

PGY1 Pharmacy Residency Manual

Deaconess Hospital, Inc.



2026-2027

Welcome!

Congrats on starting your residency at Deaconess Hospital! We are excited to have you join our team and cannot wait to watch you grow personally and professionally throughout this year. We are committed to providing you with high-quality learning experiences that will set you up to succeed this year and beyond, whether you choose to continue to a PGY2 or to begin your journey as a clinical pharmacist.

The residency year will be full of challenges but will also be memorable and rewarding. We look forward to working with you and seeing your professional career develop as our colleague.

Best,

Will Miller, PharmD, MBA, BCIDP, AAHIVP
Residency Program Director

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Deaconess Hospital Pharmacy Services Overview

Deaconess Hospital, Inc

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

Deaconess Hospital Midtown Campus

Deaconess Hospital Midtown Campus is located at 600 Mary Street in Evansville, Indiana. Deaconess is a 300-bed private, not-for-profit institution. This hospital provides health care for people in Vanderburgh County and surrounding communities. This hospital offers a wide variety of services, including a level II Trauma Center and a Stroke center of Excellence as designated by ACHC. The pharmacy is highly automated utilizing the Omnicell Automated Dispensing Cabinets, Epic Health Information System, and Pharmogistics Carousel Technology.

Deaconess Gateway Hospital

Deaconess Gateway Hospital is comprised of Gateway Hospital, the Heart Hospital, and Ortho-Neurosciences Hospital with 300 beds. This facility serves both the adult and pediatric population and has an affiliation with Riley's Children Hospital of Indianapolis. There is also a focus on surgical and medical care of cardiac, orthopedic, and neurological patient populations.

Deaconess Women's Hospital

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

Deaconess Henderson Hospital

Deaconess Henderson Campus is in Henderson, Kentucky. It is a 192-bed hospital offering full services to the patients of Kentucky. This includes NICU, ICU, and medical services.

Deaconess CrossPointe

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

Pharmacy Practice Model

All pharmacists are considered clinical pharmacists and are encouraged to practice clinically. The clinical model includes participating in multi-disciplinary rounds, completing clinical consults, verifying orders, providing patient education, performing medication reconciliation at transitions of care, and completing chart review to maximize medication efficacy and safety. Clinical pharmacists are scheduled daily to work on the nursing units to provide clinical services without any drug distribution responsibility. Some of the clinical opportunities include pharmacokinetic dosing, nutrition support, automatic IV-to-PO, warfarin dosing, patient education, automatic renal dosing adjustments via protocol, pain management, discharge medication review, and quality improvement opportunities.

Pharmacy Department Mission Statement

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

Deaconess Pharmacy Department Vision

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

Deaconess Mission

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

Deaconess Vision

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

Deaconess Values

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

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

Residency Program Overview

Program Details

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

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

The Deaconess Hospital Inc. PGY1 Residency program will entail 2 campuses. Deaconess Midtown campus will be the resident's primary site. Deaconess Gateway campus will be a secondary site. Travel between campuses will be required and will not include financial reimbursement for mileage. The 2 campuses are ~15 minutes from one another. Parking at each location is free. A parking tag will be issued during hospital orientation. Residents may park in any designated employee space available. Residents will be provided with office space at the Midtown Campus, including a telephone and computer. Workspace at individual practice sites will be designated by preceptors.

The stipend for the Deaconess Hospital Inc PGY residency program is \$52,000 annually. The position is a salaried position. Financial support is provided for required professional meetings the resident will attend.

Residency Advisory Committee (RAC)

Residents will report to the residency program director and the RAC.

As a pharmacy resident proceeds through various aspects of the program, the individual preceptor is responsible for issues related to the rotation/experience and discussing with the Residency Coordinator and/or Residency Director as needed along with the RAC. .

The Residency Advisory Committee consists of the pharmacy director, clinical manager, residency program director, residency coordinator, and clinical pharmacists who serve as preceptors. The RAC will meet monthly (unless cancelled) . The team will advise regarding the following matters:

- Overall progress of each resident in the program
- Performance improvement opportunities for rotations/experiences
- An end of the year program assessment with changes for the following year. Changes or improvements to the program will be discussed as well as program outcomes. Planning for the next residency year will occur during the RAC meeting.
- Other circumstances as they arise

Resident Essential Functions

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

- Provide direct patient care, including patient-specific monitoring
- Process and verify orders in the hospital electronic medical record

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

Resident Mentor

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

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

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

Residency Program Policies

Application to Deaconess Hospital PGY1 Residency

- Deaconess Hospital, Inc. will abide by all rules associated with the ASHP Match process for residency application
- Resident application materials required to be submitted for an interview include: A current curriculum vitae, a letter of intent, 3 standard letters of recommendation, an official school transcript and an application. All materials are retrieved online using Phorcas. Residents are also required to submit an online application for employment with Deaconess Hospital, Inc.
- All resident applicants are pre-screened to determine which candidates will be granted an interview. The pre-screening score out of 50 points total is determined by the RPD and the Residency Coordinator using the Pre-Screening Assessment. Top 20 resident applicants are invited to interview based upon top pre-screen scores, with a minimum score of 20 points to be invited. Resident applicants will be invited to interview by the RPD.
- Applicants invited to interview will be provided the Residency Manual as an email attachment outlining leave, duty hour, licensure, remediation/discipline, financial support for required professional meeting attendance and requirements for completion policies as well as program start date, term of appointment, and stipend. Additional email attachments with the invitation will include benefit information, the

Standards of Conduct, Standards of Attendance, Dress Code, and Privacy requirements as an employee of Deaconess

- Resident applicants are interviewed using a standard interview form by the Residency Advisory Committee preceptors, the Residency Coordinator, and the Residency Director. The Interview Assessment Form has a total of 100 points with 50 points from pre-screen, 30 points from interview, and 20 points from the case. The Residency Advisory Committee will meet at the conclusion of all interviews, review rank order, and determine any interviewees who will not be ranked. Interviewees will not be ranked if they do not meet minimum score of 15 from interview or minimum score of 10 points from the case or unanimous concerns from the RAC of organizational fit/preparedness for residency training. Interviewees are ranked in the National Matching Service in numerical order of the Total Interview Assessment Score.
- Current residents are able to interact with applicants during the tour of the health system.
- Resident applicants requiring a VISA sponsorship are not eligible and therefore cannot be interviewed.
- Residents are required to be a graduate of an ACPE-accredited Doctor of Pharmacy program and licensed or eligible for licensure in the state of Indiana.

Acceptance to the Program

- Once Phase 1 Match results are released by Phorcas, the Residency Program Director will contact each new resident within 1 day.
- In the event there are open positions at Deaconess that did not match during Phase 1, Deaconess will participate in ranking applicants during the Phase 2 Match using the same interview process and rubrics as the Phase 1 process. For positions that are offered in Phase 2 of the Match, no action to fill these positions will occur prior to the release of the Phase 1 Match results.
- If Deaconess continues to be unmatched after Phase 2 Match results, the Residency Program Director will interview candidates released by ASHP that have not matched in either Phase. If an offer is made to an applicant, the Residency Program Director will contact each new resident within 1 day.
- Residents agree to be appointed to the position of PGY1 resident as their full-time employment for the duration of 12 months from July 1st - June 30th. If unforeseen circumstances cause these 12 months not to be continuous, the resident must discuss an alternative plan for completion of the residency commitment with the Residency Director. Time away from the residency program may not exceed a combined total of the greater of 37 days per 52-week training period without requiring extension of the program. Examples of time away from the program include vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference/education days and staffing days are not included. The maximum extension of the program will be a maximum of 2 weeks, which will include continued salary and benefits. Any extension will be equivalent in competencies and time missed. HR policies will be followed for leave of absence.
- A letter of acceptance will be sent to each new resident within 30 days of the match results. Prior to making any offers, the Residency Program Director will verify with applicants, to the best of ability, that the applicants have neither been matched previously to other programs nor accepted other offers.
- An updated residency manual inclusive of the requirements of the program, an employment contract, and a Deaconess Hospital, Inc. acceptance letter will be sent to

the resident. The resident is required to send back a signed copy of the contract and a signed job description acknowledgment by the deadline indicated in the acceptance letter. These will be sent to the resident within 30 days of the Match (Phase 1 or 2) or acceptance of the resident if outside of the Match. Documented acceptance of these materials and acceptance of the program and its terms is required within 14 days of starting the residency program. The requirements of employment at Deaconess Hospital Inc will be outlined in the acceptance letter including an online application, health vaccinations and testing, annual influenza vaccination if indicated, a background and reference check and a pre-employment physical including drug screening. Human Resources will send the resident a new hire letter outlining more details and deadlines of these requirements.

Pre-Employment Requirements

- Health Vaccinations and Testing
 - The resident must comply with all requirements of the hospital immunization policy 70-57 (see policy for complete details) and subject to updates to that policy.
 - Immunization requirements for all employees include MMR (measles, mumps, rubella), Varicella (Chickenpox), TDAP (Tetanus, Diphtheria, Pertussis), TB testing and Hepatitis B.
- Annual Influenza Vaccine is required September through March. If you wish to decline the flu vaccine, you may submit a religious or medical exemption form at the time of your physical.
- Background and Reference check
- Pre-Employment Physical including Drug Screening

Licensure

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

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

Resident licensure (NABPLEX and MPJE) is required within 45 days of residency start date. Extenuating circumstances to be discussed with Residency Team and an extension may be granted for an additional 45 days. If the resident is not licensed within 90 days of residency start date, they are terminated from the program.

