

# 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 1<sup>st</sup>. 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.
- 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, and Privacy requirements as an employee of Deaconess Health System.

- 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 their total interview assessment score.
- Residents are able to interact with applicants during the tour of the health system.
- Resident applicants requiring 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 1<sup>st</sup> - June 30<sup>th</sup>. 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 4<sup>th</sup>, Labor Day, and Thanksgiving or Christmas- whichever they do not work. The remaining days will be used for vacation, interviews, sick time, and relaxation. 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, ACHC, 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 3<sup>rd</sup> weekend.

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

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

- Thanksgiving Day and the day after Thanksgiving or a Christmas holiday shift
  - It is expected that 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.

**Evaluations**

<b>REQUIREMENTS FOR COMPLETION OF RESIDENCY (Certificate contingent on meeting these requirements)</b>	<b>End of quarter 1</b>	<b>End of quarter 2</b>	<b>End of quarter 3</b>	<b>End of Residency : Final Verification</b>
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"> <li>• Complete proposal for project</li> <li>• Complete timeline for project</li> <li>• Present project at a residency conference</li> <li>• Submits a manuscript to director and coordinator 2 weeks prior to residency program end date</li> </ul>				
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				
<b>REQUIRED FOR RESIDENCY (Certificate not contingent on these items)</b>				
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				

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

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 GW
- Critical Care- 6 weeks MT
- Infectious Disease- 4 weeks (3 weeks MT, 1 weeks GW)

### Longitudinal (required)

- Residency Project 12 months (100% MT)
- Staffing 10 months (6.5 months MT, 3.5 months 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 MT
- Advanced General Medicine- 4 weeks MT
- Ambulatory Care- 4 weeks (2 weeks MT, 2 weeks GW)
- Ambulatory Chronic Disease - 4 weeks (2 weeks MT, 2 weeks GW)
- Nephrology- 4 weeks MT
- Neuro Critical Care- 4 weeks GW
- NICU- 4 weeks GW
- Oncology- 4 weeks GW
- Pediatrics/NICU- 4 weeks GW

## **Administrative Rotation**

### **Preceptors:**

Justin Greubel, PharmD, MHA, BCPS, Pharmacy Director Indiana Region

Brian Spencer, PharmD, BCPS System Pharmacy Director;

**Site:** Deaconess Midtown

### **General Description:**

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. 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 participate in several activities designed to improve their working knowledge and experience with leadership concepts including leadership meetings, budget, supply chain management, human resource management and hiring, and project management. The resident will work alongside the system director in their day to day activities. The resident will spend direct time learning 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.

The resident will be able to:

- Understand and develop key concepts associated with pharmacy leadership.
- Explain why it is important to have a clear direction, starting with the mission and vision statements and a strategic plan.
- Understand why it is important to evaluate an organization's culture and how to modify the culture to drive performance
- Describe the methods for communicating effectively your message as a leader.
- Understand regulatory bodies (e.g. ACHC, CMS, ISMP) and the importance/applicability of compliance standards
- Become familiar with common financial terms and reporting metrics that help define success for a department/organization.
- Explain the implications for pharmacy reimbursement within the current health care environment.
- Understand the sources of revenue for the pharmacy and health system.
- Explain the role of pharmacy organizations and associations and leadership opportunities

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

The System Director of Pharmacy governs all Indiana, Illinois and Kentucky pharmacy departments under the Vice President of Pharmacy Services. The Regional Director of Pharmacy for Indiana is responsible for Deaconess Midtown and Deaconess Gateway pharmacy services. The directors are responsible for the strategic plan of the system, the system budget and system pharmacy services such as committees, staffing and projects.

### **Expectations of Residents:**

- Be on time for all meetings.
- 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.

### **Topic Discussions:**

Kotter, J.P. "What Leaders Really Do" Harv Bus Rev. 1990 May-Jun;68(3):103-11.

Zaleznik, A. "Managers and leaders: are they different?" J Nurs Adm. 1981 Jul;11(7):25-31.

