objective E6.1.1</strong> (Understanding) Explain strategies and interventions for teaching, learning and assessment in healthcare education.</td>
<td>T/E</td>
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<tr>
<td><strong>Objective E6.1.2</strong> (Understanding) Explain academic roles and associated issues.</td>
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<tr>
<td><strong>GOAL E6.2</strong> Develops and practices a philosophy of teaching.</td>
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<tr>
<td><strong>Objective E6.2.1</strong> (Creating) Develop a teaching philosophy statement.</td>
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<tr>
<td><strong>Objective E6.2.2</strong> (Creating) Prepare a practice-based teaching activity.</td>
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<tr>
<td><strong>Objective E6.2.3</strong> (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.</td>
<td>T/E</td>
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<tr>
<td><strong>Objective E6.2.4</strong> (Creating) Effectively document one's teaching philosophy, skills, experiences in a teaching portfolio.</td>
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<tr>
<td><strong>Competency Area E7: Specialty Pharmacy</strong></td>
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<tr>
<td><strong>GOAL E7.1</strong> Effectively fulfill the major functions of a specialty pharmacy, including intake, clinical management, fulfillment, and facilitating optimal outcomes.</td>
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<tr>
<td><strong>Objective E7.1.1</strong> (Applying) Effectively conduct the patient intake process for specialty pharmacy patients.</td>
<td>T/E</td>
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<tr>
<td><strong>Objective E7.1.2</strong> (Applying) Effectively engage in clinical management activities for specialty pharmacy patients.</td>
<td>T/E</td>
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<tr>
<td><strong>Objective E7.1.3</strong> (Applying) Effectively conduct fulfillment activities for specialty pharmacy patients.</td>
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<tr>
<td><strong>Objective E7.1.4</strong> (Evaluating) Effectively facilitate optimal treatment outcomes for specialty pharmacy patients.</td>
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</tbody>
</table>
Learning Experience Description
PGY-1 Residency Program
Rotation Name: Anticoagulation Clinic

Preceptor Contact Information: Preceptor: Yana Doughty, PharmD
Phone: 419-383-4502
Office: UTMC Rm 2136
Hours: Monday-Friday 7:30AM-4:30PM
Email: yana.steklova@utoledo.edu

General Description
The Anticoagulation Clinic is an 8 week required core rotation. The clinic is located in the University of Toledo Medical Center (UTMC), on the second floor. The clinic is staffed by both pharmacists and nurses who manage anticoagulation therapy for approximately 700 patients. Pharmacists in this clinic are responsible for comprehensive anticoagulation management of all clinic patients including but not limited to: initiation and titration of anticoagulation dosing, pre/post-surgery anticoagulation recommendations, assessment for continuation/discontinuation of therapy, monitoring of all adverse events, transitions of care, and patient education.

The pharmacy resident will attend this rotation Monday through Thursday each morning from 7:30AM to 12:00PM. The resident will be practicing within the clinic area and assisting to transition inpatients on various units of the hospital to the clinic. The resident will become an active staff member of the clinic and manage patients through both face to face appointments and phone management for various anticoagulants including warfarin, enoxaparin, and direct acting oral anticoagulant agents. The resident will assess patients, create and implement pharmacotherapy and monitoring plans. They will participate in the education of patients newly started on anticoagulants and will also complete medication reconciliation. The resident will learn to make proper recommendations in accordance with current guidelines relating to anticoagulation management surrounding surgical procedures. The resident will be involved with various other functions of the clinic including but not limited to: anticoagulation subcommittee of P&T, performance improvement measures, transitions of care, and billing for professional services. The resident will also be involved in case presentations, clinical discussions, and reviews on literature/current trials to build their anticoagulation educational foundation.
**Disease States:**
Common disease states in which the resident will be expected to gain proficiency include:

- Acute treatment and prophylaxis of VTE (DVT/PE)
- Chronic treatment of VTE
- Atrial fibrillation/flutter
- Heart Valves
- LVADs
- Stroke
- Peripheral Vascular Disease
- Hypercoagulable states, oncology
- Post-thrombotic syndrome
- Heparin-induced thrombocytopenia
- Heritable and acquired thrombophilic disorders

The resident will be responsible for conducting topic discussions with pharmacy leadership to develop skills to acquire knowledge about common diseases seen on this service and those less frequently seen in this environment. Key articles and subsequent discussions with the preceptor will focus on adherence, interviewing and various disease states.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of an anticoagulation pharmacist. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency R1</th>
<th>Goals &amp; Objectives (Taught and/or Evaluated)</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
</table>
| Goal R1.1 | In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process. | The resident will be expected to apply professional communication skills and build professional relationships with teams.  
- Communicate with health care teams while acting as the anticoagulation pharmacist, including physicians, nursing staff, and other anticoagulation staff involved in the patient’s care.  
- Present patients to members of the healthcare team in a concise and organized manner.  
- Solicit providers to send patients to the clinic for initial and ongoing face to face appointment. |
| Objectives | R1.1.1 (Applying) Interact effectively with health care teams to manage patients’ medication therapy. Criteria for Evaluation:  
- Interaction is cooperative, collaborative, communicative, and respectful.  
- Demonstrates skills in negotiation, conflict management and consensus building  
- Demonstrates Advocacy for the patient. |  |
| | R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers. Criteria for Evaluation: | The resident is expected to apply communication skills. |
- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

<table>
<thead>
<tr>
<th>R1.1.3 (Applying)</th>
<th>Collect information on which to base safe and effective medication therapy.</th>
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</thead>
<tbody>
<tr>
<td>Criteria for Evaluation:</td>
<td>Collection/organization methods are efficient and effective</td>
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<tr>
<td>Collects relevant information about medication therapy, including:</td>
<td><strong>o</strong> History of present illness.</td>
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<td><strong>o</strong> Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.</td>
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<td><strong>o</strong> Social history.</td>
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<td><strong>o</strong> Medication history including prescription, non-prescription, illicit, recreational and non-traditional therapies; other dietary supplements; immunizations and allergies.</td>
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<td><strong>o</strong> Laboratory values.</td>
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<td><strong>o</strong> Pharmacogenomics and pharmacogenetic information, if available</td>
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<td><strong>o</strong> Adverse Drug reactions.</td>
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<td><strong>o</strong> Medication adherence and persistence.</td>
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<td><strong>o</strong> Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.</td>
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<tr>
<td>Sources of information are the most reliable available, including electronic, face to face and others.</td>
<td><strong>Recording system is functional and subsequent problem solving and decision making clarifies information as needed.</strong></td>
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<td><strong>Display understanding of limitations of information in health records.</strong></td>
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<tr>
<th>R1.1.4: (Analyzing)</th>
<th>Analyze and assess information on which to base safe and effective medication therapy.</th>
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<tbody>
<tr>
<td>Criteria for Evaluation:</td>
<td>Includes accurate assessment of patient’s:</td>
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<tr>
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<td><strong>o</strong> Health and functional status,</td>
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<td><strong>o</strong> Risk factors</td>
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<td></td>
<td><strong>o</strong> Health data</td>
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<td></td>
<td><strong>o</strong> Cultural factors</td>
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<td></td>
<td><strong>o</strong> Health literacy</td>
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<td></td>
<td><strong>o</strong> Access to medications</td>
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<td><strong>o</strong> Immunization status</td>
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<td><strong>o</strong> Need for preventive care and other services when appropriate</td>
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<td></td>
<td><strong>o</strong> Other aspects of care as applicable.</td>
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<tr>
<td>Identifies medication therapy problem, including:</td>
<td><strong>o</strong> Lack of indication for medication</td>
</tr>
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</table>

| The resident will apply skills necessary for the collection and analysis of pertinent medical information. |
| - Interview and obtain a medication history from a patient |
| - Interpret a patient’s medical record and review past appointments and notes prior to a visit to determine areas of follow up. |
| - Perform timely patient interviews. |

| The resident will develop the ability to analyze and assess information. |
| - Review appropriate literature resources on selected topics to patient care for anticoagulation topics. |
| - Respond to drug information queries assigned by the preceptor. |
| - Identify and address medication errors, interventions and adverse drug reactions and analyze data relating to these. |
| - Collect, assist, interpret, and communicate appropriate anticoagulation information including: PT/INR, alterations in the therapeutic regimens, and scheduling of necessary monitoring related to patient cases from a medication history. |
| - Participate in clinical discussions with the preceptor |
| Medical conditions for which there is no medication prescribed |
| Medication prescribed for continued inappropriately for a particular medical condition. |
| Suboptimal medication regimen (e.g. dose, dosage form, duration, schedule, route of administration, method of administration.) |
| Therapeutic duplication |
| Adverse Drug or device-related events or potential for such events. |
| Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug laboratory test interactions, or potential for such interactions. |
| Use of harmful social, recreational, nonprescription, nontraditional or other medication therapies. |
| Patient not receiving full benefit of prescribed therapy |
| Problems arising from the financial impact of medication therapy on the patient. |
| Patient lacks understanding of medication therapy. |
| Patient not adhering to medication regimen and root cause (e.g. knowledge, recall, motivation, financial, system) |
| Laboratory monitoring needed. |
| Discrepancy between prescribed medications and established care plan for the patient. |

| R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). |
| Criteria for Evaluation: |
| • Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of: |
| o Relevant patient-specific information including culture and preferences. |
| o The goals of other inter-professional team members. |
| o The patient's disease state(s). |
| o Medication-specific information. |
| o Best evidence. |
| o Ethical issues involved in the patient's care. |
| o Quality-of-life issues specific to the patient. |
| o Integration of all the above factors influencing the setting of goals. |
| • Designs/redesigns regimens that: |
| o Are appropriate for the disease states being treated. |
| o Reflect: |
| ▪ The therapeutic goals established for the patient |
| The resident will create safe and effective patient-centered therapeutic regimens and monitor care plans. |
| • Design evidence based care plans. |
| • Review appropriate literature resources to locate, interpret, summarize current literature to design evidence based care plans for anticoagulation patients. |
| • Interpret appropriate anticoagulation information including: PT/INR, alterations in the therapeutic regimen, and scheduling of necessary monitoring. |
| • Devise a pharmacotherapy plan, complete with therapeutic goals, monitoring parameters, and pharmacotherapy and nonpharmacotherapy treatment |
| • Design a care plan mindful of prescription insurance and formulary coverage. |
| • Follow anticoagulation policies and procedures |
- The patient's and caregiver's specific needs
  - Consideration of:
    - Any pertinent pharmacogenomic or pharmacogenetic factors.
    - Best evidence.
    - Pertinent ethical issues.
    - Pharmacoeconomic components (patient, medical, and systems resources).
    - Patient preferences, culture and/or language differences.
    - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - Adhere to the health system's medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization’s or patient’s formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and self-management.
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
  - When applicable, reflects preferences and needs of the patient.

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<tr>
<th>R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. Criteria for Evaluation:</th>
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</table>
| - Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team.  
  - Recommendation is persuasive. |
| The resident will apply safe and effective patient-centered therapeutic regimens and monitor care plans.  
- The resident will implement care plans that include:  
  - Current therapeutic adjustments  
  - Patient education  
  - Medication reconciliation  
  - Appropriate follow-up and monitoring  
- Review past notes prior to a visit to determine areas patient discussion and follow up. |
- Presentation of recommendation accords patient’s right to refuse treatment.
- If patient refuses treatment, pharmacist exhibits responsible professional behavior.
- Creates an atmosphere of collaboration.
- Skillfully defuses negative reactions.
- Communication conveys expertise.
- Communication is assertive not aggressive.
- Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.

- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system’s policies and procedures.
    - Tests correspond with the recommended monitoring plan.
    - Tests are ordered and performed at the appropriate time.

- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

R1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Criteria for Evaluation:
- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful.
- Documentation follows the health system’s policies and procedures, including

- Document patient visits and recommendations or changes to pharmacotherapy.
- Monitor the adherence of patients to medications and encourage/engage patients in creating strategies to improve adherence.
- Recognize emergent and urgent pharmacotherapy and patient care issues that need to be brought to the attention of appropriate healthcare professionals.
requirements that entries be signed, dated, timed, legible, and concise.

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<tr>
<th>R1.1.8: (Applying) Demonstrate responsibility to patients.</th>
<th>The resident will apply both clinical skills and empathy to demonstrate responsibility to the patient.</th>
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<tbody>
<tr>
<td>Criteria for Evaluation:</td>
<td>• Timely interpretation of labs that may be critical, developing an action plan and communicating to provider and patient</td>
</tr>
<tr>
<td>Gives priority to patient care activities.</td>
<td>• Ensuring access to anticoagulation agents based on prescription benefit formulary.</td>
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<tr>
<td>• Plans prospectively.</td>
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<td>• Routinely completes all steps of the medication management process.</td>
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<td>• Assumes responsibility for medication therapy outcomes.</td>
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<td>• Actively works to identify the potential for significant medication-related problems.</td>
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<td>• Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.</td>
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<td>• Helps patients learn to navigate the health care system, as appropriate.</td>
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<td>• Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.</td>
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<td>• Determines barriers to patient compliance and makes appropriate adjustments.</td>
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<tr>
<th>Goal R1.2</th>
<th>Ensure continuity of care during patient transitions between care settings.</th>
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<tbody>
<tr>
<td>Objectives</td>
<td>The resident will apply skills necessary to safely transition patients from one area of care to another. The resident will perform the following activities as necessary:</td>
</tr>
<tr>
<td>R1.2.1 (Applying) Manage transitions of care effectively.</td>
<td>• Obtain accurate medication history</td>
</tr>
<tr>
<td>Criteria for Evaluation:</td>
<td>• Conduct thorough medication reconciliation upon discharge from the hospital</td>
</tr>
<tr>
<td>• Effectively participates in obtaining or validating a thorough and accurate medication history.</td>
<td>• Participate in patient education</td>
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<tr>
<td>• Conducts medication reconciliation when necessary.</td>
<td>• Follow up with patients in a timely manner particularly when transferring from another level of care</td>
</tr>
<tr>
<td>• Participates in thorough medication reconciliation.</td>
<td>• Identify and solve medication related problems to avoid readmissions</td>
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<tr>
<td>• Follows up on all identified drug-related problems.</td>
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<tr>
<td>• Participates effectively in medication education.</td>
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<tr>
<td>• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.</td>
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<tr>
<td>• Follows up with patient in a timely and caring manner.</td>
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<td>• Provides additional effective monitoring and education, as appropriate.</td>
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<tr>
<td>• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.</td>
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Communication
The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:

- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

Expected progression of resident responsibility on this learning experience
Day 1: Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment. Review pertinent goals and objectives related to this experience on the incoming self-assessment. Determine areas of focus to progress toward achievement for residency.
Weeks 1-4: The resident to be introduced to the site, work flow of the anticoagulation clinic, and begin to handle management of anticoagulation therapy for both face to face and phone management patients through direct instruction, followed by modeling when the resident is ready to progress.

Weeks 4-6: Using coaching provided by the anticoagulation pharmacist, the resident will begin to handle anticoagulation cases by reviewing medications and disease states, ensuring prescription coverage, and counseling patients.

Weeks 6-8: The resident will be expected to practice autonomously as an anticoagulation pharmacist by independently handling clinic workflow and management of patients on various anticoagulants with various disease states. The preceptor will continue to facilitate the resident in this role as necessary.

Evaluation Strategy
The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic Evaluation will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Verbal midpoint evaluation will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience
<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Self-Reflection</td>
<td>Beginning of rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative</td>
<td>End of week 4 &amp; 8</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program  
Learning Experience Description  
Rotation Name- Community University Healthcare Clinic  

Preceptor Contact Information:  
Preceptor: Valerie Householder PharmD, BCACP  
Main Campus Outpatient Pharmacy Manager  
Phone: 419-530-3471  
Office: University of Toledo Main Campus Pharmacy  
Hours: Monday – Friday 7:30 AM – 6:00 PM  
Saturday 9:00AM – 2:00 PM  
Email: valerie.householder@utoledo.edu  

General Description  
The University of Toledo Community University Healthcare clinic rotation is a required 8 week learning experience and a 52 week longitudinal experience at the Main Campus Medical Center at The University of Toledo. The pharmacy is located in the Main Campus Medical Center on West Rocket Drive. The patient care locations will be housed in the Outpatient Pharmacy, the student medical center and the patient centered medical home. The pharmacist in this role works with the pharmacy team, physicians, nursing staff, and patients to provide pharmacy services related to chronic disease state management, medication adherence and medication therapy management. The pharmacist participates in individualized patient care services related to employee wellness and student health.  
The pharmacy resident will attend this 8 week core rotation Monday through Thursday from 8:00AM to 12:00 PM. The resident will also attend the 52 week long longitudinal rotation one-half day a week from 1:00PM-5:00PM. The focus of the 8 week rotation will be to learn processes and clinical skills. The longitudinal experience will allow the resident to practice these clinical skills working towards mastery and independence. The pharmacy resident will be practicing within the Main Campus Outpatient Pharmacy and the associated medical centers.
Resident responsibilities include adherence monitoring, educating patients and family members, diabetic and smoking cessation counseling, educating physicians and nurses, immunizations, educating pharmacy students, and participating in weekly huddles within the pharmacy.