Benefits

Residents will be provided all qualifying benefits as new employees of Deaconess. PTO (paid off time) will not be accumulated however. Residents will be given 15 days Paid Time Off (PTO). Five of those PTO days will cover the 5 holidays that the resident will not be required to work; potentially New Year's Day, Memorial Day, July 4th, Labor Day, and Thanksgiving or Christmas- whichever they do not work. The remaining days will be used for vacation, interviews, sick time, and relaxation. PTO may not be taken during the last 5 business days of the residency year with the exception of transitioning to a PGY2 residency. If the resident will be completing a PGY2 residency at an alternative site, PTO may be used at the end of the PGY1 residency year. If 3 days or more of PTO and/or meeting weekdays are taken during a rotation, the rotation will be extended in length.

Project Days

Residents will be allotted 5 days of consecutive project time in the Fall and 3 days of project time in the Spring, . These days are to be used to catch up on longitudinal or rotation projects and presentations and to support overall mental wellness during stressful periods.

Duty Hours

Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). Residents must have at a minimum of 8 hours between scheduled duty periods.

The ASHP Duty Hour Requirements for Pharmacy Residency Programs must be followed by the program and the residents. See ASHP website for complete duty hour definitions and requirements: [ASHP Duty Hour Requirements for Pharmacy Residencies](#)

Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program. External moonlighting is not allowed. Internal resident moonlighting is allowed with RPD approval and will be paid at entry-level pharmacist hourly rate. Moonlighting is limited to eight hours of moonlighting per week. If there is concern that moonlighting is affecting the resident's performance, moonlighting privileges will be suspended.

Residents are required to complete the Duty hour Attestation monthly in PharmAcademic. The RPD will review resident attestations to monitor compliance with duty hour requirements, including moonlighting. Any instance of non-compliance will be addressed by the RPD and an action plan to prevent future instances will be developed.

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

Remediation

Residents are expected to complete all requirements of the Residency Program based on the ASHP Residency Standards and Competency Areas, Goals and Objectives for their specific program. Only those residents who complete the residency requirements set forth for a certificate will receive the residency certificate. Evaluation of the resident's progress in completing the residency requirements is documented as part of the quarterly review process.

The residency program director (RPD), in conjunction with Residency Advisory Committee (RAC), will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements [e.g., "Needs Improvement" (NI) for the same objective on more than one summative evaluation, multiple NI's for a single summative evaluation, not meeting progression expectations during a learning experience, not meeting deadlines], or if there is a concern with other behaviors related to performance (e.g., unprofessional behavior, plagiarism) the following steps shall be taken.

The RPD will provide the resident verbal coaching for any initial issues identified. If the identified issues continue, the resident will be placed in a resident corrective action plan. The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the

criteria for successful remediation and will have a timeline for remediation of no longer than 4 weeks.

If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency to receive a certificate of completion.

If the resident is not successful in completing the action steps, yet makes progress, a second resident corrective action plan can be executed. The second resident corrective action plan will be no longer than 4 weeks.

If the resident does not meet the criteria for successful remediation in the second plan, the resident will be dismissed from the program and will not receive a certificate. Extension of the program will not be allowed.

Discipline

Residents are expected to comply with all Deaconess policies for employees which include Standards of Conduct, Standards of Attendance and Management of Privacy/ Information Security Violation as provided upon hire.

Dismissal: Grounds for immediate dismissal from the residency program include but are not limited to:

1. Failure to obtain pharmacist licensure within 45 days of the residency start date (or 90 days if extension is granted by the RAC for extenuating circumstances).
2. Knowingly or negligently places a patient, employee or any other person in danger.
3. Falsifying information on a document.
4. Committing plagiarism as determined by the RAC after review of the materials suspected of plagiarism.
5. Any violation of a Deaconess policy that results in dismissal.

The resident is expected to meet all compliance and legal regulations (e.g., JCAHO, HFAP, HIPPA, Indiana State Board of Health, Indiana and Federal Pharmacy Law requirements).

Resident Well-Being and Resilience

- Quarterly residency development plan will include assessment of well-being and resilience
- Residents are encouraged to use all PTO days throughout the residency year to enjoy time away from work
- Residents have access to the following benefits through Deaconess
 - Employee Wellness which includes health screening, WellBeing+Me app with educational modules, access to health coaches, health-focused events
 - Discounted fitness facilities such as free access to Deaconess Fitness Centers and discounts on local gym memberships
 - Employee Assistance Program which offers short-term counseling and referral if needed for those with mental health concerns
- ASHP provides Well-Being and Resiliency Resources at <https://wellbeing.ashp.org/>
- Residency Program Director, Residency Coordinator, Preceptors, and Resident Mentor are always available for to help the resident work on ways to maintain their well-being.
- Employees of Deaconess, including preceptors and residents, have access to Deaconess CONCERN Employee Assistance Program. This free program offers short-term counseling and follow-up for mental health, life changes, family issues, work/life balance, or

personal problems.

Hospital Staffing

The residents will be staffing every 3rd weekend.

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

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

- Thanksgiving Day and the day after Thanksgiving or a Christmas holiday shift
 - It is expected that one resident will work Thanksgiving and the day after, and the other resident will work one Christmas holiday shift
- 5 weekdays between the week of Christmas and New Year's Day
- A New Year's shift- will be designated as New Year's Eve or New Year's Day
- EVSC Spring Break – 2 shifts during the week

PTO cannot be taken during assigned staffing shifts.

Major Residency Project

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

ASHP Midyear Clinical Meeting

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

Great Lakes Pharmacy Resident Conference (GLPRC)

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

REQUIREMENTS TO COMPLETE PGY1 RESIDENCY PROGRAM AT DEACONESS HOSPITAL, INC

Upon completion of all requirements needed for a certificate , each resident will be awarded a certificate that is accredited by ASHP, from Deaconess Hospital, Inc.

If a resident completes 52 weeks of the residency but does not fulfill all residency completion requirements necessary for a certificate, a certificate will not be issued. No extensions will be granted for residents who have failed to meet residency completion requirements.

REQUIREMENTS FOR COMPLETION OF RESIDENCY (Certificate contingent on meeting these requirements)	End of quarter 1	End of quarter 2	End of quarter 3	End of Residency : Final Verification
Completes residency in a continuous 12-month period (unless extension granted)				
100% of Required Competency Areas 1,2 and 4 objectives marked as Achieved for Residency				
100% of all objectives in Required Competency Area 3 to be marked as Satisfactory Progress or Achieved or Achieved for Residency				
Completes all required learning experiences				
Completes all PharmAcademic requirements and documentation				
Completes year-long project (major project) <ul style="list-style-type: none"> • Complete proposal for project • Complete timeline for project • Present project at a residency conference • Submits a manuscript to director and coordinator 2 weeks prior to residency program end date 				
Completes and presents minor project to P&T				
Presents at least two 1-hour lectures (a 1-hour lecture can consist of two 30-minute lectures) by April 30th				
Presents 4 journal clubs or case presentation				
REQUIRED FOR RESIDENCY (Certificate not contingent on these items)				
Becomes certified in BLS, ACLS and PALS				
Attends PT&D and writes P&T newsletter with co-resident monthly				
Attends meeting with RPD at least quarterly				
Maintains good standing with the department with adherence to all P&Ps				
Completes required staffing of minimum of 15 weekends (three shifts Friday through Sunday) and one full staffing week throughout the year				

Evaluations

Preceptor Evaluations

Preceptors will provide ongoing, criteria-based feedback throughout each learning experience to assist skill development. Evaluations must contain criteria-based feedback for each objective. Evaluations without adequate feedback will be returned for editing.

- For each objective evaluated, the preceptor will explain successes and will list examples of how the resident met the objective.
- For each objective evaluated, the preceptor will also list areas needed to improve.
- It may be appropriate to mark the objective as achieved even if there are identified areas of improvement needed.
- For each objective evaluated, the evaluation will explain successes and will list examples of how the resident met the objective.
- For each objective evaluated, the evaluation will also list areas needed to improve.
- It may be appropriate to mark the objective as achieved even if there are identified areas of improvement needed.
- All evaluations will be completed in PharmAcademic within 7 days of the end of a rotation or the end of assignment.
- Preceptors must demonstrate a mastery of the four preceptor roles when teaching clinical problem solving: Instruction, Modeling, Coaching, and Facilitating.
- The preceptor may utilize the Feedback section of PharmAcademic to provide feedback to the resident.
- A summative evaluation for the resident will be completed at the Midpoint and at the end of each learning experience. For longitudinal rotations, summative evaluations will be completed quarterly.
- The Summative evaluations, preceptor evaluations, and learning experience evaluations for each rotation are discussed by the preceptor with the resident, resident with the preceptor, the next schedule preceptor, and the Residency Director ad hoc. The evaluating preceptor will discuss each summative at the objective level with each resident.

Resident's Self-Evaluation

- Residents will complete the same summative evaluations required by the preceptor with the exception of the Teaching Experience where a resident summative is only required at the end.
- Evaluations will be completed within 7 days in PharmAcademic and discussed with preceptors.
- Resident self- evaluations should include opportunities for improvement.