Complete the 340B University On Demand

The Pharmacy Leadership Field Guide

If you want something done right, you don't have to do it yourself!: The Power of effective delegation (Gennett)

Other articles as assigned

**Progression of the Resident:**

Week 1-The resident will attend meetings with the directors and complete any data metrics or follow up assigned. Meetings can include Pharmacy & Therapeutics, department or health system meetings, regulatory meetings, other system strategy meetings. The resident will complete 2 topic discussions thoroughly and on time. The resident will meet with the VP of Pharmacy and discuss state and legislative actions advocating pharmacy. The resident will write a personal mission statement reflecting on leadership. The resident will meet with operational supervisors to gain insight on current strategies and priorities including technology, technician staffing, and day to day prioritizations. The resident will discuss an administrative project that meets the business need of the organization and identify the goals of the project.

Week 2-The resident will attend meetings with the directors and complete any data metrics or follow up assigned. Meetings can include Pharmacy & Therapeutics, department or health system meetings, regulatory meetings, other system strategy meetings. The resident will complete 2 topic discussions thoroughly and on time. The resident will meet with the clinical manager to gain insight on current strategies and priorities including the hiring process and pharmacist scheduling. The resident will meet with the Business Support manger to learn about the pharmacy budgets, pharmacy dashboard and financial metrics as well as inventory and purchasing tactics. The resident will begin data or information collection for their administrative project.

Week 3-The resident will attend meetings with the directors and complete any data metrics or follow up assigned. Meetings can include Pharmacy & Therapeutics, department or health system meetings, regulatory meetings, other system strategy meetings. The resident will complete 2 topic discussions thoroughly and on time. The resident will meet with the regulatory manager or lead to gain insight on current strategies and priorities The resident will learn the effect of accreditation, legal, and regulatory requirements on practice. The resident will attend any regulatory preparation meetings and discuss the drug diversion process with regulatory manger or lead. The resident will completed data or information collection for their administrative project and begin compiling a report.

Week 4 – The resident will attend meetings with the directors and complete any data metrics or follow up assigned. Meetings can include Pharmacy & Therapeutics, department or health system meetings, regulatory meetings, other system strategy meetings. The resident will complete 1 topic discussion thoroughly and on time. The resident will shadow the System Ambulatory Director and meet with the ambulatory manger and leads (clinic and oncology) to gain insight on current strategies and priorities. The resident will present the completed project as appropriate to senior leadership, pharmacy leadership or other administrative group meetings.

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

<b>Competency Area R3: Leadership and Management</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services</b>	
<b>Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning</b>	<ul style="list-style-type: none"><li>• Understand productivity report and identify causes for deviation.</li><li>• Participate in weekly and monthly pharmacy management meeting.</li><li>• Discuss with Director of Pharmacy the department’s strategic and operational plan.</li><li>• Review monthly budget trend report and identify causes for deviation from budget forecast.</li><li>• Describe difference between pharmacy costs, charges, revenue and reimbursement</li><li>• Discuss with Pharmacy Business Manager departments fiscal responsibilities including inventory control, drug shortage issues, budget process, productivity, and FTE justification.</li><li>• Participate in recruitment, interviewing, and onboarding of new employees.</li><li>• Understand importance of personnel orientation, training, checklists, evaluations, and coaching</li></ul>
<b>Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment</b>	<ul style="list-style-type: none"><li>• Describe the organizational chart for the health system and importance of each role.</li><li>• Evaluate the quality metrics and understand the importance</li></ul>