**Disease States:**
Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common disease include but not limited to:

- Diabetes
- Hypertension
- Women’s and Men’s Health
- Hyperlipidemia
- Psychiatry
- Infectious disease
- Smoking Cessation
- Employee Wellness/Immunizations

The resident will be responsible for conducting topic discussions with pharmacy leadership to develop skills to acquire knowledge about common diseases seen on this service and those less frequently seen in this environment. Key articles and subsequent discussions with the preceptor will focus on adherence, motivational interviewing and various disease states.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of an adherence and MTM pharmacist. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Patient Care</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1 Goal</td>
<td>R1.1: In collaboration with the healthcare team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process.</td>
<td>The resident will be expected to apply professional communication skills and build professional relationships with teams.</td>
</tr>
<tr>
<td>Objectives</td>
<td>R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy. Criteria for Evaluation: Interaction is cooperative, collaborative, communicative, and respectful. Demonstrates skills in negotiation, conflict management and consensus building. Demonstrates Advocacy for the patient.</td>
<td>Communicate with health care teams in student medical center, patient centered medical homes, and outside providers. Present patients to the healthcare team in a concise and organized manner.</td>
</tr>
<tr>
<td>R1.1.2</td>
<td>(Applying) Interact effectively with patients, family members, and caregivers. Criteria for Evaluation: Interaction is respectful and collaborative. Uses effective communication skills. Shows empathy. Empowers patients to take responsibility for their health.</td>
<td>The resident is expected to apply communication skills. Interview, discuss, and counsel on pharmacotherapy plans with patients, family members, and/or caregivers. Perform Diabetes Education, MTM, and smoking cessation. Individualize health care topics as needed for patients.</td>
</tr>
</tbody>
</table>
- Demonstrates cultural competence

<table>
<thead>
<tr>
<th>Criteria for Evaluation:</th>
<th>The resident will apply skills necessary for the collection and analysis of pertinent medical information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy.</td>
<td>• Interview and obtain a medication history from a patient</td>
</tr>
<tr>
<td>• Collection/organization methods are efficient and effective</td>
<td>• Read a patient’s medical record and review past appointments and notes prior to a visit to determine areas of follow up.</td>
</tr>
<tr>
<td>• Collects relevant information about medication therapy, including:</td>
<td>• Accurately gather, organize and analyze patient specific information through profile review and discussion with healthcare provider, patient or caregiver.</td>
</tr>
<tr>
<td>o History of present illness.</td>
<td>• Identify medication-related problems for discussion with preceptor.</td>
</tr>
<tr>
<td>o Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.</td>
<td></td>
</tr>
<tr>
<td>o Social history</td>
<td></td>
</tr>
<tr>
<td>o Medication history including prescription, non-prescription, illicit, recreational and non-traditional therapies; other dietary supplements; immunizations and allergies.</td>
<td></td>
</tr>
<tr>
<td>o Laboratory values.</td>
<td></td>
</tr>
<tr>
<td>o Pharmacogenomics and pharmacogenetic information, if available</td>
<td></td>
</tr>
<tr>
<td>o Adverse Drug reactions.</td>
<td></td>
</tr>
<tr>
<td>o Medication adherence and persistence.</td>
<td></td>
</tr>
<tr>
<td>o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.</td>
<td></td>
</tr>
<tr>
<td>• Sources of information are the most reliable available, including electronic, face to face and others.</td>
<td></td>
</tr>
<tr>
<td>• Recording system is functional and subsequent problem solving and decision making clarifies information as needed.</td>
<td></td>
</tr>
<tr>
<td>• Display understanding of limitations of information in health records.</td>
<td></td>
</tr>
</tbody>
</table>

| R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy. | The resident will develop the ability to analyze and assess information. |
| Criteria for Evaluation: | • Utilize appropriate literature resources on selected topics relevant to patient care. |
| • Includes accurate assessment of patient’s: | • Communicate drug information queries assigned by the preceptor. |
| o Health and functional status, | • Identify medication errors and adverse drug reactions and enter them in Safety Net. |
| o Risk factors | • Evaluate drug related problems related to a patient case obtained from a medication history. |
| o Health data | • Interpret clinical data pertaining to patients. |
| o Cultural factors | |
| o Health literacy | |
| o Access to medications | |
| o Immunization status | |
| o Need for preventive care and other services when appropriate | |
| o Other aspects of care as applicable. | |
| • Identifies medication therapy problem, including: | |
| • Lack of indication for medication | |
| • Medical conditions for which there is no medication prescribed | |
| • Medication prescribed for continued inappropriately for a particular medical condition. | |
| • Suboptimal medication regimen (e.g. dose, dosage form, duration, schedule, route of administration, method of administration.) | |
- Therapeutic duplication
- Adverse Drug or device-related events or potential for such events.
- Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug laboratory test interactions, or potential for such interactions.
- Use of harmful social, recreational, nonprescription, nontraditional or other medication therapies.
- Patient not receiving full benefit of prescribed therapy
- Problems arising from the financial impact of medication therapy on the patient.
- Patient lacks understanding of medication therapy.
- Patient not adhering to medication regimen and root cause (e.g. knowledge, recall, motivation, financial, system).
- Laboratory monitoring needed.
- Discrepancy between prescribed medications and established care plan for the patient.

<table>
<thead>
<tr>
<th>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Evaluation:</td>
</tr>
<tr>
<td>- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:</td>
</tr>
<tr>
<td>- Relevant patient-specific information including culture and preferences.</td>
</tr>
<tr>
<td>- The goals of other inter-professional team members.</td>
</tr>
<tr>
<td>- The patient's disease state(s).</td>
</tr>
<tr>
<td>- Medication-specific information.</td>
</tr>
<tr>
<td>- Best evidence.</td>
</tr>
<tr>
<td>- Ethical issues involved in the patient's care.</td>
</tr>
<tr>
<td>- Quality-of-life issues specific to the patient.</td>
</tr>
<tr>
<td>- Integration of all the above factors influencing the setting of goals.</td>
</tr>
<tr>
<td>- Designs/redesigns regimens that:</td>
</tr>
<tr>
<td>- Are appropriate for the disease states being treated.</td>
</tr>
<tr>
<td>- Reflect:</td>
</tr>
<tr>
<td>- The therapeutic goals established for the patient</td>
</tr>
<tr>
<td>- The patient's and caregiver's specific needs</td>
</tr>
<tr>
<td>- Consideration of:</td>
</tr>
<tr>
<td>- Any pertinent pharmacogenomic or pharmacogenetic factors.</td>
</tr>
<tr>
<td>- Best evidence.</td>
</tr>
<tr>
<td>- Pertinent ethical issues.</td>
</tr>
<tr>
<td>- Pharmacoeconomic components (patient, medical, and systems resources).</td>
</tr>
<tr>
<td>- Patient preferences, culture and/or language differences.</td>
</tr>
</tbody>
</table>

The resident will create safe and effective patient-centered therapeutic regimens and monitor care plans.
- Revise therapeutic plans as necessary to meet the therapeutic goals of patients
- Follow outpatient pharmacy and hospital policy and procedures.
- Design a care plan mindful of patient prescription insurance and formulary.
- Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - Adhere to the health system's medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization’s or patient’s formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and self-management.

- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).

- When applicable, reflects preferences and needs of the patient.

<table>
<thead>
<tr>
<th>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. Criteria for Evaluation:</th>
<th>The resident will apply safe and effective patient-centered therapeutic regimens and monitor care plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team.</td>
<td>- Review past notes prior to a visit to determine areas of follow up.</td>
</tr>
<tr>
<td>- Recommendation is persuasive.</td>
<td>- Document patient visits and recommendations or changes to pharmacotherapy.</td>
</tr>
<tr>
<td>- Presentation of recommendation accords patient’s right to refuse treatment.</td>
<td>- Monitor the adherence of patients to medications and encourage/engage patients in creating strategies to improve adherence.</td>
</tr>
<tr>
<td>- If patient refuses treatment, pharmacist exhibits responsible professional behavior.</td>
<td>- Prioritize pharmacotherapy issues during MTM sessions and recognize appropriate times to address these based on importance.</td>
</tr>
<tr>
<td>- Creates an atmosphere of collaboration.</td>
<td>- Communication conveys expertise.</td>
</tr>
<tr>
<td>- Skillfully defuses negative reactions.</td>
<td>- Communication is assertive not aggressive.</td>
</tr>
<tr>
<td>- Communication conveys expertise.</td>
<td></td>
</tr>
</tbody>
</table>
- Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system's policies and procedures.
  - Tests correspond with the recommended monitoring plan.
- Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

<table>
<thead>
<tr>
<th>Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</th>
<th>The resident will apply documentation skills necessary to communicate information in the medical record.</th>
</tr>
</thead>
</table>
| Criteria for Evaluation | • Document patient visits and recommendations or changes to pharmacotherapy.  
• Navigate electronic medical records and collaborate with outside health system providers |
| • Selects appropriate direct patient-care activities for documentation.  
• Documentation is clear.  
• Written in time to be useful  
• Follows the health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise. |  |

<table>
<thead>
<tr>
<th>R1.1.8: (Applying) Demonstrate responsibility to patients.</th>
<th>The resident will apply both clinical skills and empathy to demonstrate responsibility to the patient.</th>
</tr>
</thead>
</table>
| Criteria for Evaluation: | • Counsel patients regarding appropriate medication therapy  
• Follow-up with patients after medication therapy management appointment |
| • Gives priority to patient care activities.  
• Plans prospectively.  
• Routinely completes all steps of the medication management process.  
• Assumes responsibility for medication therapy outcomes.  
• Actively works to identify the potential for significant medication-related problems. |  |
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Teaching, Education, Dissemination of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>R4</td>
<td>Goal R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.</td>
</tr>
<tr>
<td>Objectives</td>
<td>R4.1.3 (Applying) Use effective written communication to disseminate knowledge.</td>
</tr>
<tr>
<td></td>
<td>Criteria for Evaluation</td>
</tr>
<tr>
<td></td>
<td>• Create patient and/or healthcare practitioner written information that is understandable and error-free.</td>
</tr>
<tr>
<td></td>
<td>• Correctly reference written communication.</td>
</tr>
<tr>
<td></td>
<td>• Critically evaluate literature when including in written communication.</td>
</tr>
<tr>
<td></td>
<td>• Use tables, graphs, and figures to enhance written communication.</td>
</tr>
<tr>
<td></td>
<td>• Communicate at the appropriate level of the reader.</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate thorough understanding of topic included in the communication.</td>
</tr>
</tbody>
</table>

The resident will apply written communication to disseminate knowledge to patients and providers:
- Prepare written communication for patients at community outreach events.
- Provide drug information upon request to medical providers.
- Prepare an employee newsletter on relevant topic.
- Evaluate and streamline current disease prevention and wellness programs.

**Preceptor Interaction/Responsibilities**

**8 week core rotation:**
8:00AM: Brief meeting to discuss the day’s activities and outstanding assignments and projects
11:30-12:00: Preceptor meets with resident to discuss any patient hand-off issues for the afternoon and to discuss any patients or topics previously assigned. The resident should be prepared to discuss adherence reporting and patient specific issues.

**Longitudinal:**
1:00: Brief meeting to discuss the day’s activities and outstanding assignments and projects
4:30-5:00: Preceptor meets with resident to discuss any patient hand-off issues for the afternoon and to discuss any patients or topics previously assigned. The resident should be prepared to discuss adherence reporting and patient specific issues.

**Communication**
The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:
- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

**Expected progression of resident responsibility on this learning experience**
Day 1: Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment.

Week 1: The resident will be working directly with preceptor for introduction to the site, medication therapy management, adherence monitoring, and work flow processes within the outpatient pharmacy. The preceptor will provide direct instruction to the resident with regard to their role with various clinical programs.

Weeks 2-4: Using modeling provided by the preceptor, the resident will begin to oversee adherence monitoring, reviewing medications and disease states, disease state management education, smoking cessation, and answering drug information questions. The resident is expected to work with the preceptor and pharmacy team to provide excellent patient care and clinical programs.

Week 5: The preceptor will continue to coach the resident to take on more responsibilities as MTM/adherence pharmacist. The resident is also expected to create a new initiative or service and to work to streamline or update current clinical programs.

Weeks 6-8: The resident will be expected to practice autonomously as the MTM/adherence pharmacist by independently handling patient medication management therapy sessions, performing smoking cessation plans, giving immunizations, reviewing medications and disease states, promoting wellness initiatives, and counseling patients. The preceptor will continue to facilitate the resident in this role as necessary.

Longitudinal (52 weeks): The resident will be expected to master skills learned from the core experience.

Evaluation
The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Verbal midpoint evaluation will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience
<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Incoming Self-Assessment (Longitudinal Objectives)</td>
<td>Beginning of Residency</td>
</tr>
<tr>
<td>Self-Reflection (Core Rotation)</td>
<td>Beginning of Rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor (Core Rotation)</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Self-Evaluation (Core Rotation)</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor (Longitudinal Rotation)</td>
<td>End of Residency</td>
</tr>
<tr>
<td>Self-Evaluation (Longitudinal Experience)</td>
<td>End of Residency</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative (Core Rotation)</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Summative Longitudinal Rotation Objectives (Longitudinal Rotation)</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

RAC and Developmental Plan Evaluation
At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
Learning Experience Description
PGY-1 Residency Program
Rotation name– HIV Clinic

Preceptor Contact Information:  Preceptor: Nikki Hamons, PharmD
Phone: 419-383-3757
Office: UTCare Pharmacy
Hours: Monday through Friday 8:30 AM to 4:30 PM
Email: nicole.hamons@utoledo.edu

General Description

The University of Toledo HIV Clinic rotation is a required 8 week learning experience at the UTCare Pharmacy at University of Toledo Medical Center. The UTCare pharmacy is located in the Ruppert Building on the Health Science Campus at UTMC. Patient locations will be throughout the UTCare pharmacy and Infectious Disease clinic within the Ruppert Building. The pharmacist works with the chief infectious disease doctor, nurses, medical assistants and social workers to provide pharmacy services for patients of the Ryan White Clinic. The pharmacist responsibilities include dispensing, mail-order, adherence packaging and monitoring, drug information questions, patient education, immunization services, and disease state specific patient appointments.

The pharmacy resident will attend this rotation Monday through Thursday each morning from 8:30 AM to 12:00 PM. The pharmacy resident will be practicing throughout the UTCare outpatient pharmacy and throughout areas of the Infectious Disease clinic. The resident will fill and verify prescriptions, adjudicate third party claims, counsel patients, provide mail order services. The resident will also perform clinical services such as smoking cessation plans, MTM, adherence monitoring, documenting patient encounters and interventions in the medical record, and disease state education.

Disease States:
Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common disease include but are not limited to:

- HIV Infection and AIDS
  - Treatment of HIV/AIDS
  - Hepatitis Co-infection
  - Opportunistic Infections in HIV/AIDS
HIV Exposure Prophylaxis
- HIV Exposure Prevention Methods

- Primary Care in HIV
  - Cardiovascular Disease
  - Metabolic Syndrome and Diabetes
  - Pregnancy
  - Sexual Health

- Hepatitis C

The resident will be responsible for conducting topic discussions with pharmacy leadership to develop skills to acquire knowledge about common diseases seen on this service and those less frequently seen in this environment. Key articles and subsequent discussions with the preceptor will focus on adherence, motivational interviewing and various disease states.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of a clinical HIV pharmacist. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency R1</th>
<th>Goals &amp; Objectives (Taught and Evaluated)</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal R1.1</strong></td>
<td>In collaboration with the healthcare team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process.</td>
<td>The resident will be expected to apply professional communication skills and build professional relationships with teams.</td>
</tr>
</tbody>
</table>

**Objectives**

- **R1.1.1** (Applying) Interact effectively with health care teams to manage patients’ medication therapy.
  - Criteria for Evaluation:
    - Interaction is cooperative, collaborative, communicative, and respectful.
    - Demonstrates skills in negotiation, conflict management and consensus building
    - Demonstrates Advocacy for the patient

- **R1.1.2** (Applying) Interact effectively with patients, family members, and caregivers.
  - Criteria for Evaluation:
    - Interaction is respectful and collaborative
    - Uses effective communication skills
    - Shows empathy
    - Empowers patients to take responsibility for their health
    - Demonstrates cultural competence

- **R1.1.3** (Analyzing) Collect information on which to base safe and effective medication therapy.
  - The resident will apply skills necessary for the collection of pertinent medical information.

Interview, discuss, and counsel patients regarding pharmaceutical/nonpharmaceutical care in HIV

- Review social economic status that may affect care for HIV patients
- Communicate with patients and caregivers regarding care plan and medication needs
- Participate in topic discussions focused on cultural competence and barriers to care.
Criteria for Evaluation:

- Collection/organization methods are efficient and effective
- Collects relevant information about medication therapy, including:
  - History of present illness.
  - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  - Social history
  - Medication history including prescription, non-prescription, illicit, recreational and non-traditional therapies; other dietary supplements; immunizations and allergies.
  - Laboratory values.
  - Pharmacogenomics and pharmacogenetic information, if available
  - Adverse Drug reactions.
  - Medication adherence and persistence.
  - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face to face and others.
- Recording system is functional and subsequent problem solving and decision making clarifies information as needed.
- Display understanding of limitations of information in health records.