Resident's Evaluation of the Preceptor and Learning Experiences

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

Summative Ratings Scale and ACHR Criteria

Rating Scale Example	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> • Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program. • RPD will be responsible for making this determination.

Residency Director Requirements

- There is only one Residency Director responsible for Deaconess Hospital, Inc. PGY1 Residency.
- The Residency Director or Coordinator will orient the resident to the residency program.
- The Residency Director will assure that all educational outcomes of the program, the welfare of the resident, and the welfare of patients are not compromised by reliance on residents to fulfill service requirements.
- The Residency Director will meet frequently with the residents for the first 6 months then less frequently the last 6 months.
- The Residency Director will assure duty hour requirements are followed.
- The Residency Director will assure the program is compliant with all ASHP Residency Standards.
- The Residency Director will assure all evaluations are completed appropriately for each learning experience including the resident’s self-evaluation, preceptor evaluation of the resident, and resident evaluation of the preceptor and learning experience within 7 days of the end of a learning experience.

- The Residency Director will be responsible for marking objectives achieved for the residency.
- The Residency Program Director (RPD) will complete an initial resident development plan in PharmAcademic within 30 days of hire. The plan will be discussed with each resident along with their self-assessment and the plan will be agreed upon by both parties. The RPD will reassess the resident's developmental plan quarterly by reviewing each initial and ongoing plan to date and updating in PharmAcademic. The RPD will review and update goals and objectives achieved/not achieved for the program, the status of rotation projects, the progress of the major residency project and minor residency project, and the requirements for completion checklist. The Resident Development Plan will be shared with all preceptors quarterly and any updates discussed with the residency team. The RPD will assure accessibility for direct instruction, facilitating, coaching, and modeling performance.
- The Residency Director will evaluate new preceptors based on qualifications and application along with the RAC and reappoint preceptors based on qualifications and criteria every 4 years.
- The Residency Program Director will conduct an Annual Preceptor Self-Assessment for each preceptor to evaluate desire to teach, requirements, skills and needs.
- The Residency Director will track graduated residents and document their career information after initial graduation.

Preceptor Requirements

- Preceptors must have a description of their learning experience and a list of activities to be performed by the resident following Blooms Taxonomy. Each activity will be tied to a specified objective within each required goal assigned to that rotation.
- Preceptors must orient the residents to their learning experience including reviewing and providing written copies of the learning experience, the educational goals and objectives, and evaluation strategies.

Preceptor Initial Appointment Requirements

1. Must submit a letter of intent, CV, and preceptor application including self-assessment to the Residency Director.
2. Must meet ASHP preceptor qualifications
 - BPS certification
 - Pharmacy-related certification
 - Certificate of completion in area precepted (min 14.5 contact hours or college credit) from ACPE-accredited certificate program obtained or renewed in last 4 years
 - Privileging (not just for usual scope of practice like therapeutic interchange or kinetics protocols). If privileging exists for other allied health professions at organization, pharmacist must follow same process
 - Subject matter expertise – PGY2 + 2 yrs, PGY1+4 years, or 5 years in practice
3. Completes the electronic Academic and Professional Record in PharmAcademic.

Preceptor Reappointment Requirements (every 4 years)

1. Completes 1 of the following:
 - Contribute to development of clinical or operational policies/guidance/protocols
 - Contribute to creation/implementation of new clinical or operational service
 - Contribute to existing service improvement
 - Appointment to drug policy or other committee of organization (does not include residency team)
 - Inservice or presentation to pharmacy staff or other health professionals at organizations (3 different inservices in last 4 years or single inservice repeated annually in past 4 years)
2. Attends a minimum of 4 RAC meetings.
3. Receives zero “Nevers” on resident evaluation. If preceptor has received a “Never” preceptor completes an action plan.
4. Presents 1 Preceptor Development topic per year.
5. Updates Academic and Professional record electronically in PharmAcademic at least once in 2 years.
6. Updates Learning Experience annually.

Preceptor Appointment/ Reappointment Process

- Appointment of new preceptors will be completed by the RAC at a monthly meeting after preceptor paperwork and qualifications are reviewed. Preceptors who do not meet qualifications will be given a mentoring plan in order to reach qualifications prior to being a preceptor.
- Reappointment of preceptors will be conducted by the Residency Director and Residency Coordinator every 4 years using the tracking tool. Preceptor reappointments will be reviewed at a monthly RAC meeting.
- The RPD will complete an orientation checklist with all new preceptors.

Rotation Schedule

Primary Site: Deaconess Midtown (MT) Secondary Site : Deaconess Gateway (GW)

Required

- Orientation- 6 weeks (3 weeks MT, 3 weeks GW)
- General Medicine- 7 weeks (4 weeks MT, 3 weeks GW)
- Cardiology- 4 weeks (4w GW)
- Critical Care- 6 weeks (6w MT)
- Infectious Disease- 4 weeks (3w MT, 1w GW)

Longitudinal (required)

- Residency Project 12 months (100% MT)
- Staffing 10 months (6.5w MT, 3.5 GW)
- Practice Management & Drug Information 10 months (100% MT)
- Medication Safety-Medication Events 5 months (100% MT)
- Medication Safety-Adverse Drug Reactions 5 months (100% MT)
- Teaching Experience 12 months (100% MT)

Electives (choose 5)

- Administrative- 4 weeks (4w MT)
- Advanced General Medicine- 4 weeks (4w MT)
- Ambulatory Care- 4 weeks (2w MT, 2w GW)
- Ambulatory Chronic Disease - 4 weeks (2w MT, 2w GW)
- Nephrology- 4 weeks (4w MT)
- Neuro Critical Care- 4 weeks (4w GW)
- Oncology- 4 weeks (4w GW)
- Pediatrics/NICU- 4 weeks (4w GW)

Administrative Rotation

Preceptor: Brian Spencer, PharmD, BCPS
Pharmacy Director

General Description:

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

Residents are expected to:

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

Week 1 – Operations

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

Week 2 – Inpatient Clinical

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

Week 3 – Regulatory

- o Lead daily huddles
- o Complete daily metrics and report out
- o Attend internal and external meetings with preceptor as applicable and complete follow-up as needed.

- o Read journal articles/books and come prepared for discussions.
- o Maintain confidentiality and privacy of personnel issues and other confidential matters that are encountered during the rotation.

Week 4 – Ambulatory

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

Educational Goals and Objectives Assigned

Competency Area R3: Leadership and Management
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services
Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning
Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement
Objective R3.2.2 (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

Advanced General Medicine Rotation

Preceptors: Christina Ward, PharmD, BCPS; Lindsey Lendy, PharmD, BCPS

General Description:

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

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

Required Attendance

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

Required Responsibilities and Projects

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

Expected Progress of the Resident

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

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

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

Educational Goals and Objectives Assigned

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4 (Applying) Implement care plans.
Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6 (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2 (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge
Goal R4.1: Provide effective medication and practice-related education.
Objective R4.1.1 (Creating) Construct educational activities for the target audience.
Objective R4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.4 (Evaluating) Assess effectiveness of educational activities for the intended audience.
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.
Objective R4.2.1 (Evaluating) Employ appropriate preceptor role for a learning scenario.

Ambulatory Care Rotation

Preceptors: Drue Clark, PharmD, BCACP

Description:

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

Role of Pharmacist in this Practice Area:

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

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

The pharmacist will also collaborate with the Deaconess Family Medicine Resident program to provide evidence-based medication recommendations, monitoring parameters, and health maintenance markers. They will discuss chronic disease state clinical pearls to optimize care for each of their patients scheduled in clinic. The pharmacist will also provide recommendations to reduce medication cost, improve adherence, and simplify drug regimens when able.

Expectations of Residents:

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

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

- Week 1: Observe preceptor in role, understand MTM protocols, review and remember motivational interviewing principles, look up schedule, perform chart reviews, and discuss pre-visit reviews with preceptor
- Week 2: Resident will demonstrate full analysis of patient information/chart to preceptor in pre-visit session, engage with patient applying open ended questions and motivational interview techniques, begin to develop documentation in Epic during visit and execute documentation of full note for all patients seen, train on and understand POC A1c technique

- Week 3: Resident will analyze patient information at pre-visit review with little preceptor input, design drug therapy recommendations and support/defend plan to preceptor at pre-visit session, create full ambulatory note in Epic with preceptor signature by end of clinic day, apply motivational interviewing to patient interactions, and own any required follow up with continued input from preceptor
- Week 4: Resident will independently perform and present pre-visit look ups to preceptor, formulate and support pharmacotherapy recommendations via MTM protocols and EBM to patient and physician, defend and/or reconstruct plan during visit, as needed, to patient, devise plan with patient input to design patient-focused/accepted goals, independently interact with patient and chart with little input from preceptor. Resident will also perform MD follow up without preceptor intervention.