	<p>of reporting</p> <ul style="list-style-type: none"> <li>Identify resources that will assist in staying current on pharmacy and health system trends</li> <li>Discuss with Pharmacy Business Manager and Pharmacy Director various sources of revenue for pharmacy department and risk of revenue take back, medicare cuts, value based purchasing, and quality incentives.</li> <li>Discuss with preceptor fee for service, full capitation, and shared risk reimbursement models.</li> <li>Discuss with preceptor Deaconess Accountable Care Organization and strategic plan related to population health management</li> <li>Review charge master policy and discuss with preceptor risk of non-compliance and past audits.</li> <li>Review REMS policy and discuss with preceptor</li> </ul>
<b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement</b>	
<b>Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement</b>	<ul style="list-style-type: none"> <li>Review book “The 7 Habits of Highly Effective People.”</li> <li>Review literature and books discussing various leadership styles and discuss with preceptor</li> </ul>
<b>Objective R3.2.2 (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</b>	<ul style="list-style-type: none"> <li>Be a role model for profession and the department in the way you appear, act and perform.</li> <li>Run a meeting by setting an agenda, leading the meeting, and completing meeting minutes</li> <li>Assist in contract negotiations if available during rotation or discuss contract negotiations with preceptor</li> <li>Contribute to a multi-disciplinary team by attending meeting (s), providing input and following up as needed</li> </ul>
<b>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.</b>	<ul style="list-style-type: none"> <li>Represents pharmacy as an integral member of the healthcare team.</li> <li>Demonstrates professionalism through appearance and personal conduct.</li> <li>Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.</li> <li>Develop project timeline with tasks if applicable to project</li> <li>Discuss importance of work delegation</li> <li>Explain importance of networking and how it has helped achieve a goal in a current project</li> </ul>
<b>Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.</b>	<ul style="list-style-type: none"> <li>Develops personal mission statement and action plan for ongoing professional engagement.</li> <li>Explain importance and discuss opportunities to stay involved with professional organizations.</li> </ul>

**Evaluation to be Completed:**

Type of Evaluation	Responsible Party	Point of Completion
Midpoint evaluation	Primary Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## Advanced General Medicine Rotation

### **Preceptor:**

Christina Ward, PharmD, BCPS  
Lindsey Lendy, PharmD, BCPS

**Site:** Deaconess Midtown

### **General Description:**

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. This 4-week course is designed to give the resident an in-depth experience in internal medicine building upon the required General Medicine Rotation. This rotation will include deeper exploration into therapeutic topics, daily attendance to the inpatient rounding service, and opportunity to co-precept sixth year pharmacy students on various rotations. Rounding teams include an attending physician, medical residents, nursing and a clinical pharmacist.

Common disease states in which the resident will be expected to gain proficiency through direct patient care experience include:

- Cardiovascular- hypertension, heart failure, stroke
- Renal – acute renal failure, end stage renal disease
- Respiratory- COPD, asthma
- Gastrointestinal- PUD, GERD
- Endocrine- diabetes, thyroid
- Infectious disease- pneumonia, UTI, sepsis, cellulitis

Other optional disease topics include:

- Alzheimer's
- Guillain-Barre
- Pulmonary Fibrosis
- Organ Donation
- Liver Disease
- Lupus
- Myasthenia Gravis
- Parkinson's
- Pulmonary Hypertension
- Sickle Cell Disease
- STD
- Tick Borne Disease
- Toxicology
- Crohns & Ulcerative Colitis

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:**

The clinical pharmacist on the team is responsible for safe and effective medication use for patients assigned. 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 is expected to be on site at minimum between 7am and 3:30 pm for the learning experience. The resident may need to begin preparing earlier in the morning for patient care rounds based on resident efficiency and complexity of patients. Rounds occur daily at 10 AM. 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. A preceptor will round with the resident modeling at the beginning of the rotation and the resident is expected to be mostly independent by the end of the rotation. 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 and will be on time for patient rounds and other learning activities. Residents will be required to review patients with the preceptor or a designated pharmacist daily.
- The resident 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.
- The resident will be required to complete at least 1 assigned project.
- The resident will be expected to co-precept sixth year pharmacy students by facilitating topic discussions, reviewing student consults and participating in the evaluation process with the student's primary preceptor.

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

Day 1: The preceptor will review the learning activities and expectations with the resident using the syllabus and calendar for the 4 weeks.

Week 1: The resident will work up and assume pharmaceutical care for at least 10 patients to be rounded on, complete half of their unit's consults and scoring list and provide any teachings or admission/discharge medication reconciliations required. The preceptor will attend and participate in team rounds with the resident, modeling the role of the pharmacist on the team. Patients will be discussed with the preceptor daily. The resident will select 1 topic discussion to lead and complete these with the preceptor and/or students by the end of the week. The resident will discuss a minor project with the preceptor and outline what is required for project completion. The resident will meet with pharmacy students daily to review student consults and include students in required topic discussions.