R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
Criteria for Evaluation:

- Includes accurate assessment of patient’s:
  - Health and functional status,
  - Risk factors
  - Health data
  - Cultural factors
  - Health literacy
  - Access to medications
  - Immunization status
  - Need for preventive care and other services when appropriate
  - Other aspects of care as applicable.
- Identifies medication therapy problem, including:
- Lack of indication for medication
- Medical conditions for which there is no medication prescribed
- Medication prescribed for continued inappropriately for a particular medical condition.
- Suboptimal medication regimen (e.g. dose, dosage form, duration, schedule, route of administration, method of administration.)
- Therapeutic duplication
- Adverse Drug or device-related events or potential for such events.

The resident will develop the ability to analyze and assess information.

- Use appropriate literature resources on selected topics relevant to patient care for HIV patients.
- Communicate drug information queries assigned by the preceptor.
- Identify medication errors and adverse drug reactions and document as necessary.
- Collect, assist, interpret, and communicate appropriate medical information.
- Evaluate drug related problems related to a patient case.
- Participate in clinical discussions with the preceptor
• Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug laboratory test interactions, or potential for such interactions.
• Use of harmful social, recreational, nonprescription, nontraditional or other medication therapies.
• Patient not receiving full benefit of prescribed therapy
• Problems arising from the financial impact of medication therapy on the patient.
• Patient lacks understanding of medication therapy.
• Patient not adhering to medication regimen and root cause (e.g. knowledge, recall, motivation, financial, system)
• Laboratory monitoring needed.
• Discrepancy between prescribed medications and established care plan for the patient.

<table>
<thead>
<tr>
<th>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Evaluation:</td>
</tr>
<tr>
<td>Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:</td>
</tr>
<tr>
<td>o Relevant patient-specific information including culture and preferences.</td>
</tr>
<tr>
<td>o The goals of other inter-professional team members.</td>
</tr>
<tr>
<td>o The patient’s disease state(s).</td>
</tr>
<tr>
<td>o Medication-specific information.</td>
</tr>
<tr>
<td>o Best evidence.</td>
</tr>
<tr>
<td>o Ethical issues involved in the patient's care.</td>
</tr>
<tr>
<td>o Quality-of-life issues specific to the patient.</td>
</tr>
<tr>
<td>o Integration of all the above factors influencing the setting of goals.</td>
</tr>
<tr>
<td>• Designs/redesigns regimens that:</td>
</tr>
<tr>
<td>o Are appropriate for the disease states being treated.</td>
</tr>
<tr>
<td>o Reflect:</td>
</tr>
<tr>
<td>▪ The therapeutic goals established for the patient</td>
</tr>
<tr>
<td>▪ The patient’s and caregiver’s specific needs</td>
</tr>
<tr>
<td>o Consideration of:</td>
</tr>
<tr>
<td>▪ Any pertinent pharmacogenomic or pharmacogenetic factors.</td>
</tr>
<tr>
<td>▪ Best evidence.</td>
</tr>
<tr>
<td>▪ Pertinent ethical issues.</td>
</tr>
<tr>
<td>▪ Pharmacoeconomic components (patient, medical, and systems resources).</td>
</tr>
<tr>
<td>▪ Patient preferences, culture and/or language differences.</td>
</tr>
<tr>
<td>▪ Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.</td>
</tr>
<tr>
<td>The resident will create safe and effective patient-centered therapeutic regimens and monitor care plans.</td>
</tr>
<tr>
<td>• Interpret and communicate appropriate medical information to the Ryan White Clinic team</td>
</tr>
<tr>
<td>• Produce and recommend to physicians and healthcare team therapeutic plan including monitoring of viral load and CD4+ count</td>
</tr>
<tr>
<td>• Follow outpatient pharmacy, clinic, and hospital policy and procedures</td>
</tr>
<tr>
<td>• Design a care plan mindful of patient prescription status and socioeconomic situation.</td>
</tr>
<tr>
<td>• Manage MTM programs</td>
</tr>
</tbody>
</table>
- Adhere to the health system's medication-use policies.
- Follow applicable ethical standards.
- Address wellness promotion and lifestyle modification.
- Support the organization’s or patient’s formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and self-management.

- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).

- When applicable, reflects preferences and needs of the patient.

**Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**

**Criteria for Evaluation:**
- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team.
- Recommendation is persuasive.
- Presentation of recommendation accords patient’s right to refuse treatment.
- If patient refuses treatment, pharmacist exhibits responsible professional behavior.
- Creates an atmosphere of collaboration.
- Skillfully defuses negative reactions.
- Communication conveys expertise.
- Communication is assertive not aggressive.
- Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.

**The resident will apply safe and effective patient-centered therapeutic regimens and monitor care plans.**
- Review past notes prior to a visit to determine areas of follow up.
- Document patient visits and recommendations or changes to pharmacotherapy.
- Monitor the adherence of patients to medications and encourage/engage patients in creating strategies to improve adherence and provide follow-up.
- Prioritize pharmacotherapy issues and recognize appropriate times to address these based on importance.
- Regimen is initiated at the appropriate time.
- Medication orders are clear and concise.
- Activity complies with the health system's policies and procedures.
- Tests correspond with the recommended monitoring plan.
- Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
Criteria for Evaluation:
- Selects appropriate direct patient-care activities for documentation.
- Documentation is clear.
- Written in time to be useful
- Follows the health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise.

The resident will apply documentation skills necessary to communicate information in the medical record.
- Document patient visits and recommendations or changes to pharmacotherapy.
- Navigate electronic medical records to perform direct patient care functions.

R1.1.8: (Applying) Demonstrate responsibility to patients.
Criteria for Evaluation:
- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.

The resident will apply both clinical skills and empathy to demonstrate responsibility to the patient.
- Counsel patients on pharmacotherapy plans with their importance, and how medications are to be taken at home.
- Evaluate access to medication therapy based on financial or socioeconomic need.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Specialty Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal E7.1</strong></td>
<td>Effectively fulfill the major functions of a specialty pharmacy, including intake, clinical management, fulfillment, and facilitating optimal outcomes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
<th>E7.1.1 (Applying) Effectively conduct the patient intake process for specialty pharmacy patients. Criteria for Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Screens patient demographic and clinical information to determine suitability for specialty pharmacy services.</td>
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<tr>
<td></td>
<td>- Conducts benefits investigation and validation of insurance coverage for requested medication (submit test claims) and coordinate benefits with multiple payors.</td>
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<td></td>
<td>- Determines payor coverage and which benefit channel is required by medication or optimal for patient when either channel is acceptable.</td>
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<td></td>
<td>- Initiates and conducts prior authorization process.</td>
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<td></td>
<td>- Determines eligibility for specific clinical management programs.</td>
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<tr>
<td></td>
<td>- Determines patient eligibility and need for financial assistance based on insurance, available programs, and patient financial burden.</td>
</tr>
<tr>
<td></td>
<td>- Works with patient care coordinator to enroll qualified patients in financial assistance programs.</td>
</tr>
<tr>
<td></td>
<td>- Bills payor under pharmacy benefit structure or medical benefit structure.</td>
</tr>
</tbody>
</table>

| The resident will apply appropriate skills for conducting a patient intake |
| The resident will perform the following activities: |
| - Screen patient demographic and clinical information to determine medication suitability. |
| - Conduct benefits investigation and validation of insurance coverage. |
| - Coordinate benefits with multiple payors. |
| - Initiate and conduct prior authorization process. |
| - Determine eligibility for specific clinical management programs. |
| - Determine patient need for financial assistance and work with patient to coordinate this. |

<table>
<thead>
<tr>
<th>E7.1.2 (Applying) Effectively engages in clinical management activities for specialty pharmacy patients. Criteria for Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Addresses Risk Evaluation and Mitigation Strategies (REMS).</td>
</tr>
<tr>
<td>- Develops individualized education plan for specialty pharmacy patients to achieve treatment goals.</td>
</tr>
<tr>
<td>- Enrolls specialty pharmacy patients in specific clinical management programs.</td>
</tr>
<tr>
<td>- Manages patient treatment holidays and other extenuating circumstances.</td>
</tr>
<tr>
<td>- Manages specialty pharmacy patient discontinuation of medication.</td>
</tr>
</tbody>
</table>

| The resident will apply the clinical skills needed to engage in patient specific disease state and pharmacological management. |
| - Develop individualized education plan for patients to achieve treatment goal. |
| - Enroll patients in disease state management programs. |

<table>
<thead>
<tr>
<th>E7.1.3 (Applying) Effectively conduct fulfillment activities for specialty pharmacy patients. Criteria for Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Verifies that medication is available.</td>
</tr>
<tr>
<td>- Refers medication referral to another provider if unable to distribute medication.</td>
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<tr>
<td>- Accurately determines delivery location and makes arrangements for the delivery and receiving of medication package.</td>
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<tr>
<td>- Ships the medication package using appropriate shipping method.</td>
</tr>
<tr>
<td>- Correctly bills patient for services rendered.</td>
</tr>
<tr>
<td>- Contacts patients prior to delivery of medication refill.</td>
</tr>
</tbody>
</table>

| The resident will develop and apply the skillset needed to assure specialty medication fulfillment. |
| - Mail medications according to pharmacy laws, contacting patients prior to delivery, and resolving shipping issues. |
| - Bill for services, perform income assessment, and utilize drug copay assistance cards to financial burden. |
• Resolves situations in which the integrity of medication shipment has been compromised or the shipment was not received.
• Conducts investigation in the case of discrepancy between patient and facility.
• Contacts manufacturer for replacement of product in the case of patient misuse or product failure.

E7.1.4 (Evaluating) Effectively facilitate optimal treatment outcomes for specialty pharmacy patients.
Criteria for Evaluation:
• Determines clinical, patient-reported, operational, and financial data to be collected based on the parameters of disease state and medication, and how data will be obtained from internal and external sources.
• Determines patient, internal stakeholder, and external stakeholder requirements for data reporting and structuring the format of reports to meet requirements.
• Obtain, collect, and extract clinical, patient-reported, operational, and financial data.
• Integrate and reconcile clinical, patient-reported, operational, and financial data from disparate sources and use standard data elements.
• Analyzes and interprets clinical and patient-reported data to determine clinical and patient-reported outcomes to improve patient treatment and quality of life.
• Analyzes and interprets operational and financial data to determine operational and financial outcomes to evaluate the pharmacoeconomic impact of service offerings.
• Reports clinical, patient-reported, operational, and financial data and make recommendations to patients, internal stakeholder, and external stakeholder.

Using evaluation, the resident will ensure positive treatment outcomes for specialty patients. The resident will be responsible for the following activities:
• Determine clinical, patient-reported, operational, and financial data to be collected based on parameters of disease state and medication.
• Analyze adherence, efficacy, safety and potential remission data.
• Suggest modification to healthcare team based on specialty outcomes
• Analyze and interpret operational and financial data.

Preceptor Interaction/Responsibilities
8:30AM: Brief meeting to discuss the day’s activities and outstanding assignments and projects
11:30-12:00: Preceptor meets with resident to discuss any patient hand-off issues for the afternoon and to discuss any patients or topics previously assigned. The resident should be prepared to discuss assigned readings or patient encounters as appropriate.

Communication
The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:
• Scheduled meeting times to address questions, problems, patients, resident progress.
• Email (Residents required to read emails throughout the day to ensure ongoing communication.
• Phone if resident and preceptor are not both in the pharmacy.
• Pager if necessary.
• Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

**Expected progression of resident responsibility on this learning experience**

**Day 1:** Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment. Review pertinent goals and objectives related to this experience on the incoming self-assessment. Determine areas of focus to progress toward achievement for residency.

**Week 1:** The resident will be paired with a UTCare pharmacist for introduction to the site and work flow within the outpatient pharmacy. The clinical pharmacist will provide direct instruction to the resident with regard to their role in the management of the patient with HIV, filling and mailing their prescriptions, and conducting MTM sessions with the patient. Required readings and topic discussions will enhance the instruction and orient the resident to the disease state.

**Weeks 2-4:** Using modeling provided by the precepting pharmacist, the resident will begin to handle patient interactions including medication reconciliation while in clinic appointments, complete medication reviews, smoking cessation referrals, and counseling of medications when picked up if necessary.

**Weeks 5-6:** The preceptor will continue to coach the resident to take on more responsibilities as an HIV pharmacist. This may include making recommendations/changes in therapy or documenting patient problems in their electronic medical record. The resident is also expected to create a new initiative or service in the UTCare pharmacy that will enhance our services.

**Week 7-8:** The resident will be expected to practice autonomously as the HIV clinical pharmacist by independently medication counseling questions, MTMs, smoking cessation appointments, modifying medication regimens as necessary and ensure the accurate filling of prescriptions. The preceptor will continue to facilitate the resident in this role as necessary.

**Evaluation**

The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

**PharmAcademic Evaluation** will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations:** This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- **Verbal midpoint evaluation** will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
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<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Self-Reflection</td>
<td>Beginning of rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
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<tr>
<td>Summative</td>
<td>End of week 4 &amp; 8</td>
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</table>

**RAC and Developmental Plan Evaluation**
At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program  
Learning Experience Description  
Rotation Name- Managed Care

Preceptor Contact Information:  
Preceptor: Cindy Puffer, RPh  
Senior Manager Ambulatory Pharmacy  
Phone: 419-383-6668  
Office: 115B Health Education Building  
Hours: Monday – Friday 8:00 AM – 5:00 PM  
Email: cindy.puffer@utoledo.edu

General Description

The University of Toledo managed care rotation is a required 2-four week learning experience located at The University of Toledo Health Science Campus. The patient care locations will be housed in the managed care office or appropriate outpatient pharmacy, the student medical center or the health science campus. The pharmacist in this role works with the pharmacy team, physicians, nursing staff, and patients to provide pharmacy services related to employee or beneficiaries for chronic disease state management, plan optimization, prior authorizations, and utilization management.

The pharmacy resident will attend this rotation Monday through Thursday from 8:00AM to 12:00 PM. The pharmacy resident will be practicing within the managed care office or the Main Campus Outpatient Pharmacy and the associated medical centers.

Resident responsibilities include oversight of the employee prescription benefit for the University of Toledo, provision of effective education to health care professionals, contribution to the design of pharmacy benefits that achieved financial and therapeutic objectives, dissemination of knowledge regarding benefit design, and implantation of contract negotiations. The resident also participates in the customization and maintenance of a formulary, specialty medication list, and prior authorizations.

Disease States:
Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common disease include but not limited to:

- Multiple Sclerosis
- Rheumatoid Arthritis
- Dermatology
- Hepatitis
- Oncology
The resident will be responsible for conducting topic discussions with pharmacy leadership to develop skills to acquire knowledge about common practices seen in managed care. Key articles and subsequent discussions with the preceptor will focus on adherence and prescription benefit management.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of overseeing prior authorization and the implantation of changes to the employee benefit plan. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Leadership and Management</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>R3 Goal R3.1 Demonstrate leadership skills.</td>
<td>The resident will apply skills needed to demonstrate personal, interpersonal and teamwork effective leadership. Participate in topic discussions regarding leadership managerial series and how to apply those skills to being a leader. Participate in various committees assignment to the anticoagulation P&amp;T committee / interaction with AMCP / UHC specialty workgroup/ OPTUM biweekly calls / MUE presentation to providers / Vizient work group. Participate in various committees assignment to the anticoagulation P&amp;T committee / interaction with AMCP / UHC specialty workgroup/ OPTUM biweekly calls / MUE presentation to providers / Vizient work group. Topic discussions regarding ethical decisions with employee benefit / excluded products / PA appeals. Participate in various committees assignment to the anticoagulation P&amp;T committee / interaction with AMCP / UHC specialty workgroup/ OPTUM biweekly calls / MUE presentation to providers / Vizient work group. Topic discussions regarding the relationship between the resident and a particular physician and healthcare provider with whom he or she interacts when fulfilling practice responsibilities through a combination of direct observation, anecdotal records, and interviews with staff. Participate in various committees assignment to the anticoagulation P&amp;T committee / interaction with AMCP / UHC specialty workgroup/ OPTUM biweekly calls / MUE presentation to providers / Vizient work group. Topic discussions regarding the relationship between the resident and a particular physician and healthcare provider with whom he or she interacts when fulfilling practice responsibilities through a combination of direct observation, anecdotal records, and interviews with staff.</td>
<td></td>
</tr>
<tr>
<td>R3.1.1 Applying Apply a process of on-going self-evaluation and personal performance improvement.</td>
<td>The resident will apply a process of ongoing self-evaluation that can be applied and used throughout the residency program. Participate in a topic discussion Review Habits of Mind concepts. Participate in topic discussion on the importance of life long self-evaluation and reflection. Review Habit of Mind Self-Assessment Rubric.</td>
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<tr>
<td>Criteria for Evaluation:</td>
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<td></td>
</tr>
<tr>
<td>• Accurately summarizes one’s own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).</td>
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<tr>
<td>• Effectively uses a self-evaluation process for developing professional direction, goals, and plans.</td>
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<tr>
<td>• Effectively engages in self-evaluation of progress on specified goals and plans.</td>
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<tr>
<td>• Demonstrates ability to use and incorporate constructive feedback from others.</td>
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<tr>
<td>Competency R4</td>
<td>Teaching, Education, Dissemination of Knowledge</td>
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<tr>
<td><strong>Goal R4.1</strong></td>
<td>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).</td>
<td></td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>R4.1.1: (Applying) Design effective educational activities. Criteria for Evaluation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).</td>
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<td></td>
<td>- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that address the audiences’ defined learning needs.</td>
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<td></td>
<td>- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).</td>
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<td></td>
<td>- Selects content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices.</td>
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<td></td>
<td>- Includes accurate citations and relevant references, and adheres to applicable copyright laws.</td>
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<td></td>
<td>The resident will apply knowledge learned in teaching certificate program to design a managed care lecture that will be presented to an appropriate audience.</td>
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<tr>
<td></td>
<td>- Blooms taxonomy discussion</td>
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<td></td>
<td>- Prepare at least one didactic managed care lecture to first year pharmacy students</td>
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<tr>
<td></td>
<td>- Agenda define learning needs</td>
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<tr>
<td></td>
<td>- Goals of the program</td>
<td></td>
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<tr>
<td></td>
<td>- Audience focus</td>
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<td></td>
<td>- Interactive learning experience</td>
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<tr>
<td></td>
<td>- Engage APPE managed care block to assist in the presentation / direct observation with APPEs managed care block students</td>
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<td></td>
<td>- Prepare at least one ACPE accredited continuing education managed care lecture to Toledo Area Society of Health Systems Pharmacists.</td>
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<tr>
<td></td>
<td>R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education. Criteria for Evaluation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Demonstrates rapport with learners.</td>
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<td></td>
<td>- Captures and maintains learner/audience interest throughout the presentation.</td>
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<td></td>
<td>- Implements planned teaching strategies effectively.</td>
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<td></td>
<td>- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).</td>
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<td></td>
<td>- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive “ah’s” and “um’s”).</td>
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<td></td>
<td>- Body language, movement, and expressions enhance presentations.</td>
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<td></td>
<td>- Summarizes important points at appropriate times throughout presentations.</td>
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<td>- Transitions smoothly between concepts.</td>
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<td>- Effectively uses audio-visuals and handouts to support learning activities.</td>
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<td></td>
<td>The resident will apply the skills learned during the teaching certificate program necessary to effectively present and deliver education.</td>
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<td>- Present at least one didactic managed care lecture to first year pharmacy students</td>
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<td>- Present at least one ACPE accredited continuing education managed care lecture to Toledo Area Society of Health Systems Pharmacists (TASHP).</td>
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<td>- The resident will be responsible for preparing small group teaching that pertain to managed care.</td>
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<td></td>
<td>o Group smoking cessation</td>
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<td></td>
<td>o Residence Hall group teaching</td>
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<td>o Small group at Kobacker</td>
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<td>o Headache clinic group teaching</td>
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<td>o Weight management small group teaching</td>
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<td></td>
<td>- Coadvise APPE seminar project</td>
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<td></td>
<td>- Prepare Headache clinic teaching tools and teach one group session</td>
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<td></td>
<td>R4.1.4: (Applying) Appropriately assess effectiveness of education. Criteria for Evaluation:</td>
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<td>- 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.</td>
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<td>- Provides timely, constructive, and criteria-based feedback to learner.</td>
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<td>- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.</td>
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<td>The resident will apply both self-assessment and standardized assessment tools to evaluate their own effectiveness as an educator.</td>
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<td></td>
<td>- Create an evaluation form to be completed by learners</td>
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<td></td>
<td>- Review the assessment form provided by TASHP and other evaluation tools from other presentations.</td>
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<td></td>
<td>- Topic discussion of how to determine learners needs are met</td>
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<td></td>
<td>- Direct observation of assessing learners feedback</td>
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<td></td>
<td>- Use of clickers</td>
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</tbody>
</table>
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance/support/ensure goals were met, if needed.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve their effectiveness.

<table>
<thead>
<tr>
<th>Goal R4.2</th>
<th>Effectively employs appropriate preceptors’ roles when engaged in teaching.</th>
</tr>
</thead>
</table>
| Objectives | R4.2.1 (Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs. Criteria for Evaluation:  
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).  
- Selects direct instruction when learners need background content.  
- Selects modeling when learners have sufficient background knowledge to understand skill being modeled.  
- Selects coaching when learners are prepared to perform a skill under supervision.  
- Selects facilitating when learners have performed a skill satisfactorily under supervision. |
| Criteria for Evaluation:  
- Review roles of preceptor  
  - Instructing  
  - Modeling  
  - Coaching  
  - Facilitating  
- Teach APPE’s and know when to appropriately use the role of a preceptor tailored to meet learners’ needs. |
| The resident will learn to analyze learners’ educational needs and fit into the appropriate role of preceptor.  
- Review roles of preceptor  
  - Instructing  
  - Modeling  
  - Coaching  
  - Facilitating  
- Teach APPE’s and know when to appropriately use the role of a preceptor tailored to meet learners’ needs. |

<table>
<thead>
<tr>
<th>Competency E4</th>
<th>Managed Care Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal E4.1</td>
<td>Maintain confidentially of patient and proprietary business information.</td>
</tr>
</tbody>
</table>
| Objectives | E4.1.1 (Applying) Observe legal and ethical guidelines for safeguarding the confidentiality of patient information. Criteria for Evaluation:  
- Explains patient confidentiality issues related to data collection, transmission, and storage by pharmacy information systems and by electronic medical records.  
- Explains situations unique to managed care that may raise the issue of confidentiality of patient information. |
| The resident will apply knowledge of the legal and ethical guidelines regarding patient confidentiality.  
- Instruct APPE’s the importance legal safeguards particularly those unique to managed care. |
| The resident will apply knowledge of the legal and ethical guidelines regarding patient confidentiality.  
- Instruct APPE’s the importance legal safeguards particularly those unique to managed care. |
| E4.1.2 (Applying) Observe organizational policy for the safeguarding of proprietary business information. Criteria for Evaluation:  
- Explains the concept of "proprietary business information” and its importance in the conduct of business activities.  
- Explains the role of written policy and tacit knowledge in the development of normative procedure for the disclosure of business information within a specific organization. |
| The resident will apply knowledge of the legal and ethical guidelines regarding patient confidentiality.  
- Instruct APPE’s the importance legal safeguards particularly those unique to managed care. |
| Topic discussion patient confidentiality issues related to data collection, transmission, and storage by pharmacy systems and electronic records.  
- Topic discussion situations unique to managed care that raise issues of confidentiality to patient information such as UTCARE pharmacy. |
<table>
<thead>
<tr>
<th>Goal E4.2</th>
<th>Understand the interrelationship of the pharmacy benefit management company, the health plan, and the delivery system functions of managed care.</th>
</tr>
</thead>
</table>
| Objectives | E4.2.1(Understanding) Explain the health-plan functions of managed care, including pharmacy and medical benefit management, medication cost shares, formulary design, medication criteria development, prior authorization, pharmacy access, and contract negotiations (medication acquisition/rebates/network pharmacy), specialty and traditional medication utilization management. Criteria for Evaluation:  
- Explains the difference between pharmacy risk and capitation.  
- Explains which drugs are covered under the pharmacy vs. medical benefit.  
- Describes the intent of various formulary designs.  
- Describes the process by which one makes formulary decisions (including evidence of safety, efficacy and cost).  
- Explains the role of the prior authorization process in managing medication use.  
- Describes the role of the PBM in contracting for medication rebates and the pharmacy network to ensure access to medication therapy.  
- Explains the unique aspects of specialty medications which distinguish them from traditional medications. |
| The resident will demonstrate an understanding of the health plan as it related to managed care. Acts as the primary contributor to the UT outpatient and employee benefit annual report highlighting by section the impact of direct patient care.  
- Participate in topic discussions regarding the following:  
  o Benefit design  
  o Pharmacy benefit design  
  o Formulary management and decision making process  
  o Roles of a PBM  
  o Specialty medication management as it relates to managed care  
- Review the process of billing in real time third party claims and reimbursement process  
- Discussion about Powerline/ adjudication fees/transaction fees as the cost of doing business/  
- Topic discussion regarding the PBM adjudication process / how to identify plan edits/  
- Discuss NCPDP and how to sign up for this process  
- Participate in OPUTM Plan Optimization Review and prepare presentation to HR to suggest new utilization management and plan optimization strategies for the plan year  
- Act as the primary contributor to the UT Managed care and OP pharmacy annual report. Highlight in each section areas of opportunity that impacted direct patient care  
- Analyze data and denote trends for UT employee prescription benefit vs. benchmark  
- Perform one medication use evaluation of one class of medications for the employee prescription benefit  
- Utilize employee prescription benefit data to make predictions for future growth of employee benefit and wellness programming needed  
  o Identify target areas of risk for MTM services  
- Once plan optimization changes have been identified implement roll out of changes to the Director of employee benefit and UT Wellness committee  
- Develop employee newsletter to outline changes affecting members and estimate member disruption  
- Review of OPTUM formulary process  
- If feasible attend OPTUM formulary P&T committee meeting – May 2016 |
| Topic discussion about the formulary management for the employee prescription benefit. |
| Review formulary on HR website o [https://www.utoledo.edu/depts/hr/benefits/Open_Enrollment/pdf/2016docs/CF220_SELECT_ABRI_DGED_1%201%2016_v%201.pdf](https://www.utoledo.edu/depts/hr/benefits/Open_Enrollment/pdf/2016docs/CF220_SELECT_ABRI_DGED_1%201%2016_v%201.pdf) |
| Review utilization management strategies that are used to impact population health for entire employee benefit |
| Assess and update the current Catamaran pharmacy coverage policies |
| Review Optum plan optimization review and make suggestions and design new utilization management and plan optimization strategies for 2016 plan year. Assure that it is documented how this will impact direct patient care and access to medication/ demonstrate how this will impact member disruption to care |
| Analyze data and denote trends for UT employee prescription benefit vs. benchmark |
| Perform one medication use evaluation of one class of medications for the employee prescription benefit |
| Utilize employee prescription benefit data to make predictions for future growth of employee benefit and wellness programming needed o Identify target areas of risk for MTM services |
| Once plan optimization changes have been identified implement roll out of changes to the Director of employee benefit and UT Wellness committee |
| Develop employee newsletter to outline changes affecting members and estimate member disruption |

E4.2.2 (Understanding) Explain the interrelationship of the health plan and the delivery system functions of managed care.

Criteria for Evaluation:

- Explains impact of formulary, prior authorization, quantity limits, and other edits on network pharmacies
- Explains pharmacy network inclusion and MAC reimbursement on network pharmacy.

The resident will display an understanding of the University of Toledo Health Plan as it relates to managed care

- Identify areas of unmet need for the employee prescription benefit and develop a business proposal for the implementation of such a program to focus on wellness or disease prevention when appropriate
- Explain the support needed to establish a program
- Explain potential problems and shortcomings associated with the maintenance such program
- Identifies elements that need updated for current programs, if any
- Develop a project plan for the implementation of the above project included topic discussions:
  - Implementation timeline
  - Topic discussion on how to develop a project plan
  - Staff justification for program
  - Work flow for the program
  - Needs assessment and how to create projections for revenues
- Budget preparation and integration of new program
- Discuss the impact of formulary, prior authorization, quantity limits, and other edits on network pharmacies.
- Manage the PA’s for the employee benefit and communicate to the patient.
- Documents using communication QS1 and PIT
- Communicate to member timeline for the approval
- Find alternative medication access when med is not available or PA is denied
- Communicates to the pharmacy when they can fill the prescription for the member
- Reviews OPTUM clinical protocols when appropriate
- Manage one provider appeal
- Educates the employee via MTM appointment when feasible.
- Monitors adherence of the emember.
- Reaches out to the member when potential problems exist in their patient profile
- Prospectively contacts members and providers when their PA is due to expire – assists in the navigation of PA renewal
- Topic discussion regarding billing and payment function involved in the adjudication process
- Review specialty medication costs for current plan year and make projections and identify areas of opportunity for loss of GPO savings for the plan / Prepare the Master Document for the current plan year.
- Identify pipeline drugs that may have an impact on the employee benefit
- Evaluate UT strategy to deal with the impact of the implementation of a formulary change for the new plan year- identify impact on direct patient care in these areas
- Review plan optimization and identify areas of potential changes to the plan design
- Create an employee newsletter to educate members
- Evaluate UT strategy to deal with the impact of the implementation of a formulary change for the new plan year- identify impact on direct patient care in these areas

### Goal E 4.3
Understand unique aspects of providing evidence-based, patient-centered medication therapy management with interdisciplinary teams in the managed care environment.

<table>
<thead>
<tr>
<th>E4.3.1 (Understanding)</th>
<th>The resident will understand differences in the provision of MTM as it relates to the managed care environment and other various lines of business.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Hold a topic discussion with managed care block students related to the following:</td>
</tr>
<tr>
<td></td>
<td>o MTM from a health plan perspective</td>
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<td></td>
<td>o Population health</td>
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<td></td>
<td>o Strategies for managing unwilling patients</td>
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Criteria for Evaluation:
- Explains process for medication therapy management from a health plan perspective.
Preceptor Interaction/Responsibilities
8:00AM: Brief meeting to discuss the day’s activities and outstanding assignments and projects
11:30-12:00: Preceptor meets with resident to discuss any prescription benefit issues for the afternoon and discuss any patients or topics previously assigned. The resident should be prepared to discuss UT prescription benefit specific issues.

Communication
The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:
- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

Expected progression of resident responsibility on this learning experience
Day1: Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment.

Week 1: The resident will be working directly with preceptor for benefit design set-up, flow of money for prescription benefit, prior authorization process. The preceptor will provide direct instruction to the resident with regard to their role with various managed care projects.

Weeks 2-4: Using modeling provided by the preceptor, the resident will begin to oversee prior authorization processes, specialty medication access, high dollar prescription overrides, individual patient consultation with various disease states, and answering drug information questions. The resident is expected to work with the preceptor and pharmacy team to provide excellent patient care and benefit design.

Week 5: The preceptor will continue to coach the resident to take on more responsibilities handling roles as the managed care pharmacist. The resident is also expected to analyze prescription data from employer PBM.

Weeks 6-8: The resident will be expected to provide education/lectures to professional students regarding basic managed care information and independently manage the employee prescription benefit. The preceptor will continue to facilitate the resident in this role as necessary.

Evaluation
The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.
PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations:** This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.

- **Verbal midpoint evaluation** will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.

- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
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<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
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<tr>
<td>Self-Reflection</td>
<td>Beginning of rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of week 4 &amp; 8</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative</td>
<td>End of week 4 &amp; 8</td>
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**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
Rotation Name: Medication Management

Preceptor Contact Information: Preceptor: Michelle Schroeder PharmD, BCACP, CDE
University of Toledo College of Pharmacy
Office: HEB 137C
Phone: 419-383-1908
Hours: Tuesday 12:30-5:00
Email: Michelle.Mangan@utoledo.edu

General Description

The medication management rotation is a required 52 week longitudinal rotation focused on patients with congestive heart failure and post-myocardial infarction. This rotation will take place in the Heart and Vascular Center in the University of Toledo Medical Center. The pharmacist’s role in this location is to monitor and educate those patients recently discharged from the hospital and those follow-up appointments for heart failure, post MI, and pulmonary hypertension.

The resident will attend this rotation at the Heart and Vascular center one-half day per week for 52 weeks. In the medication management rotation, the resident will be responsible for providing evidence-based, patient-centered care in collaboration with other healthcare professionals to optimize care for UTMC patients. Patient care responsibilities include educating patients and family members, educating physician and nurses, medication reconciliation, and medication therapy management and monitoring of cardiac medications related to the patient’s diagnosis.

Disease States:
Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common disease include but not limited to:

- Congestive Heart Failure
- Myocardial Infarction
- Pulmonary Hypertension

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of a clinical pharmacist. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.
Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

## Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency R1</th>
<th>Goals &amp; Objectives (Taught and Evaluated)</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
</table>
| Goal: R 1.1   | In collaboration with the healthcare team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process. | The resident will be expected to apply professional communication skills and build professional relationships with teams.  
- Communicate with cardiac health care providers including pharmacists, physicians, nursing staff, and other medical staff  
- Present patients to members of the healthcare team in a concise and organized manner  
- Foster relationships with the healthcare team demonstrating the value of pharmacy in collaborative practice |
| Objectives    | R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy. Criteria for Evaluation:  
- Interaction is cooperative, collaborative, communicative, and respectful  
- Demonstrates skills in negotiation, conflict management and consensus building  
- Demonstrates Advocacy for the patient  
- The resident is expected to apply communication skills.  
- Interview, discuss, and counsel on pharmacotherapy plans with patients, their importance, and how medications are to be taken at home  
- Lead responsive, effective, and empathetic communications with patients and their family members |
|               | R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers. Criteria for Evaluation:  
- Interactions are respectful and collaborative  
- Uses effective communication skills  
- Shows empathy  
- Empowers patients to take responsibility for their health  
- Demonstrates cultural competence  
- The resident will apply skills necessary for the collection and analysis of pertinent medical information.  
- Interview and obtain a medical information from a patient needed for pharmacological management of heart failure and other disease states  
- Review and work-up patients prior to appointment |
|               | R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy. Criteria for Evaluation:  
- Collection/organization methods are efficient and effective  
- Collects relevant information about medication therapy, including:  
  - History of present illness.  
  - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.  
  - Social history.  
  - Medication history including prescription, non-prescription, illicit, recreational and non-traditional therapies; other dietary supplements; immunizations and allergies.  
  - Laboratory values.  
  - Pharmacogenomics and pharmacogenetic information, if available  
  - Adverse Drug reactions. |
o Medication adherence and persistence.
o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.