Educational Goals and Objectives Assigned with Associated Learning Activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists’ Patient Care Process).
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient’s overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Goal R1.3: Promote safe and effective access to medication therapy.
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
Objective R1.3.2: (Applying) Participate in medication event reporting.
Competency Area R3: Leadership
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
Competency Area R4: Teaching and Education
Goal R4.1: Provide effective medication and practice-related education.
Objective R4.1.1: (Creating) Construct educational activities for the target audience.
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Ambulatory Chronic Disease State Rotation

Preceptors: Traci Fritschle, PharmD, BCPS, BC-ADM; Drue Clark, PharmD, BCACP

Description:

This 4 week elective rotation will provide experience in the various ambulatory pharmacy roles, such as Endocrinology, Pain, Heart Failure, Electrophysiology, Rheumatology, Oncology. The resident will gain knowledge and exposure in medication management of these specialty areas and perform ambulatory comprehensive medication reviews and medication therapy management (MTM) services. The resident will develop skills to monitor and evaluate drug therapy and response, effectively communicate with other health care providers, recommend appropriate therapies, integrate drug and patient related information, seek and review medication-related information, and provide effective and complete patient education.

Practice Area:

This rotation will spend time between the different locations of these clinic site, such as Downtown clinic at 120 SE 4th St and Gateway MOB 2.

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

The resident will have previously completed the ambulatory rotation as a pre-requisite to this Chronic Disease State rotation. They must review the patient's chart for pertinent data to provide a full medication assessment and then present and discuss the patient with the preceptor before the clinic visit. The residents will collaborate to conduct the comprehensive medication review, collect pertinent information from the patient during the visit as well as communicate with patients and the healthcare team. The resident will collaborate with the preceptor to develop careplans and complete required documentation associated with the visit on same day.

Educational Goals and Objectives Assigned

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Goal R1.3: Promote safe and effective access to medication therapy.
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
Objective R1.3.2: (Applying) Participate in medication event reporting.
Competency Area R3: Leadership
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
Competency Area R4: Teaching and Education
Goal R4.1: Provide effective medication and practice-related education.
Objective R4.1.1: (Creating) Construct educational activities for the target audience.
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Cardiology Rotation

Preceptors: Michelle Schymik, PharmD, BCPS; Landon Russell, PharmD, BCPS; Erin Ross, PharmD, BCPS

General Description:

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

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

The resident is expected to begin this rotation with basic knowledge of current clinical practice guidelines and pharmacotherapy.

By the end of the rotation, the resident is expected to be able to perform a thorough chart review, proactively make recommendations for improvements in therapy to modify to evidence-based recommendations, complete consults, provide patient education, and manage time effectively.

Expected Progress of the Resident

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

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

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

Educational Goals and Objectives Assigned with associated learning activities

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, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.

Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Ensure continuity of care during patient transitions between care settings.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

Critical Care Rotation

Preceptors: Janet Cohorst, PharmD, BCPS; Morgan Labhart, PharmD, BCPS

General Description:

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0900 at Deaconess Midtown Cardio-Neuro ICU. Trauma ICU has critical care rounds at 0830 on Mondays, Wednesdays, and Fridays; and 0900 on Tuesdays and Thursdays, in addition to Trauma Rounds at 0700 Tuesdays and Thursdays. Residents will be required to be prepared and attend daily rounds.
- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following. Patient load will increase with resident growth and advancement through the rotation.
- The resident is expected to attend all code blues. If multiple pharmacists respond, the resident is to be the primary pharmacist in the patient room.
- Residents will be required to lead a minimum of 7 topic discussions. Topic discussions will be listed in the discussions folder. Additional topics will be added as patient cases present themselves. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed. Residents are expected to find and utilize most recent guidelines in discussions.
- Residents will be required to present at least one formal presentation or one assigned project.

Disease States for Topic Discussions

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

Expected Progress of the Resident

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

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

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

Educational Goals and Objectives assigned with associated learning activities

Learning Experience Activities and Corresponding Learning Experience Goals/Objectives

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

General Medicine Rotation

Preceptors: Hannah Schneider, PharmD, BCPS; Jesse Gilstrap PharmD, BCPS; Michelle Schymik, PharmD, BCPS

General Description:

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

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

Expected Progress of the Resident

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

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

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

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.
Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.
<i>NOTE: If no students are present during this rotation, the preceptor will create simulation activities of precepting role</i>

Infectious Disease Rotation

Preceptors

Jeff Starkey, PharmD; Ethan Griffiths, PharmD, BCIDP; Will Miller, PharmD, MBA, BCIDP

Rotation Description

This rotation provides the resident with a variety of clinical experiences within the practice of infectious diseases, including the infectious disease consult service, antimicrobial stewardship (AS) team, microbiology lab, and infection control committee. Residents will develop a deeper understanding of anti-infective therapy, as well as the diagnosis and management of infectious diseases. Upon completion of the rotation, the resident will be expected to be competent to provide antimicrobial recommendations, perform daily antimicrobial stewardship activities, provide evidence-based information to anti-infective drug information questions, and understand the role of the antimicrobial stewardship pharmacist (including benchmarking, project development, and strategies for the improvement of anti-infective use). The practice area for this rotation spans multiple campuses and may potentially involve any unit to which patients are admitted. Experiences in the Infectious Diseases Clinic may also be part of the rotation as availability allows. The resident will be expected to collaborate with the clinical pharmacist covering the units to which the assigned patients are admitted when appropriate.

Specific learning activities

- One-half day of rotation through various stations at the microbiology lab
- Up to two weeks of rounding with the infectious diseases consult service
- Attendance at an infection control committee meeting and other meetings as they may arise
- Meeting/discussion with infection control nurses
- Participation in daily activities performed by the antimicrobial stewardship team
- Project or presentation to be determined by the preceptor

Topic Discussions (required topics in bold)

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

Explanation of Duties/Responsibilities

- Residents will be expected to contact the preceptor/physician/pharmacist responsible for the specific learning activity to ensure the scheduling and completion of that activity
- Resident will be expected to review and follow up on positive culture results from the previous day and will also be responsible for patients assigned by the preceptor or ID service. On non-rounding days, additional activities will be assigned to the resident at the preceptor's discretion.
- Round with ID physician as scheduled. Review the cultures, antibiotics, diagnosis, renal function, and other important parameters of their patients before you meet them.
- Topic discussions subject to date change depending on availability of preceptor. Due to the considerable number of readings for this rotation, preceptors may provide key questions as guidance for topic discussion expectations. Access to either print or electronic versions of the references during the topic discussion is recommended.

Educational Goals and Objectives assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Goal R1.3: Promote safe and effective access to medication therapy
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access
Objective R1.3.2: (Applying): Participate in medication event reporting
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management)
Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or treatment protocol, utilization management criteria, and/or order set
Competency Area R3: Leadership
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement

Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement
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Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities

Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors
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Medication Safety - Adverse Drug Reaction Rotation

Preceptor: Kelli Lovell, PharmD, CACP, CFCP, MMCP

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

Practice Area

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

Role of Pharmacist in this Practice Area

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

Expectation of residents

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

- Intense assessment of ADR with Who, What, When, Where, Why, and How the ADR occurred.
- Incorporate intense assessment into ADR presentation for PT&D.
- If appropriate, identify process changes to reduce the chances of ADR occurring in the future.
- Report Level 5 ADRs, level 6 ADRs and ADRs with medications that have been FDA approved less than 3 years to the FDA
- Attend monthly PT&D meeting.
- Prepare and present one monthly ADR report to PT&D.

Progression of the Resident:

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

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

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

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R2: Advancing Practice and Improving Patient Care
Goal R1.3: Promote safe and effective access to medication therapy.
Objective 1.3.2 (Applying) Participate in medication event reporting
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population
Objective 1.4.1 (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.

Medication Safety– Medication Events Rotation

Preceptor: Amanda Kelley, PharmD, BCPS

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

Practice Area

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

Role of Pharmacist in this Practice Area

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

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

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

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

- Patient Safety – 2nd Friday of each month
- Medication Incident – Occurs once a month on Wednesdays
- Pharmacy Medication Safety Committee- 4th Tuesday, Every Other Month
- Patient RCA - as they come up

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.3: Promote safe and effective access to medication therapy.
Objective 1.3.2 (Applying) Participate in medication event reporting
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population
Objective 1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set
Competency Area R3: Leadership
Goal R3.1 Demonstrate leadership skills that foster personal growth and professional engagement
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors

Nephrology Rotation

Preceptor: Melinda Sloan, PharmD; Jennifer Wade, PharmD

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

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

Practice area:

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

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

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

Expected Progress of the Resident

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

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

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

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4 (Applying) Implement care plans.
Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6 (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2 (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.

Neuro Critical Care Rotation

Preceptors: Ethan Nilssen, PharmD, BCPS; Matthew Pfister, PharmD; Allie Webb, PharmD, MBA, BCCCP

General Description

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0900 at Gateway Neuro ICU and Deaconess Main Campus Neuro ICU. Trauma ICU has critical care rounds at 0830 on Mondays, Wednesdays, and Fridays; and 0900 on Tuesdays and Thursdays. Residents will be required to be prepared and attend daily rounds when following patients in the ICU. If desired or agreed upon with the preceptor, residents may also be required to round with the trauma service on Tuesdays and Thursdays when working weeks on trauma ICU.
- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following.
- Residents will be required to lead a minimum of 8 topic discussions. Topic discussions will include both required topics and a list of selectable topics to be decided upon between the resident and preceptor. Residents are expected to be prepared for topic discussions to a sufficient depth of knowledge to be able to lead the discussion of the topic. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed.
- Residents will be required to present at least 1 journal club.
- Residents will be required to present at least 1 formal presentation.