Week 2: The resident will work up and assume pharmaceutical care for all patients to be rounded on, complete half of their unit's consults and scoring list and provide any teachings or admission/discharge medication reconciliations required. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. The preceptor will attend rounds with the resident and will coach the resident to take the role of the pharmacist on the team by providing recommendations for each patients' therapeutic care plan. The resident will also only require coaching for their completion of pharmacy consults and patient education. Patients will be discussed with the preceptor daily. The resident will select 2 topic discussions to lead and complete these with the preceptor and/or students by the end of the week. The resident will begin literature search, initial plan development or data collection for the minor project assigned. The resident will meet with pharmacy students daily to review student consults and include students in required topic discussions.

Week 3: The resident will work up and assume pharmaceutical care for all patients to be rounded on. The resident will complete all consults, scoring list flags, chart reviews and teachings. The preceptor will be in the patient care area to observe the resident but will not actively participate in rounds. The resident will still review patients daily with the preceptor and should be able to demonstrate appropriate application of clinical guidelines. The resident should develop appropriate pharmaceutical treatment recommendations for all clinical work while the preceptor will provide support and guidance as necessary. The resident will select 2 topic discussions to lead and complete these with the preceptor and/or students by the end of the week. The resident will complete data collection or plan details and formulate an outcome for the minor project assigned. The resident will meet with pharmacy students daily to review student consults and include students in required topic discussions.

Week 4: Resident will independently prepare for rounds and discuss interventions with the preceptor prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area and assume full responsibility as the team's primary pharmacist. The preceptor will not attend rounds but will be available for questions and to review final

treatment plan, but residents should be able to formulate plan independently. The resident will select 1 topic discussion to lead and complete these with the preceptor and/or students by the end of the week. The resident will develop a final report and conclusion for the minor project assigned and present the project to the RAC team or P&T as appropriate. The resident will meet with pharmacy students daily to review student consults and include students in required topic discussions.

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>Organize pertinent patient data utilizing hospital electronic medical record for daily rounding and completion of consults</li> <li>Identify areas for pharmacy involvement at Family Medicine/Hospitalist rounds through clinic time and review of patients</li> </ul>
<b>Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>Examine medication regimens for designated patients</li> <li>Distinguish indications for all current and prior to admission medications</li> <li>Identify adverse drug reactions, therapeutic duplications, and drug dosing appropriateness</li> <li>Identify patient specific variables that could impact adherence</li> <li>Organize and present designated patients to the preceptor or member of the interdisciplinary team</li> </ul>
<b>Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>Construct plans utilizing guidelines when performing consults, reviewing patient specific regimens, and managing designated patients</li> <li>Design therapeutic regimens that reflect consideration of best evidence, ethical issues, and comorbid disease states</li> </ul>
<b>Objective R1.1.4 (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>Effectively execute communication of plan and necessary monitoring to healthcare team</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>Demonstrate a collaborative professional working relationship with other members of the healthcare team (Family Medicine and/or Hospitalist daily rounding teams)</li> </ul>
<b>Objective R1.2.3 (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>Demonstrate ability to appropriately document pharmacy consults/progress notes, patient education, medication reconciliation, and pharmaceutical recommendations in the medical record</li> <li>Demonstrate ability to utilize I-vent system for all consults and interventions</li> </ul>
<b>Competency Area R4: Teaching, Education, and Dissemination of Knowledge</b>	
<b>Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.</b>	
<b>Objective R4.2.1 (Evaluating) Employ appropriate preceptor role for a learning scenario.</b>	<ul style="list-style-type: none"> <li>Identify and employ most appropriate preceptor role (instructing, modeling, coaching, facilitating) when co-precepting students, reviewing student consults, leading topic discussions, counseling patients and presenting education to pharmacy/medical staff</li> </ul>

**Evaluation of the Resident**

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint evaluation	Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## Ambulatory Care Rotation