- Sources of information are the most reliable available, including electronic, face to face and others.
- Recording system is functional and subsequent problem solving and decision making clarifies information as needed.
- Display understanding of limitations of information in health records.

R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
Criteria for Evaluation:
- Includes accurate assessment of patient’s:
  o Health and functional status,
  o Risk factors
  o Health data
  o Cultural factors
  o Health literacy
  o Access to medications
  o Immunization status
  o Need for preventive care and other services when appropriate
  o Other aspects of care as applicable.
- Identifies medication therapy problem, including:
  o Lack of indication for medication
  o Medical conditions for which there is no medication prescribed
  o Medication prescribed for continued inappropriately for a particular medical condition.
  o Suboptimal medication regimen (e.g. dose, dosage form, duration, schedule, route of administration, method of administration.)
  o Therapeutic duplication
  o Adverse Drug or device-related events or potential for such events.
  o Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug laboratory test interactions, or potential for such interactions.
  o Use of harmful social, recreational, nonprescription, nontraditional or other medication therapies.
  o Patient not receiving full benefit of prescribed therapy
  o Problems arising from the financial impact of medication therapy on the patient.
  o Patient lacks understanding of medication therapy.

The resident will develop the ability to analyze and assess information.
- Use appropriate literature resources on selected topics relevant to patient care in cardiology patients
- Communicate drug information queries to different staff members located in the heart and vascular center
- Identify medication errors and adverse drug reactions
- Manage time to contact newly discharged patients, perform MTMs, answer drug information queries, and manage patient appointments
- Evaluate drug related problems related to a patient case obtained from a medication history
- Interpret all applicable clinical data pertaining to patients and their care plan.
| Patient not adhering to medication regimen and root cause (e.g. knowledge, recall, motivation, financial, system) |
| Laboratory monitoring needed. |
| Discrepancy between prescribed medications and established care plan for the patient. |

R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria for Evaluation:
- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  - Relevant patient-specific information including culture and preferences.
  - The goals of other inter-professional team members.
  - The patient's disease state(s).
  - Medication-specific information.
  - Best evidence.
  - Ethical issues involved in the patient's care.
  - Quality-of-life issues specific to the patient.
  - Integration of all the above factors influencing the setting of goals.
  - Designs/redesigns regimens that:
    - Are appropriate for the disease states being treated.
    - Reflect:
      - The therapeutic goals established for the patient
      - The patient's and caregiver's specific needs
    - Consideration of:
      - Any pertinent pharmacogenomic or pharmacogenetic factors.
      - Best evidence.
      - Pertinent ethical issues.
      - Pharmacoeconomic components (patient, medical, and systems resources).
      - Patient preferences, culture and/or language differences.
      - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
- Adhere to the health system's medication-use policies.
- Follow applicable ethical standards.
- Address wellness promotion and lifestyle modification.
- Support the organization's or patient's formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and self-management.

The resident will create safe and effective patient-centered therapeutic regimens and monitor care plans.

- Use appropriate literature resources on selected topics to develop evidence-based care plans for cardiology patients
- Interpret and communicate appropriate patient medical information
- Devise a pharmacotherapy plan, complete with therapeutic goals, monitoring parameters, and pharmacotherapy and nonpharmacological treatment
- Design care plans that are mindful of prescription insurance and formulary coverage
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
  - When applicable, reflects preferences and needs of the patient.

R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Criteria for Evaluation:
- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team.
- Recommendation is persuasive.
- Presentation of recommendation accords patient’s right to refuse treatment.
- If patient refuses treatment, pharmacist exhibits responsible professional behavior.
- Creates an atmosphere of collaboration.
- Skillfully defuses negative reactions.
- Communication conveys expertise.
- Communication is assertive not aggressive.
- Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system’s policies and procedures.
    - Tests correspond with the recommended monitoring plan.
    - Tests are ordered and performed at the appropriate time.

The resident will apply safe and effective patient-centered therapeutic regimens and monitor care plans.
- Implement care plans that include:
  - Current therapeutic adjustments
  - Patient education
  - Medication reconciliation
  - Appropriate follow-up and monitoring
- Review past notes and work-up patients prior to visit
- Document patient visits, pharmacy recommendations, and or changes to pharmacotherapy
- Monitor the adherence of patients to medications and encourage/engage patients in creating strategies to improve adherence
- Recognize and prioritize emergent and urgent pharmacotherapy and patient care issues that need to be brought to the attention of appropriate healthcare professionals.
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes appropriate action based on analysis of monitoring results</td>
<td>Redesign regimen and/or monitoring plan if needed.</td>
</tr>
<tr>
<td>Appropriately initiates, modifies, discontinues, or administers</td>
<td>Medication therapy as authorized.</td>
</tr>
<tr>
<td>Responds appropriately to notifications and alerts in electronic</td>
<td>Medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).</td>
</tr>
<tr>
<td>Provides thorough and accurate education to patients, and caregivers,</td>
<td>Inclusion of information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.</td>
</tr>
<tr>
<td>Addresses medication- and health-related problems and engages in</td>
<td>Preventive care strategies, including vaccine administration.</td>
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<tr>
<td>Schedules follow-up care as needed to achieve goals of therapy.</td>
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</tr>
</tbody>
</table>

**R1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.**  
**Criteria for Evaluation:**  
- Selects appropriate direct patient care activities for documentation.  
- Documentation is clear.  
- Documentation is written in time to be useful.  
- Documentation follows the health system’s policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.  

The resident will apply documentation skills necessary to communicate information in the medical record.  
- Document patient visits and recommendations or changes to pharmacotherapy  
- Navigate electronic medical records  
- Collaborate with outside health system providers to perform direct patient care functions and aid in transitions of care.

**R1.1.8: (Applying) Demonstrate responsibility to patients.**  
**Criteria for Evaluation:**  
- Gives priority to patient care activities.  
- Plans prospectively.  
- Routinely completes all steps of the medication management process.  
- Assumes responsibility for medication therapy outcomes.  
- Actively works to identify the potential for significant medication-related problems.  
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.  
- Helps patients learn to navigate the health care system, as appropriate.  
- Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.  
- Determines barriers to patient compliance and makes appropriate adjustments.

The resident will apply both clinical skills and empathy to demonstrate responsibility to the patient.  
- Counsel on pharmacotherapy plans with patients, their importance, and how medications are to be taken at home  
- Ensure patient access to care.
### Objectives

<table>
<thead>
<tr>
<th>Objective R1.2.1: (Applying) Manage transitions of care effectively.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Evaluation:</td>
</tr>
<tr>
<td>• Effectively participates in obtaining or validating a thorough and accurate medication history.</td>
</tr>
<tr>
<td>• Conducts medication reconciliation when necessary.</td>
</tr>
<tr>
<td>• Participates in thorough medication reconciliation.</td>
</tr>
<tr>
<td>• Follows up on all identified drug-related problems.</td>
</tr>
<tr>
<td>• Participates effectively in medication education.</td>
</tr>
<tr>
<td>• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.</td>
</tr>
<tr>
<td>• Follows up with patient in a timely and caring manner.</td>
</tr>
<tr>
<td>• Provides additional effective monitoring and education, as appropriate.</td>
</tr>
<tr>
<td>• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.</td>
</tr>
</tbody>
</table>

### Preceptor Interaction/Responsibilities

The preceptor will be in constant interaction with the resident during this rotation and will be responsible for providing learning opportunities for the resident in the above goals and outcomes. The interaction will take place on a weekly basis and will include patient discussions, clinical discussions, MTM sessions, APPE opportunities, etc.

### Communication

- The preceptor and resident will be in communication as needed through pre-determined meetings and electronic communication.  
  There will be weekly interaction between the resident and the preceptor through:
- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

### Expected progression of resident responsibility on this learning experience

The resident is expected to complete “face to face” Medication Therapy Management services and provide “follow up” patient care and adherence monitoring using telephonic communications

**Phase 1**

The preceptor will review learning activities and expectations with the resident.

**Phase 2**
Resident will start by working up MTM patients and watching preceptor conduct MTM sessions. Resident will begin to work at outpatient pharmacist and make professional relationships with the patient.

**Phase 3**

Resident will be responsible for CHF/MI MTM as part of the Transitions of care pilot program. The preceptor will continue modeling appropriate behaviors for the resident. Resident will have frequent patient case discussions with preceptor. The preceptor will encourage and coach the resident to take on more responsibilities as a pharmacist in the pharmacy.

**Phase 4**

Resident will function as a clinical outpatient pharmacist with coaching but little assistance of the preceptor. Resident expected to show independence as a clinical pharmacist. Resident will have full responsibility for MTM patients and documentation.

**Evaluation Strategy**

The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic Evaluation will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations:** This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- **Verbal midpoint evaluation** will be completed halfway through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Incoming Self-Assessment</td>
<td>Beginning of Residency</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of Residency</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of Residency</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative (Longitudinal)</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program Learning Experience Description

Rotation Name - Orientation

Preceptor Contact Information:  
Preceptor: Cindy Puffer, RPh  
Senior Manager Ambulatory Pharmacy  
Phone: 419-383-6668  
Office: 115B Health Education Building  
Hours: Monday – Friday 8:00 AM – 5:00 PM  
Email: cindy.puffer@utoledo.edu

General Description
The Orientation rotation is a required 6-week rotation located at the various pharmacy practice sites at both the University of Toledo Medical Center and the University of Toledo Main Campus. The patient care locations are at various sites across the two campuses and the three outpatient pharmacy locations. The formal orientation program is intended to orient the resident to the policies, procedures and workflow in each of the outpatient pharmacies.

New residents must complete a pharmacist training pathway before the month’s completion to be able to continue on the remaining rotations. Topics to be covered in the training pathway include an overview of patient safety, an orientation to the University of Toledo, an orientation to the pharmacy department, computer systems training, medication management, technology, controlled substances procedures, the University of Toledo prescription drug plans, inventory control and ordering, and competency demonstrations/tests.

Disease States:
The resident will be exposed to a wide range of disease states that vary by practice location during the orientation experience.

Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Goals &amp; Objectives (Taught and Evaluated)</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency R3</td>
<td>Leadership and Management</td>
</tr>
<tr>
<td>Goal R3.1</td>
<td>Demonstrate leadership skills.</td>
</tr>
<tr>
<td>Objectives R3.1.2</td>
<td>Apply a process of ongoing self-evaluation and personal performance improvement.</td>
</tr>
<tr>
<td></td>
<td>Criteria for Evaluation:</td>
</tr>
<tr>
<td></td>
<td>• Accurately summarizes one’s own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).</td>
</tr>
<tr>
<td></td>
<td>The resident will apply a process of ongoing self-evaluation that can be applied and used throughout the residency program.</td>
</tr>
<tr>
<td></td>
<td>• Understand the steps involved in established a pharmacy residency program</td>
</tr>
</tbody>
</table>
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

- Completion of the resident developmental plan, including:
  - Complete initial incoming assessment including strengths, weaknesses, areas of interest, etc.
  - Explain the purpose and importance of self-evaluation.
  - Develop goals and direction for the year and periodically self-evaluate this.
  - Self-evaluate incoming clinical knowledge.
  - Self-evaluate progress at end of rotation based on set goals and objectives in competency areas.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Teaching, Education, and Dissemination of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal R4.2</td>
<td>Effectively employs appropriate preceptors’ roles when engaged in teaching</td>
</tr>
</tbody>
</table>

**Objectives**

R4.2.1 (Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs.

Criteria for Evaluation:
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  - Selects direct instruction when learners need background content.
  - Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
  - Selects coaching when learners are prepared to perform a skill under supervision.
  - Selects facilitating when learners have performed a skill satisfactorily under supervision.

The resident will learn to analyze learners’ educational needs and fit into the appropriate role of preceptor.
- Topic discussion on analysis of learner’s individual needs will take place in the orientation months.
- The resident will be longitudinally involved with students in the managed care block and will select the appropriate role of a preceptor tailored to meet the learners’ needs.

R4.2.2 (Applying) Effectively employ preceptor roles, as appropriate.

Criteria for Evaluation:
- Instructs students, technicians, or others, as appropriate.
- Models skills, including “thinking out loud,” so learners can “observe” critical thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.

The resident will be introduced to the four roles of a preceptor and how to implement each role at different stages of student development.
- The resident will learn how to instruct, model, coach, and teach learners at all stages of development and will role-play the four roles of a preceptor during orientation to ensure understanding.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Managed Care Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal E4.1</td>
<td>Maintain confidentiality of patient and proprietary business information</td>
</tr>
</tbody>
</table>

**Objectives**

E4.1.1 (Applying) Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.

Criteria for Evaluation:
- Explains patient confidentiality issues related to data collection, transmission, and storage by pharmacy information systems and by electronic medical records.
- Explains situations unique to managed care that may raise the issue of confidentiality of patient information

The resident will apply knowledge of the legal and ethical guidelines regarding patient confidentiality.
- Topic discussions will take place to teach the resident about the various legal and ethical guidelines for safeguarding the confidentiality of patient information.
- Discuss patient confidentiality issues related to data collection, transmission, and storage by pharmacy systems and electronic records.
Preceptor Interaction/Responsibilities

8:00AM: Brief meeting to discuss the day’s activities and outstanding assignments and projects
11:30-12:00: Preceptor meets with resident to discuss any issues for the afternoon and other topics or issues related to the orientation process.

Communication

The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:

- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

Expected progression of resident responsibility on this learning experience

Day 1: Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment. The resident is expected to have the self-assessment completed at this time.

Weeks 1-2: The resident will be paired with the previous resident for a “hand-off” in the beginning two weeks of orientation.

The resident will be stationed at various locations throughout this 6-week orientation process and to work towards the completion of the Pharmacy Resident Training Pathway by the end of the orientation process.

Evaluation

The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Verbal midpoint evaluation will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience

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<th>Type of Evaluation</th>
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<td>Incoming Self-Assessment</td>
<td>Beginning of Residency</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of week 6</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of week 6</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative</td>
<td>End of week 6</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program
Learning Experience Description
Rotation: Pharmacy Administration

Preceptor Contact Information:  Preceptor: Holly Smith RPh  
Health Science Campus Outpatient Pharmacy Manager  
Phone: 419-383-3706  
Office: University of Toledo Outpatient Pharmacy  
Hours: Monday – Friday 7:00 AM – 7:00 PM  
Saturday 9:00AM – 5:00 PM  
Email: holly.smith3@utoledo.edu  

General Description  
The University of Toledo pharmacy administration rotation is a required 4 week learning experience at the University of Toledo Medical Center (UTMC). The pharmacy is located on the Health Science Campus within the Medical Pavilion at UTMC. The pharmacist in this role serves as the Pharmacy Manager and is responsible for the financial operations, personnel management, clinical programs and the medication use process in the outpatient pharmacy environment. Auxiliary responsibilities include the interviewing and hiring process, union relations and contract management, provider relations, medication safety initiatives, and education of medical residents regarding the safe use of medications.

The pharmacy resident will attend this required 4 week rotation Monday through Thursday each morning from 8:00 AM to 12:00 PM. The resident will be practicing within the outpatient pharmacy during this time and will be involved in administrative activities throughout the rotation. The role of the resident during this rotation includes participation in the hiring process when appropriate, participation in the planning, development, and assessment of pharmacy services, development of managerial skills necessary to effectively function in a leadership position, enhance written and verbal communication, and learn of legal and regulatory requirements that must be met and documented for the management of a pharmacy.

Disease States:
The resident will be expected to gain proficiency in disease states applicable to the specific activities for the rotation. The rotation will have a focus on various disease states applicable to the outpatient pharmacy setting as it pertains to medication safety. Areas of safety focus on high alert medications and anticoagulants. The resident will also be expected to be knowledgeable in diseases pertaining to immunizations and those disease states targeted by the new program or initiative started by the pharmacy resident.