Disease States for Topic Discussions

- Required
 - Subarachnoid hemorrhage
 - Central diabetes insipidus
 - Traumatic brain injury
 - ICP management

- Elective
 - SIADH and CSW
 - Ischemic stroke
 - Intracerebral hemorrhage
 - Serotonin syndrome
 - Neuroleptic malignant syndrome
 - Spinal cord injury
 - Status epilepticus
 - Migraine
 - Delirium
 - Central venous sinus thrombosis
 - Cerebral vasospasm
 - Meningitis/ventriculitis
 - Guillain-Barre syndrome
 - Myasthenia gravis
 - Multiple sclerosis
 - Parkinson's Disease

Expected Progress of the Resident

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

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

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

Educational Goals and Objectives assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.
Objective R1.1.4: (Applying) Implement care plans.

Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

Oncology Rotation

Preceptor: Charlie Bockelman, PharmD, BCOP

General Description:

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

Practice Area

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

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

Expected Progress of Resident

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

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

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

Educational Goals and Objectives Assigned with associated learning activities

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, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Ensure continuity of care during patient transitions between care settings.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.

Orientation Rotation

Preceptor: Kelli Lovell, PharmD, CACP, CFCP, MMCP

General Description:

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents:

The resident is expected to begin this rotation with basic knowledge of hospital operations and pharmacotherapeutics. At the end of the rotation, the resident is expected to:

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

Expected progression of the resident:

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

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

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

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.

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

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

Objective R1.3.3 (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.

Pediatrics/NICU Rotation

Preceptors: Kristen Chlebowski, PharmD; Thomas Petersen, PharmD; Janelle Seitz, PharmD; Jen Wade, PharmD

General Description:

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

Practice Area:

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

Expectations of Residents:

The resident will either round with a hospitalist, intensivist, or the family medicine team daily, serving as the clinical pharmacist for the pediatric and pediatric ICU units. They will also attend rounds in the neonatal ICU on occasion. They will prepare and lead topic discussions, complete one project and one final presentation (journal club vs case presentation) and may be assigned education opportunities with students, nurses, pharmacists, or other healthcare professionals in addition to daily clinical duties.

- Residents will be required to prepare for and attend family medicine pediatric rounds as they occur on their assigned unit (timing is determined based on provider and workload, but residents start rounding around 0700 daily).
- Residents will also attend neonatal ICU rounds on occasion (will be communicated ahead of time, round held at 0930 daily).
- Residents will be required to review patients with the preceptor or a designated pharmacist daily.
- Residents will be expected to assume complete responsibility for pharmacy services for the patients in their assigned unit or patients they are rounding on with a physician or team. Residents will perform all roles of the pharmacist in their practice area.
- Residents are expected to attend all pediatric code blues. If multiple pharmacists respond, the resident should remain as one of the primary pharmacists (ideally with preceptor as second pharmacist) in the patient room.
- Residents will be required to lead a minimum of 10 required and 5 elective topic discussions. Residents are expected to be prepared for topic discussions to a sufficient depth of knowledge to be able to lead the discussion of the topic. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed.
- Residents will be required to present at least 1 formal presentation (journal club or case presentation).
- Residents will be required to complete at least 1 assigned project.

Expected Progress of the Resident

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

Week 2: Resident will complete all consults, scoring list flags, chart reviews, and participate in family medicine rounds as well as resident/attending discussion with advice from the preceptor as needed. Residents will review recommendations to be made in rounds with the preceptor prior to rounds as applicable. Resident will perform all roles of the pharmacist in the practice area as previously stated.

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

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4 (Applying) Implement care plans.
Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6 (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2 (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge
Goal R4.1: Provide effective medication and practice-related education.
Objective R4.1.1 (Creating) Construct educational activities for the target audience.
Objective R4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.4 (Evaluating) Assess effectiveness of educational activities for the intended audience.
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.
Objective R4.2.1 (Evaluating) Employ appropriate preceptor role for a learning scenario.

Practice Management & Drug Information Rotation

Preceptors: Will Miller, PharmD, MBA, BCIDP; Meredith Petty, PharmD

Site: Deaconess Midtown

General Description: Practice Management and Drug Information is a 10 month longitudinal learning experience conducted at the Deaconess Midtown campus but will encompass work across the health system. The resident will be involved as a primary drug information specialist by assisting with questions, research, drug evaluations, formulary reviews, etc. The resident will also be actively involved in administrative practices including leadership, budget, and managerial practices. Teaching will be required of the resident throughout the rotation including lectures, journal clubs, PT&D presentations, a competency presentation, and case presentations.

Topic Discussions: Drug Information Overview, Statistics, Data Analysis, Citations and Formatting

Role(s) of the Pharmacist(s): This learning experience is precepted in collaboration with pharmacy leads, coordinators, system supervisors, system managers, and directors. The System Directors scope of responsibility include leading the pharmacy departments and medication management services across all Deaconess facilities which includes the system pharmacy strategic plan, policies and procedures and ensuring applicable rules and regulations are followed. Pharmacy Managers and Supervisors manage various pharmacy services such as operations, clinical medication safety and business support. They directly supervise pharmacy personnel, address concerns and issues form staff, manage staffing and address day to day activities. The Pharmacy Directors, and Mangers are also responsible for the annual budget, contract negotiation for pharmacy automation, quality initiatives and cost savings strategies. The Pharmacy leads and coordinators participate partially in staffing, manage clinical protocols, complete projects, represent pharmacy on committees, and provide staff education and training. The resident will participate in and experience key leadership and administrative activities.

Expectations of Residents:

The resident is expected to:

- Be on time for meetings
- Maintain a professional calendar within the organizations email system
- Demonstrate professional written and verbal communication at all times
- Meet all due dates and project timelines. Drafts of work should be provided to the preceptor at least 1 week prior to the final version unless otherwise communicated to the preceptor.
- Demonstrate flexibility with scheduling and assigned project prioritization changes based on organizational needs.

Meeting Participation:

- System P&T Meetings—the resident will participate in monthly P&T meetings unless excused.
- Residency Advisory Committee meetings -- the resident will participate in monthly P&T meetings unless excused.
- Resident and preceptor will meet at a minimum once per month to review current projects and progress as well as other items or issues.
- Resident and preceptor will meet at least quarterly for topic discussions.

Progression of the Resident:

Day 1: Review the longitudinal rotation with the preceptor including discussion of goals and objectives, activities, meeting schedules, expectations of the resident, progression and evaluation strategy.

Quarter 1: This quarter will essentially involve the preceptor providing direct instruction and modeling the role of a residency program director and pharmacy leaders in various capacities. The resident will meet with key leaders in the department including regulatory and operations. The resident will meet frequently with the Residency Program Director. The resident should complete assigned readings of Biostatistics and Literature Evaluation Parts 1 and 2. The resident should complete the H-PILS learning self-assessment and incorporate their findings and self-reflection into their initial developmental plan. The resident will begin attending the monthly Pharmacy & Therapeutics Committee meetings and complete the subsequent newsletter monthly. The residents will be expected to attend monthly RAC meetings and report out progress on projects and rotations. The resident will collaborate with the RPD and program coordinator to identify a major and minor project and start working on both. The resident will identify potential topics for larger scale presentations. One journal club will be presented to preceptors. The resident will be expected to identify and implement organizational time management strategies (i.e. use of a calendar, use of To-Do lists with due dates and reminders, setting own deadlines or mini deadlines) into their process for managing responsibilities. The resident will obtain BLS, ACLS, and PALS if scheduled. The resident will participate in a regional recruiting showcase if scheduled.

Quarter 2: This quarter will essentially involve the preceptor modeling and coaching the resident on various assigned projects, meeting participations and presentations. The resident is expected to function with only some assistance in the completion of a minor project. One journal club will be presented to preceptors. The resident will obtain BLS, ACLS, and PALS if scheduled. The resident will participate in a regional recruiting showcase if scheduled. The resident will continue attending the monthly Pharmacy & Therapeutics Committee meetings and complete the subsequent newsletter monthly. The residents will be expected to attend monthly RAC meetings and report out progress on projects and rotations. The resident will progress on the identified major project. The resident will complete a poster of the major project with details up to this point to present at ASHP Midyear and participate in the ASHP Midyear residency showcase for recruiting purposes.

Quarter 3: This quarter will essentially involve the preceptor in more of the facilitation role as assigned projects progress. The resident should require little to no prompting in areas of discussion or timelines that are not new to them. One journal club will be presented to preceptors. The resident will continue attending the monthly Pharmacy & Therapeutics Committee meetings and complete the subsequent newsletter monthly. The residents will be expected to attend monthly RAC meetings and report out progress on projects and rotations. Meetings with the residency program director will be less frequent. The resident will finalize the minor project if not already done so as well as the major project. The major project will be presented at the Great Lakes Conference by the resident. Resident will work on completion of requirements checklist including journal club, MUEs, or P&T presentations. Resident will participate in strategic departmental meetings. Staff meetings and residency meetings will be modeled for resident by preceptors. The resident will participate in residency interviews for the upcoming residency class.

Quarter 4: The resident should be able to function independently and complete all projects assigned during the learning experience that were not already due at the level of a practitioner by the end of the quarter. The resident is expected to be able to present projects and presentations confidently with limited reading of notes or slides, limited distracting mannerisms or “filler” words, appropriately address questions and provide timely follow up to questions that cannot be addressed during the presentation. One journal club will be presented to preceptors. The resident will continue attending the monthly Pharmacy & Therapeutics Committee meetings and complete the subsequent newsletter monthly. The

residents will be expected to attend monthly RAC meetings and report out progress on projects and rotations. The resident will complete a manuscript for the major project. The resident will complete or have a plan for completing all requirements for a certificate.

Educational Goals and Objectives Assigned with associated learning activities:

Competency Area R2: Practice Advancement	
Goal R2.1 Conduct practice advancement projects.	
Objective R2.1.6: (Creating) Develop and present a final report.	<ul style="list-style-type: none"> • Resident will complete a minor project such as formulary review, MUE, policy review and revision, or operational implementation • Resident will present final minor project to P&T or to pharmacy leadership • Resident will meet all deadlines given for project step completion
Competency Area R3: Leadership	
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.	
Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.	<ul style="list-style-type: none"> • Assesses medication shortages and develops processes to manage current shortages • Discusses leadership topics with lead, supervisor, or director quarterly • Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary) • Explains how pharmacy planning relates to the organization and/or department's mission and vision • Explains the department and/or organization's decision-making structure • Participates in strategic planning days as applicable • Develops residency budget for following fiscal year
Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	<ul style="list-style-type: none"> • Explains the quality improvement plan(s) of the department and/or organization • Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements. Meets with regulatory manager to discuss
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.	
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.	<ul style="list-style-type: none"> • Uses principles of continuous professional development (CPD) planning (e.g. accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review) • Sets realistic expectations of performance • Engages in self-reflection of one's behavior, knowledge, and growth opportunities • Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps • Demonstrates ability to use and incorporate constructive feedback from others • Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies

	<ul style="list-style-type: none"> • Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence • Demonstrates self-motivation and a “can-do” positive approach
Objective R3.2.2 (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	<ul style="list-style-type: none"> • Balances personal needs appropriately with the needs of the department and/or organization and maintains a healthy work-life balance. • Demonstrates personal commitment to the mission and vision of the department and/or organization • Demonstrates effective workload and time management skills • Prioritizes and organizes all tasks appropriately and meets all deadlines • Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings) • Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities as needed
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.	<ul style="list-style-type: none"> • Holds oneself and colleagues to the highest principles of the profession’s moral, ethical, and legal conduct • Understands and respects the perspectives and responsibilities of all healthcare team members • Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team • Accepts consequences for his or her actions without redirecting blame to others • Demonstrates professionalism through appearance and personal conduct • Works collaboratively within the department and/or organization’s political and decision-making structure
Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	<ul style="list-style-type: none"> • Actively participates in ASHP Midyear recruiting • Articulates the benefits of active participation in professional associations at all levels • Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare • Develops personal vision and action plan for ongoing professional engagement
Competency Area R4: Teaching and Education	
Goal R4.1: Provide effective medication and practice-related education.	
Objective R4.1.1: (Creating) Construct educational activities for the target audience.	<ul style="list-style-type: none"> • Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level • Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices, and aligns with stated objectives

	<ul style="list-style-type: none"> • Develops patient education materials that appropriately match the cultural needs and health literacy level of the intended audience • Designs instructional materials that meet the needs of the audience • Includes accurate citations and relevant references and adheres to applicable copyright laws
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<ul style="list-style-type: none"> • Includes critical evaluation of the literature and knowledge advancements, as well as an accurate summary of what is currently known on the topic • Presents two 1-hour lectures and 4 journal clubs or case presentations • Develops and accurately uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate • Notes appropriate citations and references • Writes in a manner that is concise, easily understandable, and free of errors • Creates visually appealing documents (e.g., font, white space, and layout) • Creates one's own work and does not engage in plagiarism
Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<ul style="list-style-type: none"> • Captures and maintains learner/audience interest throughout the presentation • Demonstrates thorough understanding of the topic • Effectively uses body language, movement, and expressions to enhance presentations • Develops and uses effective audio-visual and technology tools and handouts to support learning activities • Presents at appropriate level of the audience (e.g. patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals) • Responds to questions from participants in a concise, accurate, and thoughtful manner
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.	<ul style="list-style-type: none"> • Identifies and takes appropriate actions when learner fails to understand delivered content • Solicits timely, constructive, and criteria-based feedback from the learner • Assesses learners for achievement of learning objective(s)

Evaluations: Preceptor and Resident Self Evaluation Summative Quarterly and at the End. Evaluation of Preceptor and Evaluation of the Rotation at the end.

Residency Project
Deaconess Hospital, Inc

Preceptors:

Dependent on Project

Oversight: Michelle Schymik, PharmD, BCPS; Will Miller, PharmD, MBA, BCIDP, AAHIVP

Site: Deaconess Midtown

General Description:

A year-long residency project is a requirement of the Deaconess Hospital, Inc PGY1 program. This experience will be a longitudinal rotation. This project will be development of a new service, an extensive medication use evaluation, development of a new protocol or procedure, or a project geared towards the advancement of development of the pharmacy department. While impacting strategic goals of the organization. The project will be determined and agreed upon by the resident, the RPD and the RAC. The project will be presented in poster format at the ASHP Midyear meeting and as a formal presentation to the RAC, P&T and subsequently at the Great Lakes Pharmacy Conference. The project will be developed into a manuscript suitable for publication.

Role(s) of Pharmacist(s):

A preceptor will serve as primary mentor and co-author with the Residency Coordinator and Director providing oversight. Preceptors help the resident refine the project idea (often from a pre-vetted list approved by the RAC), develop a project proposal in the appropriate format (e.g., Institutional Review Board (IRB)), and establish clear goals and objectives for the project. They establish expectations and a clear timeline for the project, ensuring the resident meets deadlines for data collection, analysis, presentations, and manuscript submission. The preceptors for the project are required to meet with the resident regularly to discuss the project. Preceptors ensure the resident maintains the highest level of integrity and confidentiality when handling data and that the project is conducted ethically and in compliance with all policies, including IRB requirements. Preceptors guide the resident in preparing abstracts for professional conferences (such as Midyear or regional meetings) and developing a final manuscript suitable for publication. They must be available to respond to resident questions in a timely manner and return edits on written documents (like the manuscript or proposal) quickly.

Expectations of Residents:

Project Scope: Complete a year-long project focused on improving patient care, pharmacy practice, or medication-use systems, often involving research, quality improvement, or medication use evaluations (MUEs).

Project Management: Develop strong project management skills, including planning, executing, and meeting deadlines for milestones like protocol submission, IRB approval, and conference abstracts.

Scholarly Activities: Write a manuscript and present findings (e.g., at a residency conference, internal meeting, or for publication).

Leadership & Communication: Apply leadership and practice management skills, communicating effectively with teams, and providing education to patients and colleagues.

Problem-Solving: Apply scientific reasoning, problem-solving, and evidence-based practice.

Professionalism: Demonstrate dedication, self-assessment, continuous learning, and proactive participation in departmental initiatives.

Dissemination: Prepare work for dissemination through presentations (posters, oral) or publications, as outlined by the program.

Progression of the Resident

- Register for ASHP by 8/30
- Initial plan developed by 8/30
- Literature search, benchmarking etc by 9/20
- Draft Abstract to preceptor by 9/20
- Abstract submitted to ASHP (check ASHP for exact deadline) 9/28
- Evaluate and start to obtain IRB approval by 10/1
- First draft of project by 10/20
- Poster PPT to preceptor by 11/1
- Project submitted to PR for print by 11/9
- Great Lakes abstract draft by 1/25
- Great Lakes abstract due (check website for exact date) by 2/1
- Register for Great Lakes by 2/12
- Project final by 3/1
- First draft of manuscript by 4/1
- Great Lakes practice to pharmacy week of 4/8
- Second Great Lakes practice week of 4/15
- Submits manuscript 2 weeks prior to residency end date

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R2: Practice Advancement	
Goal R2.1: Conduct practice advancement projects.	
Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	<ul style="list-style-type: none"> • Analyzes background information that is relevant. • Analyzes opportunity by using best practice or evidence based principles. • Determines an appropriate topic for a practice-related project of significance to the organization and patient care. • Evaluates data generated by the health information technology team or automated systems to identify opportunities.
Objective R2.1.2: (Creating) Develop a project plan.	<ul style="list-style-type: none"> • Constructs a plan design that is practical to implement and measure. • Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees,

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

Staffing Rotation

Preceptors:

Kelli Lovell, PharmD, CACP, CFCP, MMCP; Katie Theising, PharmD, BCPS

General Description:

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

Practice Area:

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

Role of Pharmacist in this Practice Area:

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

Expectations of Residents and Expected Progression of the Resident:

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

- Quarter 1 – Resident will initiate staffing experience in the main pharmacy working IV and OE shifts. During this time, they will begin to translate knowledge gained in disease-state specific rotations to the overall care of a patient and further develop skills presented in orientation. In this setting, resident will begin to recognize specific job-related skills that may not have been observed in orientation.
- Quarter 2 – Resident will progress into more independent management of staffing shift by exhibiting proficiency in using technology and tools to complete tasks.
- Quarters 3 and 4 – Resident will transition staffing focus to clinical role. Resident will recognize the responsibilities of the weekend clinical shift and hone time-management skills as well as expanding ability to integrate clinical knowledge gained throughout residency year.