The resident will be responsible for conducting topic discussions with pharmacy leadership to develop skills to acquire knowledge about pharmacy administration processes. Key articles and subsequent discussions with the preceptor will focus on various administrative topics. Topics to be discussed include the structure of the organization, the role of the pharmacy, strategic planning, legal and regulatory standards, joint commission accreditation standards, planning and justification for capitol, equipment, facility, and FTEs, utilization of technicians and automation, human resource management, effective meeting management, leadership skills, delegation, change management, Medicare and prospective reimbursement, and performance improvement.
During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of the pharmacy manager. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

**Residency Goals and Objectives to be taught and formally evaluated:**

<table>
<thead>
<tr>
<th>Competency R2</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal R2.1</td>
<td>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</td>
</tr>
</tbody>
</table>

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.  
Criteria for Evaluation:  
- Effectively uses currently available technology and automation that supports a safe medication-use process.  
- Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs  
- The resident will apply the necessary skills and knowledge to participate in medication event reporting and monitoring.  
- Utilize currently available technology and automation that supports a safe medication-use process  
- Determine, investigate, report, and track adverse drug events, medication errors and efficacy concerns  
- Conduct annual report of outpatient pharmacy Patient Safety Net (PSN) quality and safety review  
- Initiate new program or quality assurance process based on PSN Annual Report  
- Present results of PSN Annual Report at monthly leadership meeting  
- Conduct ISMP chapter review within all three outpatient pharmacy locations  
- Initiate new program or quality assurance process based on ISMP Chapter Review  
- Initiate and monitor PMAAR process in HSC and MC pharmacy locations

<table>
<thead>
<tr>
<th>Competency R3</th>
<th>Leadership and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal R3.1</td>
<td>Demonstrate leadership skills.</td>
</tr>
</tbody>
</table>

Objectives  
R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.  
Criteria for Evaluation:  
- Demonstrates effective time management.  
- Manages conflict effectively.  
- Demonstrates effective negotiation skills.  
- Demonstrates ability to lead interprofessional teams.  
- Uses effective communication skills and styles.  
- Demonstrates understanding of perspectives of various health care professionals.  
- Effectively expresses benefits of personal profession-wide leadership and advocacy  
- The resident will apply personal, intrapersonal, and teamwork skills critical for effective leadership in the pharmacy.  
- Demonstrate personal leadership qualities essential to operate effectively within the organization and advance the profession of pharmacy  
- Conduct one outpatient pharmacy huddle  
- Participate in topic discussion regarding union relations and negotiations  
- Demonstrates understanding of perspectives of various health care professionals.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>R3.2.1 (Understanding) Explain factors that influence departmental planning.</th>
<th>The resident will be able to understand and explain the varying factors that contribute to departmental planning.</th>
</tr>
</thead>
</table>
| Criteria for Evaluation: | - Identifies and explains factors that influence departmental planning, including:  
  - Basic principles of management.  
  - Financial management.  
  - Accreditation, legal, regulatory, and safety requirements.  
  - Facilities design.  
  - Human resources.  
  - Culture of the organization.  
  - The organization’s political and decision-making structure.  
  - Explains the potential impact of factors on departmental planning.  
  - Explains the strategic planning process. | - Contribute to the financial management of the department—completion of cost analysis and pharmacy dashboards.  
- Lead a topic discussion with APPE students on accreditation, safety requirements and legal requirements.  
- Understand the decision making hierarchy in place at the University of Toledo.  
- Participate in the strategic planning process for the outpatient pharmacies. |
| R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system. | The resident will be able to understand and explain the elements of the pharmacy enterprise and how they relate to the healthcare system as a whole. |
| Criteria for Evaluation: | - Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.  
- Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.  
- Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).  
- Describes the governance of the healthcare system and leadership roles. | - Discuss resources to stay up to date in changes in pharmacy and healthcare.  
- Create outpatient pharmacist competency exam that includes relevant changes in pharmacy practice.  
- Discuss changes to laws related to medication use (value-based purchasing, consumer driven healthcare, and reimbursement: STAR ratings, readmissions).  
- Contribute to the pharmacy procurement process.  
  - Explain the flow of inventory and money in the ordering, receiving, dispensing, billing, and EOB tracking for medications purchased for OP pharmacy via our prime vendor.  
  - Understand how to acknowledge a McKesson order.  
  - Explain the role of pharmacy software in inventory tracking and price management.  
  - Explain difference between 340B, WAC, and GPO pricing as it pertains to the OP pharmacy. |
| R3.2.3 (Applying) Contribute to departmental management. | The resident will be able to apply the skills needed to contribute to the management of the pharmacy department. |
| Criteria for Evaluation: | - Helps identify and define significant departmental needs.  
- Helps develop plans that address departmental needs.  
- Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.  
- Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals. | - Identify significant departmental needs and create business plans as necessary.  
- Contribute to orientation, staff development, and training activities for practice area personnel.  
- Lead topic discussions regarding the following:  
  - The components of an employee performance evaluation system.  
  - The principles and application of a progressive discipline process.  
  - Recruitment for specified positions.  
  - Components of a job description. |
| R3.2.4 (Applying) Manage one’s own practice effectively. | The resident will learn to apply the necessary skills to effectively manage one’s own practice. |
| Criteria for Evaluation: | - Contribute to the development of a new pharmacy service or to the enhancement of an existing service. |
- Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one’s own practice.
- Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable new learning opportunities when performance does not meet expectations.
- Demonstrates effective workload management and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Participate in annual review of outpatient policies and procedure manual
- Create SWOT analysis of the outpatient pharmacy
- Lead topic discussions regarding the following:
  - Workload tracking
  - Time management
  - How workload tracking and time management influence budgetary planning
- Participate in annual pharmacy budget planning and contribute to decision making associated with budget based on SWOT analysis

### Preceptor Interaction/Responsibilities

8:00AM: Brief meeting to discuss the day’s activities and outstanding assignments and projects
11:30-12:00: Preceptor meets with resident to discuss any patient hand-off issues for the afternoon and to discuss any topics previously assigned. The resident should be prepared to discuss teamwork skills, error reporting, and departmental planning and management as assigned throughout the rotation.

### Communication

The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident and the preceptor through:

- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

### Expected progression of resident responsibility on this learning experience

Upon completion of the practice management rotation, the resident will be expected to gain autonomy throughout the rotation and practice as an independent pharmacy manager and leader. The resident must be able to demonstrate successful achievement of above goals and objectives through criteria established by ASHP.

**Day 1:** Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment. Review pertinent goals and objectives related to this experience on the incoming self-assessment. The resident will work with the preceptor to create a rotation calendar to schedule daily areas of focus in order to maintain progression toward achievement for residency.

**Week 1:** The resident will be provided with direct instruction regarding weekly tasks completed by the pharmacy manager and will be given the opportunity to observe various tasks as applicable during the week. The resident will participate in several topic discussions over the hiring, disciplinary and corrective action processes utilized at the University of Toledo.
**Weeks 2-3:** The rotation preceptor will model to the resident in regard to carrying out various leadership tasks within the pharmacy. As the resident grows more comfortable performing the assigned activities, the preceptor will coach the resident through completion of the assigned management and leadership tasks.

**Week 4:** The resident will be expected to function as an independent pharmacy manager with facilitation from the preceptor in this role as necessary. During this time, the resident will be expected to autonomously perform tasks such as leading an outpatient huddle, presenting business plans to key stakeholders, and organizing and conducting staff interviews.

**Evaluation**
The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic Evaluation will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations:** This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- **Verbal midpoint evaluation** will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.

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<tr>
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<tbody>
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<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Self-Reflection</td>
<td>Beginning of rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of week 4</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of week 4</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative</td>
<td>End of week 4</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program Learning Experience Description

Rotation Name- P&T Concentrated Experience

Preceptor Contact Information:  Preceptor: Lindsey Eitniear, PharmD, BCPS, AAHIVP
Phone: 419-383-3757
Email: lindsey.taylor@utoledo.edu
Hours: Monday – Friday 7:00 AM – 4:00 PM

General Description
The P&T Concentrated experience is a required, concentrated learning experience that is located at the University of Toledo Medical Center. The pharmacists involved in the UTHealth P&T are responsible for preparing drug class reviews, monographs, treatment guidelines, and protocols to be reviewed at the monthly P&T Committee meeting prior to implementation of the recommendations at the institution. The pharmacist in charge of the project is also responsible for the follow-up process and ensuring that medications are added or removed from the formulary and that agreed-upon restrictions are enforced as well.

During the P&T Concentrated experience the resident will be expected to develop skills in understanding the medication use process related to formulary management. During a specified timeframe within a designated 8 weeks, the resident will be assigned a mentor who has expertise in a focused area and will be responsible for preparing a drug class review, monograph, treatment guideline or protocol for the UTHealth P&T committee. The experience will include a formal pre P&T committee meeting review prior to the formal meeting. The experience will culminate with the resident presenting their final recommendation to the full P&T committee at a formal P&T meeting.

Disease States
Common disease states in which the resident will be expected to gain proficiency will vary based on assignment from the P&T Committee.

Learned skills will include growth in clinical knowledge, honing of presentation and communication skills, problem solving, negotiation and understanding of the medication use process.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the
role of the formulary management pharmacist. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Goals &amp; Objectives (Taught and Evaluated)</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td><strong>Patient Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Goal R1.3:</strong> Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</td>
<td>The resident will apply the necessary skills to participate in managing aspects of the medication use process as they relate to formulary management.</td>
<td></td>
</tr>
</tbody>
</table>
| Objectives | R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management. Criteria for Evaluation:  
- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.  
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety. |  
- Participate in P&T preparation process and P&T meetings  
- Understand policy and procedures in place for dispensing non-formulary medications  
- Provide educational experiences to other health care professionals as required.  
- Develop and revise departmental policies and procedures as applicable to non-formulary medications |
| R2         | **Advancing Practice and Improving Patient Care** |                                             |
| **Goal R2.1:** Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization. | The resident will create a P&T presentation and present at a formal P&T Committee meeting.  
- Prepare at least one P&T presentation involving one of the following:  
  - Medication Utilization Review  
  - Drug Class Review  
  - Drug Monograph  
- Present final P&T project at formal P&T meeting  
- Complete follow-up as needed for additions and removal from formulary, or formulary restrictions  
- Communicate changes to formulary or the medication use process to appropriate parties |
| Objectives | Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol. Criteria for Evaluation:  
- Displays objectivity.  
- Effectively synthesize information from the available literature.  
- Applies evidenced-based principles.  
- Consults relevant sources  
- Considers medication-use safety and resource utilization.  
- Uses the appropriate format.  
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.  
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders. |  
- Prepare at least one P&T presentation involving one of the following:  
  - Medication Utilization Review  
  - Drug Class Review  
  - Drug Monograph  
- Present final P&T project at formal P&T meeting  
- Complete follow-up as needed for additions and removal from formulary, or formulary restrictions  
- Communicate changes to formulary or the medication use process to appropriate parties |

### Preceptor Interaction/Responsibilities

The preceptor will provide direction for the resident during this rotation and will be responsible for facilitating learning opportunities in the above goals and outcomes. If necessary the preceptor will assist in connecting the resident to a clinical expert of the medication or class being reviewed. The concentrated interaction will take place on an as needed basis during the specified 8 weeks and will include clinical discussions and a thorough understanding of the P&T process.
Communication

- The preceptor and resident will be in communication through meetings and electronic communication.
  There will be daily interaction between the resident at the preceptor through:
  - Scheduled meeting times to address questions, problems, patients, resident progress.
  - Email (Residents required to read emails throughout the day to ensure ongoing communication.
  - Phone if resident and preceptor are not both in the pharmacy.
  - Pager if necessary.
  - Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

Expected progression of resident responsibility on this learning experience

The resident is expected to take on the skills of a formulary management pharmacist. Residents will be introduced to the hospital P&T process with a culmination of being able to present at a formal P&T committee meeting.

Pre-P&T Meeting 1 Month before Presentation: The resident is required to attend a pharmacy pre-P&T Committee meeting to receive direct instruction on the completion of their assignment.

Pre-P&T Meeting Month of Presentation: At the pre-P&T Committee meeting, the formulary management pharmacists will model the skills necessary for the completion of the project.

Formal P&T Meeting Preparation: The resident’s mentor will provide coaching clinical topics and communication skills needed for the completion of the resident’s assignment, and the resident’s preceptor will facilitate the completion of the assignment through scheduled meetings with the resident and connecting the resident with clinical experts and key stakeholders as necessary.

Evaluation

The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Verbal midpoint evaluation will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- Preceptor and Learning Experience evaluations must be completed by the last day of the concentrated learning experience
<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Self-Reflection (Concentrated Rotation)</td>
<td>Beginning of Rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/ Preceptor (Concentrated Rotation)</td>
<td>Immediately following scheduled P&amp;T Presentation</td>
</tr>
<tr>
<td>Self-Evaluation (Concentrated Rotation)</td>
<td>Immediately following scheduled P&amp;T Presentation</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative (Concentrated Rotation)</td>
<td>Immediately following scheduled P&amp;T Presentation</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
**PGY-1 Residency Program**  
**Learning Experience Description**  
**Rotation: Research Longitudinal**

Preceptor: Laura Manzey, PharmD, BCPS  
Office: 419-861-9485 (located off-site)  
Cell: 419-350-9135  
Hours: Monday – Friday 8:00AM – 4:00PM  
Email: laura.lea.manzey@pfizer.com

**General Description**  
The University of Toledo research learning experience is a required 52-week longitudinal rotation at the University of Toledo Medical Center. The preceptor in this role serves as the primary contact for content and subject matter expert related to research and the medication use evaluation process.

The pharmacy resident will conduct several projects for this learning experience over the course of the year. The resident will work on research for one half-day each week on Fridays from 8:00AM to 12:00PM. The resident is also expected to work on research outside of working hours in order to meet necessary deadlines. The role of the resident in this experience is to identify, develop, complete, and present a pharmacy related project related to managed care, pharmacy practice, quality improvement, or outcomes. Additionally, the resident will complete a medication-use evaluation associated with the UTHealth employee prescription benefit plan. Both the research project and the medication use evaluation (MUE) will be presented to key stakeholders. The resident is required to present the results of the research project at the ASHP Midyear conference and at the Ohio Pharmacy Resident Conference in the spring. Residents will be guided through the experience with feedback and will complete a publication ready manuscript at the completion of the residency.

**Disease States:**  
The resident will be expected to gain proficiency in disease states applicable to the specific activities associated with their chosen research and MUE. The resident will also be expected to be knowledgeable in various areas such as research design, statistical calculations, and pharmacy claims analysis.

The resident will be responsible for conducting topic discussions with the preceptor to develop skills to acquire knowledge about both research design, disease states, and other topics necessary in the completion of this rotation. Key articles and subsequent discussions with the preceptor will focus on these various topics.

During the learning experience, the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will ACHIEVE FOR RESIDENCY when she has completed and presented one pharmacy research project, one MUE and one finalized one manuscript suitable for publication. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.
## Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency R2</th>
<th>Advancing Practice and Improving Patient Care</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal R2.1</strong></td>
<td><strong>Demonstrate ability to manage formulary and medication-use process, as applicable to the organization.</strong></td>
<td>The resident will apply a thorough understanding of the medication use evaluation process.</td>
</tr>
<tr>
<td>Objectives</td>
<td><strong>R2.1.2 (Applying) Participate in a medication-use evaluation.</strong> Criteria for Evaluation:</td>
<td><strong>Chose one class of medications used by the employee prescription benefit to design, execute, and analyze data needed for an Medication Use Evaluation (MUE) project.</strong></td>
</tr>
<tr>
<td></td>
<td>- Uses evidence-based medicine to develop criteria for use.</td>
<td><strong>Identify potential areas of opportunity to target for the MUE for the employee prescription benefit.</strong></td>
</tr>
<tr>
<td></td>
<td>- Demonstrates a systematic approach to gathering data.</td>
<td>Determine an appropriate topic for a practice-related project of significance to patient care.</td>
</tr>
<tr>
<td></td>
<td>- Accurately analyzes data gathered.</td>
<td><strong>Outline criteria to be used</strong></td>
</tr>
<tr>
<td></td>
<td>- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Implements approved changes, as applicable.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal R2.1</strong></td>
<td><strong>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.</strong></td>
<td>Analyzes prospective or retrospective clinical, humanistic, and economic outcomes data of research topic or MUE to identify one problem and opportunity for improvement.</td>
</tr>
<tr>
<td>Objectives</td>
<td><strong>R2.1.3 (Analyzing) Identify opportunities for improvement of the medication-use system.</strong> Criteria for Evaluation:</td>
<td><strong>Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.</strong></td>
</tr>
<tr>
<td></td>
<td>- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.</td>
<td><strong>Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.</strong></td>
</tr>
<tr>
<td></td>
<td>- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.</td>
<td><strong>Uses best practices to identify opportunities for improvements.</strong></td>
</tr>
<tr>
<td></td>
<td>- Uses best practices to identify opportunities for improvements.</td>
<td><strong>Uses best practices or evidence based principles to identify opportunities for improvements.</strong></td>
</tr>
<tr>
<td></td>
<td>- When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).</td>
<td><strong>Topic discussion on National Quality Measures, ISMP, PQA, NQCA</strong></td>
</tr>
<tr>
<td></td>
<td>- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>R2.2.2 (Creating) Develop a plan to improve the patient care and/or the medication-use system.</strong> Criteria for Evaluation:</td>
<td>The resident will be responsible for creating a plan to improve patient care based on the MUE project.</td>
</tr>
<tr>
<td></td>
<td>- Steps in plan are defined clearly.</td>
<td>Resident will be held to deadlines at certain points in the research project. These deadlines may pertain to</td>
</tr>
</tbody>
</table>
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately
- Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question realistic for time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, and other sources of decision support, as applicable
- Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

<table>
<thead>
<tr>
<th>R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system. Criteria for Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows established timeline and milestones.</td>
</tr>
<tr>
<td>Implements the project as specified in its design.</td>
</tr>
<tr>
<td>Collects data as required by project design.</td>
</tr>
<tr>
<td>Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).</td>
</tr>
<tr>
<td>Plan is based upon appropriate data.</td>
</tr>
<tr>
<td>Gains necessary commitment and approval for implementation</td>
</tr>
<tr>
<td>Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.</td>
</tr>
<tr>
<td>Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.</td>
</tr>
<tr>
<td>Change is implemented fully.</td>
</tr>
</tbody>
</table>

research specific timelines (IRB submission, data collection, data analysis) or to research related activities (abstract submission, presentation submission, etc) Residents will largely be working independently and will often be responsible for seeking assistance or reporting their own progress to their research advisor and/or program director.