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R1: Patient Care

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Objective R1.1.4: (Applying) Implement care plans.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Goal R1.3: Promote safe and effective access to medication therapy.
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
Objective R1.3.2: (Applying) Participate in medication event reporting
Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications

Teaching Experience

Preceptors:

Michelle Schymik, PharmD, BCPS; Will Miller, PharmD, MBA, BCIDP, AAHIVP

Site: Deaconess Midtown

General Description:

A year-long teaching experience with the goal of attaining a certificate of completion is a requirement of the Deaconess Hospital, Inc. PGY1 program. This experience will be a longitudinal rotation and will consist of the requirements outlined by Purdue University for the Indiana Pharmacy Teaching Certificate Program. The requirements of the rotation include attendance of a workshop sponsored by Purdue University (travel expenses paid by Deaconess Hospital Inc.), didactic instruction, precepting of students, and small group facilitations. The resident will keep reflections for formal teaching experiences, develop a teaching philosophy, and develop a website. The resident is expected to identify and coordinate opportunities and complete requirements independently but should ask and coordinated with the preceptors.

Role(s) of Pharmacist(s):

The preceptors will coach the resident through the program as a content expert and facilitator. The preceptors for the teaching experience rotation will be pharmacists who actively participate in the teaching missions of Deaconess Hospital Inc Pharmacy. The preceptors will have a history of precepting students and/or residents on any clinical or operational rotation. Preceptors must respond to resident requests for feedback as soon as possible and teaching related written documents must have edits returned to the resident in a timely fashion. The preceptors are responsible for completing quarterly evaluations in PharmAcademic.

Expectations of the Resident:

- **Teaching Activities:** Engaging in various teaching modalities, such as formal lectures, small group discussions, developing patient case discussions, and co-precepting pharmacy students.
- **Portfolio Development:** Developing and maintaining a teaching portfolio that documents teaching experiences, scholarship of teaching, and a personal teaching philosophy statement.
- **Assessment and Feedback:** Seeking and actively using constructive feedback from preceptors and students, and performing self-assessment of teaching performance.
- **Professional Commitment:** Ensuring that teaching activities are a commitment to meeting all residency educational goals and objectives.

- **Project Documentation:** Documenting completion of required projects and hours to submit for a certificate.

Expected Progression:

Quarter 1: The resident will attend the Indiana Teaching Certificate workshop to learn about the requirements to obtain a teaching certificate. The resident will select topics for their didactic presentations by discussing with the preceptors. The resident will identify their topics by the end of August. The preceptor will aid in getting the required 2 hours of didactic instruction scheduled for the resident. The resident will begin to research their topics by reading a broad range of primary literature and guidelines to start becoming an expert.

Quarter 2: The resident will prepare slides and practice their presentations prior to their actual lecture. A draft presentation will be provided to the preceptors no later than 1 week prior to the practice session. The resident will pass out and utilize attendee evaluations to obtain feedback. The resident will complete at least 1 didactic lecture. A final presentation will be provided to the preceptors no later than 1 week prior to the lecture. The resident will identify students doing rotations or interns at Deaconess Hospital Inc. in order to facilitate precepting. The resident will complete a minimum of 3 hours of experiential hours with APPE/IPPE students on rotation through facilitation of or assessment of learners delivering topic discussion, journal clubs or presentations. Presenting to a preceptor alone without learners will not be included. The resident will complete a minimum of 3 precepting hours with an APPE/IPPE student completing patient care discussions, patient care activities or project management. The resident will identify a small group facilitation of a lab, recitation and/or small-group teaching within a classroom setting with students that can be scheduled to complete 3 hours of requirement.

Quarter 3: The resident will have all didactic instruction, student experiential instruction, and precepting requirements completed by the end of this quarter. The resident will prepare slides and practice their presentations prior to their actual lecture. A draft presentation will be provided to the preceptors no later than 1 week prior to the practice session. The resident will pass out and utilize attendee evaluations to obtain feedback. A final presentation will be provided to the preceptors no later than 1 week prior to the lecture. Didactic instruction will total 2 hours. The resident will identify students doing rotations or interns at Deaconess Hospital Inc. in order to facilitate precepting. The resident will complete at least 6 hours of experiential time with APPE/IPPE students on rotation through facilitation of or assessment of learners delivering topic discussion, journal clubs or presentations. Presenting to a preceptor alone without learners will not be included. The resident will complete a minimum of 6 hours of precepting time with an APPE/IPPE student completing patient care discussions, patient care activities or project management. The resident will schedule and complete a small group facilitation of a lab, recitation and/or small-group teaching within a classroom setting with students for a minimum of 3 hours.

Quarter 4: The resident will have all requirements for the teaching certificate completed. The resident will complete their portfolio to submit for the teaching certificate. As required the resident will complete a website as instructed by the teaching certificate program. The certificate is not a requirement in order to pass this rotation however a completed portfolio with all necessary documentation is needed.

Educational Goals and Objectives Assigned with associated learning activities

Competency Area R3: Leadership	
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.	
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	<ul style="list-style-type: none"> • Demonstrates effective workload and time management skills. • Prioritizes and organizes all tasks appropriately.

	<ul style="list-style-type: none"> • Prioritizes appropriate activities. • Proactively assumes and takes on increased levels of responsibility. • Proactively identifies issues or barriers and create potential solutions or management strategies. • Follows through on obligations collaboratively and without prompting. • Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed. • Appropriately balances quality and timeliness in all aspects of work
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.	<ul style="list-style-type: none"> • Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team. • Demonstrates professionalism through appearance and personal conduct. • Accepts consequences for his or her actions without redirecting blame to others. • Leads by example.
Competency Area R4: Teaching and Education	
Goal R4.1: Provide effective medication and practice-related education.	
Objective R4.1.1: (Creating) Construct educational activities for the target audience.	<ul style="list-style-type: none"> • Obtains an accurate assessment of the learner’s needs and level of understanding. • Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level. • Uses appropriate teaching strategies, including active learning. • Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives. • Designs instructional materials that meet the needs of the audience. • Includes accurate citations and relevant references and adheres to applicable copyright laws.
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<ul style="list-style-type: none"> • Writes in a manner that is concise, easily understandable, and free of errors. • Demonstrates thorough understanding of the topic. • Determines appropriate breadth and depth of information based on audience and purpose of education. • Notes appropriate citations and references. • Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic. • Develops and accurately uses tables, graphs, and figures to enhance the reader’s understanding of the topic, when appropriate. • Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals). • Creates visually appropriate documents (e.g., font, white space, and layout). • Creates one’s own work and does not engage in plagiarism.
Objective R4.1.3: (Evaluating) Assess effectiveness of educational activities for the intended audience.	<ul style="list-style-type: none"> • Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity. • Solicits timely, constructive, and criteria-based feedback from the learner. • Writes assessment questions (if used) in a clear and concise format that reflects best practices. • Identifies and takes appropriate actions when learner fails to understand delivered content. • Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.

Competency Area R4: Teaching and Education

Goal R4.2: Provide effective medication and practice-related education.

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

- Identifies experiential learning opportunities in the practice setting and engages learners appropriately.
- Creates an organized and systematic approach to designing learning experiences for the learner.
- Identifies and chooses which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
- Uses appropriate methods to provide feedback.
- Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.
- Provides effective and focused direct instruction when warranted.
- Models critical-thinking skills by including “thinking out loud”.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.
- Selects appropriate problem-solving situations for independent learners.
- Ensures learner understands feedback and next steps needed to improve.

Evaluations: Preceptor Summative Quarterly and at the End. Resident Self- Evaluation Summative, Evaluation of Preceptor and Evaluation of the Rotation at the end.

HR Job Information

Job Description Name:	10850A Pharmacy Resident
Title/Job Profile:	Pharmacy Resident
Job Family:	Pharmacy
Sub-Function:	Pharmacy

Mission Statement

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

Job Summary

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

Essential Functions

- Assures personal and departmental compliance with all regulatory and accreditation standards including ASHP, ACHC, OSHA, ISBOP, ISDOH, FDA, DEA, USP and EPA.
- Contributes to the quality improvement of the department and /or organization by: Participating on a quality improvement team; Identifying improvement strategies for the department/organization, including potential cost savings.
- Effectively designs, recommends, monitors and evaluates patient specific pharmacotherapy. This includes providing patient education, responding to drug information requests, attending code blues, providing pharmacokinetic dosing, providing anticoagulation services, rounding with interdisciplinary teams, performing medication reconciliation and providing nutrition support services.
- Prepares and dispenses medications using appropriate techniques following the health systems policies and procedures, maintaining the health system formulary, understanding the inventory system and maintaining the department systems and records.
- Contributes to the development of health care professionals or consumers by writing pharmacy newsletters, providing a pharmacy staff competency program, providing a lecture, inservice or presentation annually, conducting a P&T presentation and/or volunteering for a community benefit program.
- Contributes to the performance improvement of the department by: Acting as a preceptor for students or residents as qualified, and/or Training new staff.
- Contributes to the financial development of the department and/or organization.
- Demonstrates immediate oversight and training to technician staff to accomplish the daily operations of the department.
- The resident must meet all requirements and responsibilities as outlined in the residency program.

Education			
Education Level	Education Details	Required/ Preferred	
	PharmD degree from an ACPE accredited school of pharmacy	Required	
	An interview with the Pharmacy Residency Team and participation in the ASHP Match program	Required	

Work Experience

Experience	Experience Details	Required/ Preferred	
	Experience in hospital pharmacy	Preferred	
	Experience with direct supervision	Preferred	

Knowledge, Skills, and Abilities

KSAs
Ability to read, analyze and interpret physician orders, professional journals, polices and procedures and government regulations.
Ability to write and ability to convey clinical notes electronically.
Ability to effectively present information and respond to questions from customers.
Ability to add, subtract, divide and multiply using whole numbers, common fractions and decimals.
Ability to compute rates, ratios and percentages.
Ability to interpret graphs.
Ability to calculate creatinine clearances and pharmacokinetic/nutrition support dosing calculations.
Ability to define problems, collect data, establish facts and draw valid conclusions.
Ability to interpret an expansive variety of written and electronic information including but not limited to physician orders, journals, lab values and culture and sensitivity reports.
Ability to enter data electronically, retrieve data, assemble and organize data.
Ability to use and analyze data and ability to integrate diverse sources of data.
Knowledge of generic and trade pharmaceutical names.
Knowledge of Latin names, authorized abbreviations and chemical symbols for all common medications.
Knowledge of metric and apothecary systems of weights and measures.
Knowledge of medications dosages for infants, children, adult and geriatric patients.
Willing to accept responsibility for improved patient outcomes.
Considerable initiative and judgment required to evaluate appropriateness and cost effectiveness of drug therapy and to make appropriate recommendations to physicians and health care providers to reach desired patient outcomes.
Accuracy in dispensing and manufacturing products is essential.
Works under limited supervision as well as provides direction to staff to accomplish the daily responsibilities of the department.

Licenses and/or Certifications

Licenses/Certification Details	Required/ Preferred
Obtain an Indiana Pharmacist License within 45 days of hire. If the Pharmacy Resident is not	Required

Licenses and/or Certifications

Licenses/Certification Details	Required/ Preferred
an Indiana licensed Pharmacist at the time of their start date, they are required to maintain a Pharmacy Indiana intern license until an Indiana Pharmacist License is obtained. Employment will be terminated if an Indiana Pharmacist License is not obtained within 90 days of start date	
Must not have any records or convictions involving any form of chemical dependency, felony, or any adverse actions pending by any Board of Pharmacy	Required

Telecommuting

Remote Work Capable

Physical Demands

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

(Source: D.O.T. Dictionary of Occupational Titles (www.occupationalinfo.org), 1993.)

	Label	Short Description	Full Description
<input checked="" type="checkbox"/>	Light	Light physical requirements	Light Work - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

Travel Requirements

Estimated Amount	Brief Description

Drives for the company on a Routine Basis to perform job duties

Drives personal vehicle for company business 25% or more of the time to perform essential functions of the job	No
Operates company vehicles as essential function of the job	No
Valid Drivers License Required	No
Valid Commercial Drivers License (CDL) Required	No

Disclaimer

The duties, responsibilities, and qualifications listed above are intended to describe the general nature and level of work being performed by individuals assigned to this job. This is not intended to be an all-inclusive list of duties, responsibilities, and qualifications. The company reserves the right to modify, add, or remove duties and responsibilities at its discretion. This job description does not constitute an employment contract and the employer retains the right to terminate employment at will, with or without cause, at any time. The company is an equal opportunity employer and prohibits discrimination based on race, color, gender, age, disability, religion,

Disclaimer

or any other legally protected characteristic.

Compliance and Regulatory

All employees are required to comply with all laws, regulatory guidelines, and health care policies. This includes, but is not limited to: federal, state and local laws, applicable State Departments of Health, Accreditation Commission for Health Care (ACHC), The Joint Commission, Health Insurance Portability and Accountability Act (HIPAA), and Deaconess Policies and Procedures. All employees are required to be compliant with hand hygiene guidelines as well as adhere to safe practices, identifies and reports unsafe practices.

Mental and Emotional

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

Section 1557 of the Affordable Care Act

The Office for Civil Rights (OCR) enforces Section 1557 of the Affordable Care Act (Section 1557), which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics), in covered health programs or activities. 42 U.S.C. 18116.

Leadership Type: Individual Contributor

Gradation for Individual Contributor Level: Consistently Brings Best Self to Work & Supports Others

Engage Talent

Inspire an emotional connection between employees and Deaconess through a shared purpose

Promote open and honest communication

Deliver a personalized employment experience

Ensure all employees feel like they are part of a community and that you care

Provide employees the autonomy to make their work better and deliver higher performance

Help employees achieve their professional and personal best

Gradation for Individual Contributor Level: Valued Team Member

Collaborate

Work with a System focus

Take time to build partnerships to leverage when accomplishing results

Operate as a team player by appropriately involving others in decisions that affect them

Readily offer to help or coach others, even when demands are significant

Cultivate a broad network to exchange ideas and rally support

Act to preserve relationships, even under difficult or heated circumstances

Share information organically and formally across the system and takes responsibility for Deaconess holistically

Gradation for Individual Contributor Level: Continuous Learner & Deaconess Advocate

Select And Develop Talent

Attract and select high-caliber talent to meet current and future needs

Ensure the success of new hires through department orientation, relationship building and advocacy to enhance the Deaconess brand

Encourage and value diversity in Deaconess' talent base

Create an environment that provides direction and promotes continuous learning and development

Select And Develop Talent

Recognize and unleash the full potential of others by providing the needed resources, coaching, experiences and other support

Accurately appraise strengths and weaknesses of direct reports

Gradation for Individual Contributor Level: Work is Meaningful

Inspire Vision And Purpose

Share a compelling picture of the vision and strategy that motivates others to action

Communicate about future possibilities in a positive way

Create milestones and visible measures of success to rally support behind the vision

Articulate the vision and purpose in a relatable way

Lead change in ways that value both employees and projects

Integrate our vision and values into operational strategies

Gradation for Individual Contributor Level: Demonstrates Ownership Mentality

Accountability

Set bold standards that raise the bar of performance for self and others

Foster sense of urgency to meet and exceed goals

Maintain consistent high level of productivity

Take immediate and independent action to resolve problems when they arise

Establish a safe culture to give and receive feedback

Follow through on commitments and make sure others do the same

Take personal responsibility for decisions, actions, successes and failures

Gradation for Individual Contributor Level: Dedicated to Patients, Team and Organization while in a State of Continuous Change

Purposeful Leadership

Demonstrates the quality of attitude that enables a person to face uncertainty with courage

Confidently trust and empower others

Do not shirk bold actions because of the fear of failure

Take on ambiguity and push self and others to expand beyond what is comfortable

Help others to adapt to change by broadly communicating the why behind decisions and providing support to those most affected

Maintain a consistently positive outlook and sense of humor in difficult situations

Gradation for Individual Contributor Level: Provides Exceptional Care and Empathy

Work With A Patient And Customer Focus

Understand and address patient needs

Build and deliver solutions that exceed patient expectations

Establish and maintain positive patient relationships

Empathize with and care about patients and patient families

Consistently and proactively search for significant ways to improve patient experience

Seek and use specific feedback from patient to improve processes and services

Gradation for Individual Contributor Level: Considers Effects of Actions

Think And Lead Strategically

Evaluate and pursue initiatives and opportunities based on their long-term value and fit within Deaconess strategies and vision

Promote a culture of inquiry and challenge the status quo

See ahead to future possibilities and translates them into tactics

Anticipate future trends and implications

Create competitive and breakthrough strategies

Generate multiple options evaluating benefits, trade-offs, and short- and long-term goals

Gradation for Individual Contributor Level: Prevents and/or Solves Problems

Apply Business And Healthcare Acumen

Apply broad knowledge to address complex and critical issues

Use industry and financial analysis to create and evaluate strategic options and opportunities

Manage the financial performance of the team or service line

Evaluate and address trends impacting health care (technological, competitive, social, economic)

Use business skills and professional insights to influence and shape healthcare

Incorporate the benefits and tradeoffs of healthcare models, regulations, delivery impacts to the system, employees, and patients

Gradation for Individual Contributor Level: Seeks Improvement; Is Comfortable in Atmosphere of Change/Improvement

Innovate

Look for breakthrough opportunities such as service line growth or creative partnerships

Establish aspirational, quantitative targets and timelines

Manage risks by capitalizing on well thought out insights and decision making

Deploy a test-and-learn philosophy to reach the full potential of new ideas

Bring new ideas to challenge current state and deliver higher quality, lower cost, easier to access healthcare

Solicit feedback from others and develop unique solutions to challenges

Commitment To Safety & Risk Mitigation - Individual Contributor

Responsible to participate in the mitigation of risks and hazards identified in department.

Resident Manual and Job Description Acknowledgement Form

**Deaconess Hospital Inc
Job Description and Performance Standards**

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

Name: _____

Signature: _____ **Date** _____

Resident Acknowledgement of Receipt of Resident Manual

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

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

Resident Name _____ Date _____

Please sign and return to:

Will Miller, PharmD, MBA, BCIDP, AAHIVP
Residency Program Director
Department of Pharmacy
Deaconess Hospital
600 Mary Street
Evansville, IN 47747
812-853-2150