By applying what the resident has learned about the MUE process the resident will propose and make changes to improve patient care as a result of the medication use system.
<table>
<thead>
<tr>
<th>Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system. Criteria for Evaluation:</th>
<th>Evaluating the results of the MUE changes the resident will determine the impact on this change</th>
</tr>
</thead>
</table>
| - Outcome of change is evaluated accurately and fully.  
- Includes operational, clinical, economic, and humanistic outcomes of patient care.  
- Uses Continuous Quality Improvement (CQI) principles to assess success of implementation of change, if applicable.  
- Correctly identifies modifications or if additional changes are needed.  
- Accurately assesses the impact, including sustainability if applicable, of the project.  
- Accurately and appropriately develops plan to address opportunities for additional changes. | |

| Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report. Criteria for Evaluation: | Resident will create and present an abstract poster at UHC and ASHP Midyear meeting in December. Resident will present a final report presentation at OPRC in May. Resident will report pertinent results to relevant departments within the UT Health system if appropriate. Resident will complete a manuscript of publishable quality upon completion of research project. Resident will be required to develop his or her own research protocol. Resident will be required to complete and submit an IRB application as well as follow up with any IRB concerns for clarifications or adjustments. Resident will be responsible for completing accurate and reliable data collection. This may include the recruitment of pharmacy students to assist, however the resident is ultimately responsible for the quality of data collected. Resident will be required to continually evaluate progress and adjust study design, with IRB approval if problems arise. Under guidance of the preceptor the resident will do the following:  
- Complete IRB and CITI training  
- Review previous resident IRB’s  
- Identify research topic of interest  
- Complete literature search and draw conclusions  
- Develop research question  
- Create study including aims, design, methods  
- Use IRB resources and submit study to IRB committee  
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.  
- Respond to any IRB requests  
- Conduct data collection and research  
- Analyze data  
- Draw valid conclusions from analyzed data  
- Report conclusions in writing and orally  
- Be able to identify key stakeholder who will need to approve the project  
- Prepare a manuscript suitable for publication in professional journal  
- Develop reports to include implications for changes to/improvement in pharmacy practice. |
- Develop Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.
- The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

**Preceptor Interaction/Responsibilities**
The preceptor will be in constant interaction with the resident during this rotation and will be responsible for providing learning opportunities for the resident in the above goals and outcomes. The preceptor will be in weekly communication with the resident through interactive sessions and electronic communication or as needed. The preceptor will help the resident outline due dates for each step of the residency research and MUE project and check in with the residents to gage progress. The preceptor will guide the resident through given assignments and continually provide feedback.

**Communication**
The preceptor and resident will be in communication through meetings and electronic communication. There will be frequent interaction between the resident at the preceptor through:
- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
- Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

**Expected progression of resident responsibility on this learning experience**

**Day 1:** Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment.

**Week one:** The resident will be given direct instruction on the IRB and CITI training process and modeling on how to identify a residency project and complete a Resident Project Approval Form.

**July 1st – July 31st:** The resident, in conjunction with the research preceptor, Residency Program Director and potential other project stakeholders, will be coached on how to identify a residency project and complete a Resident Project Approval Form. This form must be submitted to the RPD by July 31st.

**August 1st – September 15th**
The preceptor will facilitate the resident during the development of the project rationale, design and submission of the appropriate investigational review board (IRB) documents. If changes are needed, comments will be returned to the principle investigator.

**September 16th – March 15th**
The resident will progress toward mastering the research and MUE process in the culmination of completed projects and a manuscript worthy of publication. In cases where the projects are not completed
by this date, sufficient progress must have been made to allow for submission to Ohio Pharmacy Residency Conference. The final manuscript will be developed and reviewed with the resident.

**Evaluation Strategy**
The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic Evaluation will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations:** This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- **Verbal midpoint evaluation** will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Incoming Self-Assessment</td>
<td>Beginning of Residency</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor</td>
<td>End of Residency</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>End of Residency</td>
</tr>
<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative (Longitudinal)</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**
At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program
Learning Experience Description
Rotation: Staffing Longitudinal

Preceptor Contact Information: Preceptor: Valerie Householder PharmD, BCACP
Main Campus Outpatient Pharmacy Manager
Phone: 419-530-3471
Office: University of Toledo Main Campus Pharmacy
Hours: Monday – Friday 7:30 AM – 6:00 PM
Saturday 9:00 AM – 2:00 PM
Email: valerie.householder@utoledo.edu

Preceptor: Holly Smith RPh
Health Science Campus Outpatient Pharmacy Manager
Phone: 419-383-3706
Office: University of Toledo Outpatient Pharmacy
Hours: Monday – Friday 7:00 AM – 7:00 PM
Saturday 9:00 AM – 5:00 PM
Email: holly.smith3@utoledo.edu

General Description
The University of Toledo Staffing rotation is a required 52-week longitudinal learning experience that takes place at the Main Campus Outpatient Pharmacy and the Health Science Campus Outpatient Pharmacy. The Main Campus Pharmacy is located within the Main Campus Medical Center on West Rocket Drive and the Health Science Pharmacy is located within the Medical Pavilion on the Health Science Campus. The dispensing pharmacists in this location are responsible for participating in normal pharmacy work flow, troubleshooting issues as they arise, communicating with pharmacy staff, and precepting students.

The pharmacy resident will attend this rotation one afternoon each week from 1:00 PM until 7:15 PM at the Health Science Campus Outpatient Pharmacy and from 1:00 PM to 6:15 PM at the Main Campus Pharmacy. The location of practice will alternate between the two pharmacy locations every other week. The focus of the staffing rotation is to develop the skills needed to provide outpatient pharmacy services. The resident is expected to take on the role of an outpatient dispensing pharmacist and participate in the normal workflow process, troubleshoot issues as they arise, communicate with pharmacy team members, and encounter real-life patient, employee, and operational issues associated with running a pharmacy.
**Disease States**

Common disease states in which the resident will be expected to gain proficiency vary widely but include those most typically seen in an outpatient dispensing pharmacy:

- Anticoagulation Indications
- Congestive Heart Failure
- Hyperlipidemia
- Hypertension
- Infectious disease
- Pain Management
- Psychiatric Disorders
- Pulmonary Disorders (Asthma, COPD)
- Student Health
- Women’s Health
During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of the outpatient pharmacist. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency R1</th>
<th>Patient Care</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal R1.3</strong></td>
<td>Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</td>
<td>The resident will apply the necessary skills to prepare and dispense medications according to best practices, state board requirements, and the institution’s policies and procedures.</td>
</tr>
</tbody>
</table>

**Objectives**

- **R1.3.1 (Applying)** Prepare and dispense medications following best practices and the organization’s policies and procedures.
  - **Criteria for Evaluation:**
    - Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
      - Identifying, clarifying, verifying, and correcting any medication order errors.
      - Considering complete patient-specific information.
      - Identifying existing or potential drug therapy problems.
      - Determining an appropriate solution to an identified problem.
      - Securing consensus from the prescriber for modifications to therapy.
      - Ensuring that the solution is implemented.
    - Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
      - When required, accurately calibrates equipment.
      - Ensuring solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
      - Adheres to appropriate safety and quality assurance practices.
      - Prepares labels that conform to the health system's policies and procedures.
      - Medication contains all necessary and/or appropriate ancillary labels.
      - Inspects the final medication before dispensing.
    - When dispensing medication products:
      - Follows the organization's policies and procedures. When dispensing medication products:
- Follows the organization’s policies and procedures.
- Ensures the patient receives the medication(s) as ordered.
- Ensures the integrity of medication dispensed.
- Provides any necessary written and/or verbal counseling.
- Ensures the patient receives medication on time.

- Maintains accuracy and confidentiality of patients’ protected health information (PHI).
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

<table>
<thead>
<tr>
<th>R1.3.3 (Applying) Manage aspects of the medication-use process related to oversight of dispensing.</th>
<th>The resident will apply the skills necessary to manage aspects of the medication use process as it relates to oversight of dispensing outpatient prescriptions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Evaluation:</td>
<td>• Prioritize work load and organizes work flow</td>
</tr>
<tr>
<td>• When appropriate, follows the organization’s established protocols.</td>
<td>• Communicate prioritization and organization needs to pharmacy staff</td>
</tr>
<tr>
<td>• Makes effective use of relevant technology to aid in decision-making and increase safety.</td>
<td>• Verify accuracy of all medications dispensed</td>
</tr>
<tr>
<td>• Demonstrates commitment to medication safety in medication-use process.</td>
<td>• Verify accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.</td>
</tr>
<tr>
<td>• Effectively prioritizes work load and organizes work flow.</td>
<td>• Promote safe medication use through communication with patients and other healthcare providers</td>
</tr>
<tr>
<td>• Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and non-sterile).</td>
<td></td>
</tr>
<tr>
<td>• Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.</td>
<td></td>
</tr>
<tr>
<td>• Promotes safe and effective drug use on a day-to-day basis.</td>
<td></td>
</tr>
</tbody>
</table>

**Preceptor Interaction/Responsibilities**

1:00 PM – 1:15 PM: Check in with preceptor to discuss the afternoon’s activities and any patient or prescription hand-off

1:15 PM – 6:15/7:15 PM: The resident will be staffing and will interact with the preceptor on an as needed basis

**Communication**

The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:

- Scheduled meeting times to address questions, problems, patients, resident progress.
- Email (Residents required to read emails throughout the day to ensure ongoing communication.
- Phone if resident and preceptor are not both in the pharmacy.
- Pager if necessary.
• Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

**Expected progression of resident responsibility on this learning experience**

Upon completion of the staffing rotation, the resident will be expected to gain autonomy throughout the rotation and practice as an independent pharmacist starting upon passage of Ohio State Board of Pharmacy Licensure.

Month 1: The resident will receive **direct instruction** as to how to function as an outpatient pharmacist in the two pharmacy locations.

Month 2: The resident will receive **modeling** from the preceptor as they begin practicing as a newly licensed pharmacist. The resident will learn to multitask and prioritize in the busy outpatient environment while practicing as a dispensing pharmacist.

Month 3: The resident will receive **coaching** from the preceptor regarding the many roles and responsibilities of a dispensing pharmacist in the outpatient pharmacy locations. The preceptor will be available to coach the resident through managing prescription issues, handling inquiries from prescribers and directing pharmacy staff to provide optimal patient care.

Month 4-12: The resident will be expected to function autonomously as an independent staff pharmacist in the outpatient pharmacies. The preceptor will be available to **facilitate** the resident during their staffing hours as needed.

**Evaluation**

The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

**PharmAcademic Evaluation** will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations**: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- **Verbal midpoint evaluation** will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.
<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
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<td>Self-Evaluation</td>
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<tr>
<td>Preceptor-Completed Evaluations</td>
<td></td>
</tr>
<tr>
<td>Summative (Longitudinal)</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program
Learning Experience Description
Rotation Name: Teaching Certificate

Preceptor Contact Information:
Preceptor: Julie Murphy, PharmD, BCPS, FASHP, FCCP
Office: 
Phone: 419-383-1901
Hours: Monday – Friday 7:00AM — 4:00PM
Email: Julie.murphy@utoledo.edu

General Description
The teaching and learning certificate program is a required, 52-week longitudinal learning experience that takes place at the University of Toledo Medical Center. The preceptors in this role are clinical associate professors at the University of Toledo College of Pharmacy and Pharmaceutical Sciences and are responsible for didactic and experiential education of pharmacy learners in both the didactic classroom setting and designated clinical settings.

The resident will attend this rotation one half-day each week from 1:00 PM to 5:00 PM on Friday for 52 weeks. There will be additional scheduled lectures and programs that the resident will be required to attend throughout the 52 week duration of the residency program. The resident will learn to create presentations and lectures in a wide variety of settings for different types of audiences. Small group teaching experiences will also be required. Attendance at required sessions will introduce the resident to various teaching and learning principles with practical application in didactic and experiential settings and provide practice opportunities in creating teaching and learning materials including handouts, slides, cases, and multiple choice questions. The program will also provide practice opportunities in applying various teaching and learning principles in the didactic and experiential setting, facilitating classroom discussions, and providing feedback through assessment and evaluation.

Disease States:
The resident is expected to be proficient in those disease states and or topics associated with their didactic lectures and small group teaching activities.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of a clinical professor and preceptor. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.
Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency R4</th>
<th>Teaching, Education, Dissemination of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal R4.1</strong></td>
<td>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.</td>
</tr>
</tbody>
</table>

#### Objectives

**R4.1.1:** (Applying) Design effective educational activities.
- Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that address the audiences’ defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices.
- Includes accurate citations and relevant references, and adheres to applicable copyright laws.

- The resident will be expected to apply the skills and techniques learned in the Teaching and Learning Certificate Program (TLCP) to prepare effective educational activities.
  - Prepare at least one didactic managed care lecture to first year pharmacy students
  - Prepare at least one ACPE accredited continuing education managed care lecture to Toledo Area Society of Health Systems Pharmacists
  - Prepare an ACPE accredited continuing education program on research conducted during residency
  - Prepare materials as applicable for small group teaching opportunities

**R4.1.2:** (Applying) Use effective presentation and teaching skills to deliver education.
- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive “ah’s” and “um’s”).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visuals and handouts to support learning activities.

- The resident will apply the skills learned in the TLCP necessary to effectively present and deliver education.
  - Present at least one didactic managed care lecture to first year pharmacy students
  - Present at least one ACPE accredited continuing education managed care lecture to Toledo Area Society of Health Systems Pharmacists (TASHP)
  - Present an ACPE accredited continuing education program on research conducted during residency
  - Present materials as applicable for small group teaching opportunities

**R4.1.3:** (Applying) Use effective written communication to disseminate knowledge.
- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.

- The resident will apply written communication to disseminate knowledge to patients and providers
  - Prepare written communication for patients at community outreach events
  - Provide drug information upon request to medical providers
  - Prepare an employee newsletter on relevant topic
<table>
<thead>
<tr>
<th>Competency E6</th>
<th>Teaching and Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal E6.1</strong></td>
<td><strong>Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.</strong></td>
</tr>
</tbody>
</table>

### Objectives

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
</tr>
</thead>
</table>
**Criteria for Evaluation:**  
- Accurately differentiates teaching and learning.  
- Discusses appropriate teaching strategies for learning environments, including small and large group, didactic and experiential.  
- Describes various teaching approaches and benefits for different learning styles.  
- Characterizes assessment tools available for learning environments. |

|    | The resident will understand different strategies and interventions appropriate for teaching, learning, and assessment in healthcare education.  
- Employ the four preceptor roles as appropriate to precept Managed-Care block APPE students during their rotations.  
- Explain teaching strategies that are effective in different learning environments (small group/large group, didactic/experiential).  
- Participate in topic discussions related to teaching and learning strategies.  
- Discuss and utilize assessment tools available for learning environments. |

| E6.1.2 | (Understanding) Explain academic roles and associated issues.  
**Criteria for Evaluation:**  
- Resident can discuss and explain:  
  - The role of a course syllabus;  
  - The importance of academic honesty;  
  - The importance of professionalism in academia;  
  - The role of accreditation (ACPE), professional organizations (AACP) and Center for the Advancement of Pharmacy Education (CAPE) Outcomes on pharmacy curricula; and, |

|    | The resident will be able to understand the relationship between academic roles and educational process.  
- Accurately differentiates teaching and learning.  
- Discuss appropriate teaching strategies for learning environments, including small and large group, didactic and experiential.  
- Describe various teaching approaches and benefits for different learning styles.  
- Characterizes assessment tools available for learning environments. |

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R4.1.4: (Applying) Appropriately assess effectiveness of education.  
**Criteria for Evaluation:**  
- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.  
- Provides timely, constructive, and criteria-based feedback to learner.  
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.  
- Determines how well learning objectives were met.  
- Plans for follow-up educational activities to enhance/support/ensure goals were met, if needed.  
- Identifies ways to improve education-related skills.  
- Obtains and reviews feedback from learners and others to improve their effectiveness.  

- The resident will apply both self-assessment and standardized assessment tools to evaluate their own effectiveness as an educator.  
- Create an evaluation form to be completed by learners.  
- Review the assessment form provided by TASHP, OPRC, and other evaluation tools from other presentations.  

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- Includes critical evaluation of the literature and advancement in knowledge or summary of what is currently known on the topic.  
- Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate.  
- Writes at a level appropriate for the reader (e.g., physicians, pharmacists, other health care professionals, patients, public).  
- Creates one’s own work and does not engage in plagiarism.  
- Evaluate and streamline current disease prevention and wellness programs.  

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<table>
<thead>
<tr>
<th>Goal E6.2</th>
<th>Develops and practices a philosophy of teaching.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>The resident will create a teaching philosophy statement.</td>
</tr>
<tr>
<td>E6.2.1 (Creating) Develop a teaching philosophy statement. Criteria for Evaluation:</td>
<td></td>
</tr>
<tr>
<td>- Teaching philosophy includes:</td>
<td></td>
</tr>
<tr>
<td>- Self-reflection on personal beliefs about teaching and learning;</td>
<td></td>
</tr>
<tr>
<td>- Identification of attitudes, values, and beliefs about teaching and learning; and,</td>
<td></td>
</tr>
<tr>
<td>- Illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.</td>
<td></td>
</tr>
<tr>
<td>E6.2.2 (Creating) Prepare a practice-based teaching activity. Criteria for Evaluation:</td>
<td></td>
</tr>
<tr>
<td>- Develops learning objectives using active verbs and measureable outcomes.</td>
<td></td>
</tr>
<tr>
<td>- Plans teaching strategies appropriate for the learning objectives.</td>
<td></td>
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<tr>
<td>- Uses materials that are appropriate for the target audience.</td>
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<tr>
<td>- Organizes teaching materials logically.</td>
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<tr>
<td>- Plans relevant assessment techniques.</td>
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<tr>
<td>- When used, develops examination questions that are logical, well-written, and test the learners’ knowledge rather than their test-taking abilities.</td>
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<tr>
<td>- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.</td>
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<tr>
<td>- Ensures activity is consistent with learning objectives in course syllabus.</td>
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<tr>
<td>E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation. Criteria for Evaluation:</td>
<td></td>
</tr>
<tr>
<td>- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.</td>
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<tr>
<td>- Uses effective skills in facilitating small and large groups.</td>
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<tr>
<td>- For experiential activities: organizes student activities (e.g., student calendar); effectively facilitates topic discussions and learning activities within the allotted time; effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes); effectively assesses student performance; and, provides constructive feedback.</td>
<td></td>
</tr>
<tr>
<td>E6.2.4 (Creating) Effectively document one’s teaching philosophy, skills, and experiences in a teaching portfolio. Criteria for Evaluation:</td>
<td></td>
</tr>
<tr>
<td>- Portfolio includes:</td>
<td></td>
</tr>
<tr>
<td>- The resident will apply skills learned in the TLCP program to deliver a practice-based educational activity.</td>
<td></td>
</tr>
<tr>
<td>- Incorporates at least one active learning strategy in pharmacy benefit management lecture</td>
<td></td>
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<tr>
<td>- Facilitate small and large group teachings within the college of pharmacy</td>
<td></td>
</tr>
<tr>
<td>- Collaborate with students in order to organize activities in agreement with the student calendar</td>
<td></td>
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<tr>
<td>- Effectively assess student performance and provide constructive feedback utilizing SNAPPs model</td>
<td></td>
</tr>
<tr>
<td>- The resident will create a TLCP portfolio in order to document their teaching philosophy, skills, experiences, and self-reflection.</td>
<td></td>
</tr>
<tr>
<td>- Portfolio includes:</td>
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Preceptor Interaction/Responsibilities
The preceptor will be in constant interaction with the resident during this rotation and will be responsible for providing learning opportunities for the resident in the above goals and outcomes. The preceptor will train the resident in each component of teaching and putting lectures together and guide the resident through each assignment with a progression of deadline for each component of the assignment. The interaction will take place on scheduled teaching certificate times.

Communication
The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident and the preceptor through:

- Scheduled meeting times to address questions, problems, patients, resident progress
- Email (Residents required to read emails throughout the day to ensure ongoing communication)
- Phone if resident and preceptor are not both in the pharmacy
- Pager if necessary

Expected progression of resident responsibility on this learning experience
The resident is expected to take on the skills of a pharmacy preceptor and lecturer. The resident will begin by receiving direct instruction on the components of teaching and lecturing and progress through modeling and coaching in creating lesson plans and lectures together with their preceptor. The resident will independently lecture to pharmacists and students through preceptor facilitation throughout the duration of their residency.

The resident will attend mandatory learning sessions including: Teaching 101, Learning 101, Effective Precepting, Ability-Based Education, Building Professional Relationships, Creating Quality Lecture Handouts & Slides- Incorporating Active Learning Strategies, Discussion Facilitation & Giving Feedback, Multiple Choice Question Writing, and Using Cases to Enhance Student Learning.

The resident will be responsible for preparing original presentations in the following areas: one CE presentation, one full-length didactic lecture focused on managed care, and perform a minimum of 32 hours of small group teaching activities. The resident will also compile a teaching philosophy and teaching portfolio.

Evaluation
The resident will be assessed based on progression through the learner’s roles of demonstration, shared
demonstration, guided practice, and independent practice.

PharmAcademic Evaluation will be used for documentation of scheduled evaluations (see chart below).
Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.
- Summative evaluations: This evaluation summarizes the resident’s performance throughout the
learning experience. Specific comments should be included to provide the resident with information
they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning
experience

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RAC and Developmental Plan Evaluation

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives
related to the current learning experience will be discussed. Input and feedback will be provided and
modifications to the developmental plan will take place as necessary.
PGY-1 Residency Program
Learning Experience Description
Rotation: Transitions of Care

Preceptor Contact Information:
Preceptor: Holly Smith RPh
Health Science Campus Outpatient Pharmacy Manager
Phone: 419-383-3706
Office: University of Toledo Outpatient Pharmacy
Hours: Monday – Friday 7:00 AM – 7:00 PM
Saturday 9:00AM – 5:00 PM
Email: Holly.Smith3@utoledo.edu

General Description

The University of Toledo Transitions of Care (TOC) rotation is a required 8 week learning experience at the University of Toledo Medical Center. The pharmacy is located on the Health Science Campus within the Medical Pavilion at UTMC. The patient locations will be throughout the hospital. The pharmacist in this role works with the pharmacy team, physicians, nursing staff, and patients to resolve any medication-related issues associated with discharge prescriptions. The pharmacist ensures medication access and participates in discharge medication counseling. There are two technicians dedicated to staffing the TOC program and the staff pharmacists share in this responsibility for providing direct patient care.

The pharmacy resident will attend this 8 week core rotation Monday through Thursday each morning from 8:00 AM to 12:00 PM. The resident will also attend the 52 week long longitudinal rotation one half-day a week from 1:00 PM to 5:00 PM. The focus of the 8 week rotation will be to learn processes and clinical skills. The longitudinal experience will allow the resident to practice these clinical skills working towards mastery and independence. The pharmacy resident will be practicing within the outpatient pharmacy and throughout areas of the hospital from which patients are discharged. Patient care responsibilities include verifying medication orders, educating patients and family members, educating physicians and nurses, educating pharmacy students, and participating in weekly huddles within the pharmacy department.

Disease States:
Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common disease include but not limited to:

- Acute coronary syndrome
- Congestive heart failure
- Pain management
- Infectious disease
- Deep vein thrombosis
- Diabetes
- COPD exacerbations

The resident will be responsible for conducting topic discussions with pharmacy leadership to develop skills to acquire knowledge about diseases seen on this service. Key articles and subsequent discussions with the preceptor will focus on best practices in transitions of care.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume the role of the clinical outpatient pharmacist as it pertains to TOC. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

### Residency Goals and Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Patient Care</th>
<th>Activities to Facilitate Professional Growth</th>
</tr>
</thead>
</table>
| Goal R1.1  | **In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process.** | The resident will be expected to apply professional communication skills.  
Communication with health care teams while acting as the transitions of care pharmacist—expected to work closely with nursing and social work team members  
Communicate any new initiatives with healthcare team |
| Objectives | **R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy.** Criteria for Evaluation:  
Interaction is cooperative, collaborative, communicative, and respectful.  
Demonstrates skills in negotiation, conflict management and consensus building  
Demonstrates Advocacy for the patient. | **R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.** Criteria for Evaluation:  
Interaction is respectful and collaborative  
Uses effective communication skills  
Shows empathy  
Empowers patients to take responsibility for their health  
Demonstrates cultural competence | The resident is expected to apply communication skills.  
Interview, discuss, and counsel discharge medications with patients  
Manage and triage patients with socioeconomic issues that may affect access to care  
Follow-up with patients for transfer of refills  
Document pertinent patient interactions and communications in pharmacy software |
|            | **R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy.** Criteria for Evaluation:  
Collection/organization methods are efficient and effective  
Collects relevant information about medication therapy, including:  
- History of present illness.  
- Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings. | The resident will apply skills necessary for the collection and analysis of pertinent medical information.  
Obtain subjective and objective information from patients needed to dispense discharge medications  
Perform medication reconciliation  
Communicate with patient’s primary pharmacy if needed  
Successfully bill discharge medications to various third parties including Medicare, Medicaid, and worker’s compensation  
Master navigation of electronic health records |
| o Social history                      |
| o Medication history including       |
| prescription, non-prescription, illicit, |
| recreational and non-traditional      |
| therapies; other dietary supplements; |
| immunizations and allergies.         |
| o Laboratory values.                 |
| o Pharmacogenomics and               |
| pharmacogenetic information, if      |
| available                            |
| o Adverse Drug reactions.            |
| o Medication adherence and           |
| persistence.                        |
| o Patient lifestyle habits, preferences |
| and beliefs, health and functional   |
| goals, and socioeconomic factors that |
| affect access to medications and other |
| aspects of care.                     |
| • Sources of information are the most reliable |
| available, including electronic, face to face and others. |
| • Recording system is functional and subsequent problem solving and decision making clarifies information as needed. |
| • Display understanding of limitations of information in health records. |

R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Criteria for Evaluation:
• Includes accurate assessment of patient’s:
  o Health and functional status,
  o Risk factors
  o Health data
  o Cultural factors
  o Health literacy
  o Access to medications
  o Immunization status
  o Need for preventive care and other services when appropriate
  o Other aspects of care as applicable.
• Identifies medication therapy problem, including:
  o Lack of indication for medication
  o Medical conditions for which there is no medication prescribed
  o Medication prescribed for continued inappropriately for a particular medical condition.
  o Suboptimal medication regimen (e.g. dose, dosage form, duration, schedule, route of administration, method of administration.)
  o Therapeutic duplication
  o Adverse Drug or device-related events or potential for such events.
  o Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug laboratory

The resident will develop the ability to analyze and assess information.
• Manage drug information queries from physicians, nurses, and patient family members
• Identify medication errors and adverse drug reactions
• Present two disease-state discussions to pharmacy leadership based on patient cases
• Evaluate drug related problems related to a patient case obtained from a medication history.
• Interpret all applicable clinical data pertaining to patients and their care plan.
• Participate in clinical discussions with the preceptor.
| Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). Criteria for Evaluation:  
| Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:  
| Relevant patient-specific information including culture and preferences.  
| The goals of other inter-professional team members.  
| The patient's disease state(s).  
| Medication-specific information.  
| Best evidence.  
| Ethical issues involved in the patient's care.  
| Quality-of-life issues specific to the patient.  
| Integration of all the above factors influencing the setting of goals.  
| Designs/redesigns regimens that:  
| Are appropriate for the disease states being treated.  
| Reflect:  
| The therapeutic goals established for the patient  
| The patient's and caregiver's specific needs  
| Consideration of:  
| Any pertinent pharmacogenomic or pharmacogenetic factors.  
| Best evidence.  
| Pertinent ethical issues.  
| Pharmacoeconomic components (patient, medical, and systems resources).  

| The resident will create safe and effective patient-centered therapeutic regimens and monitor care plans.  
| Design evidence-based care plans based on current literature  
| Discuss various components of pharmacotherapy plans, including goals, monitoring, and non-pharmacological treatment  
| Design a care plan mindful of patient prescriptions insurance and formulary |
- Patient preferences, culture and/or language differences.
- Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - Adhere to the health system's medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization’s or patient’s formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and self-management.
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
- When applicable, reflects preferences and needs of the patient.

**Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**

**Criteria for Evaluation:**
- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team.
- Recommendation is persuasive.
- Presentation of recommendation accords patient’s right to refuse treatment.

The resident will apply safe and effective patient-centered therapeutic regimens and monitor care plans.

- Implement transitional care plans that include:
  - Current therapeutic adjustments
  - Patient education
  - Medication reconciliation
  - Appropriate follow-up and monitoring
- Review current and past medical information to determine areas of follow-up for transitioning patients
- Document recommendations or changes to pharmacotherapy at the time of discharge
- Prioritize pharmacotherapy issues and recognize appropriate times to address issues these based on
- If patient refuses treatment, pharmacist exhibits responsible professional behavior.
- Creates an atmosphere of collaboration.
- Skillfully defuses negative reactions.
- Communication conveys expertise.
- Communication is assertive not aggressive.
- Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system's policies and procedures.
  - Tests correspond with the recommended monitoring plan.
  - Tests are ordered and performed at the appropriate time.
  - Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
  - Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
  - Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
  - Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
  - Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
  - Schedules follow-up care as needed to achieve goals of therapy.

**Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.**

**Criteria for Evaluation**
- Selects appropriate direct patient-care activities for documentation.
- Documentation is clear.
- Written in time to be useful
- Follows the health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise.

**Objective R1.1.8: (Applying) Demonstrate responsibility to patients.**

**The resident will apply documentation skills necessary to communicate information in the medical record.**
- Document recommendations or changes to pharmacotherapy at the time of patient discharge
- Document pharmacy interventions involved in dispensing of discharge prescriptions
- Proficiently navigate electronic medical records to perform and document direct patient care functions
- The resident will apply both clinical skills and empathy to demonstrate responsibility to the patient.
**Criteria for Evaluation:**
- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the healthcare system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.
- Effectively and concisely discuss and counsel on pharmacotherapy plans with patients, their importance, and how medications are to be taken at home.
- Ensure access to care through mindfulness of prescription insurance and formulary coverage.
- Streamline current discharge processes to improve patient care.

**Goal R1.2**
Ensure continuity of care during patient transitions between care settings.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>R1.2.1 (Applying) Manage transitions of care effectively.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Evaluation</td>
<td>• Effectively participates in obtaining or validating a thorough and accurate medication history.</td>
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<tr>
<td></td>
<td>• Conducts medication reconciliation when necessary.</td>
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<tr>
<td></td>
<td>• Participates in thorough medication reconciliation.</td>
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<tr>
<td></td>
<td>• Follows up on all identified drug-related problems.</td>
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<td></td>
<td>• Participates effectively in medication education.</td>
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<td></td>
<td>• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.</td>
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<td></td>
<td>• Follows up with patient in a timely and caring manner.</td>
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<td></td>
<td>• Provides additional effective monitoring and education, as appropriate.</td>
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<td></td>
<td>• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.</td>
</tr>
</tbody>
</table>

**Preceptor Interaction/Responsibilities**
8:00AM: Brief meeting to discuss the day’s activities and outstanding assignments and projects
11:30-12:00: Preceptor meets with resident to discuss any patient hand-off issues for the afternoon and to discuss any patients or topics previously assigned. The resident should be prepared to discuss pharmacotherapy, TOC and counseling strategies.

**Communication**
The preceptor and resident will be in communication through meetings and electronic communication. There will be daily interaction between the resident at the preceptor through:
• Scheduled meeting times to address questions, problems, patients, resident progress.
• Email (Residents required to read emails throughout the day to ensure ongoing communication.
• Phone if resident and preceptor are not both in the pharmacy.
• Pager if necessary.
• Personal phone number will be provided at the beginning of the rotation for issues that arise when the preceptor is not reachable in the pharmacy.

**Expected progression of resident responsibility on this learning experience**

**Day1:** Preceptor will review learning activities and expectations with the resident and review the process of self-reflection and self-assessment. Review pertinent goals and objectives related to this experience on the incoming self-assessment. Determine areas of focus to progress toward achievement for residency.

**Week 1:** The resident will be paired with a TOC pharmacy technician for introduction to the site and TOC discharge work flow within the outpatient pharmacy. The pharmacy manager and or clinical outpatient pharmacist will provide direct instruction to the resident with regard to their role in the discharge process.

**Weeks 2-4:** Using modeling provided by the outpatient pharmacists, the resident will begin to handle patient discharges by reviewing medications and disease states, ensuring prescription coverage, and counseling patients at the point of prescription delivery. The resident is expected to work with the clinical outpatient pharmacist to learn about the discharge process and become comfortable with the data reporting aspects of the program.

**Week 5:** The preceptor will continue to coach the resident to take on more responsibilities acting as a clinical outpatient pharmacist. The resident is also expected to create a new initiative or service in the TOC realm during this second rotation and to work to streamline the program’s workflow.

**Weeks 6-8:** The resident will be expected to practice autonomously acting as a clinical outpatient pharmacist focused on TOC by independently coordinating patient discharges, reviewing medications and disease states, ensuring prescription coverage, and counseling patients. The preceptor will continue to facilitate the resident in this role as necessary.

**Longitudinal Experience (52 weeks):** The resident will be expected to master skills learned during the concentrated core experience

**Evaluation**
The resident will be assessed based on progression through the learner’s roles of demonstration, shared demonstration, guided practice, and independent practice.

PharmAcademic Evaluation will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Verbal midpoint evaluation will be completed half-way through the rotation to identify strengths and weaknesses and to give the resident the opportunity for self-assessment. If deemed necessary by the preceptor, a formal midpoint will be added to the PharmAcademic system.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience
<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>When Evaluation Completed</th>
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<tbody>
<tr>
<td>Resident-Completed Evaluations</td>
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<tr>
<td>Incoming Self-Assessment (Longitudinal Objectives)</td>
<td>Beginning of Residency</td>
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<tr>
<td>Self-Reflection (Core Rotation)</td>
<td>Beginning of Rotation</td>
</tr>
<tr>
<td>Evaluation of Learning Experience/Preceptor (Core Rotation)</td>
<td>End of week 4 &amp; 8</td>
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<td>Summative (Core Rotation)</td>
<td>End of week 4 &amp; 8</td>
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<tr>
<td>Summative Longitudinal Rotation Objectives (Longitudinal Rotation)</td>
<td>Quarterly</td>
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</table>

**RAC and Developmental Plan Evaluation**

At each RAC meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate hand off for the next learning experience and modifications to the developmental plan will take place as necessary.