**Preceptors:** Emily Morrison, PharmD; Janelle Seitz, PharmD

**Site:** Midtown Specialty clinic at 310 Iowa St (3 weeks), Gateway MOB 2 suite 1300 (1 week)

**General 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.

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

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

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

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

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

### **Progression of Resident(s):**

- Day 1: Preceptor will review learning activities and expectations with the resident using this learning experience description and the calendar for the month.
- Week 1: Observe preceptor in role, understand MTM protocols, review and remember motivational interviewing principles, look up schedule and perform chart reviews and discuss pre-visit reviews with preceptor
- Week 2: Resident will demonstrate full analysis of patient information/chart to preceptor in pre-visit session, engage with patient applying open ended questions and motivational interview techniques, begin to develop documentation in Epic during visit and execute documentation of full note for all patients seen, train on and understand POC A1c technique
- Week 3: Resident will analyze patient information at pre-visit review with little preceptor input, design drug therapy recommendations and support/defend plan to preceptor at pre-visit session, create full ambulatory note

in Epic with preceptor signature by end of clinic day, apply motivational interviewing to patient interactions, and own any required follow up with continued input from preceptor

- Week 4: Resident will independently perform and present pre-visit look ups to preceptor, formulate and support pharmacotherapy recommendations via MTM protocols and EBM to patient and physician, defend and/or reconstruct plan during visit, as needed, to patient, devise plan with patient input to design patient-focused/accepted goals, independently interact with patient and chart with little input from preceptor. Resident will also perform MD follow up without preceptor intervention

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

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Determine therapeutic plan for warfarin using EBM and patient specific characteristics</li> <li>• Determine appropriate return interval for INR monitoring using patient specific characteristics and EBM</li> <li>• Use patient data sheet to organize patient data and review patient data and potential interventions with the preceptor at least one day before the clinic visit. This includes stating goals of therapy for specific disease states.</li> <li>• Identify all opportunities for improvement in the patient's medication therapy with a focus on evidence-based recommendations, preventive health strategies, and cost-effective therapy.</li> <li>• Include patient in shared decision making</li> <li>• Set realistic and measurable goals</li> <li>• Identify when a patient requires an alternate level or method of care.</li> <li>• Implement improvements in therapy if referral is for "Therapy Management" and make recommendations if referral is for "Review and Recommendation Only"</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.</li> <li>• Ensures timely completion of prescriptions and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.</li> <li>• Answer all questions thoroughly and follow up with any questions unable to be answered during appointment.</li> <li>• Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.</li> <li>• Engages the patient through education, empowerment, and self-management.</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Routinely identifies patients who are experiencing care transitions.</li> <li>• Effectively participates in obtaining or validating a thorough and accurate medication history.</li> <li>• Conducts a thorough and accurate medication reconciliation.</li> <li>• Identifies potential and actual medication-related problems.</li> <li>• Provides medication management, when appropriate.</li> <li>• Considers the appropriateness of medication therapy during care transitions.</li> <li>• Evaluates cost, availability, coverage, and affordability of medication therapy.</li> <li>• Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.</li> <li>• Provides effective medication education to the patient and/or caregiver.</li> <li>• Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.</li> <li>• Follows up with patient in a timely manner, as appropriate.</li> </ul>

	<ul style="list-style-type: none"> <li>Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient-friendly language, language services, assistive technology, visual aids).</li> <li>Addresses communication barriers during telehealth interactions, as applicable.</li> <li>Interacts in a respectful, collaborative, empathetic, and personalized manner.</li> <li>Follows the organization’s communication policies and procedures.</li> <li>Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.</li> <li>Considers non-verbal cues and adjusts delivery, when needed.</li> <li>In addition to an oral summary, provides a written summary of recommended medication-related changes (After Visit Summary) and other pertinent educational materials and available resources, as appropriate.</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>Selects appropriate information to document.</li> <li>Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.</li> <li>Documents in a timely manner.</li> <li>Follows the organization’s documentation policies and procedures.</li> <li>Documents appropriately to support coding, billing, and compensation.</li> <li>Ensures security of Protected Health Information (PHI) throughout the documentation process.</li> </ul>
<b>Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).</b>	
<b>Objective R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.</b>	<ul style="list-style-type: none"> <li>Review patient populations serviced by Deaconess Ambulatory Care pharmacists to identify an opportunity to enhance a clinical service.</li> <li>Compile research and implement process improvement through patient or staff education.</li> <li>Counsel patients on preventive services, managing chronic conditions, medication adherence.</li> <li>Identify care gaps and engage patients to improve medication adherence.</li> <li>Contribute to increase in STAR ratings with improvements in clinical care, patient experience, and other measures (mortality rates, readmission, etc).</li> </ul>
<b>Competency Area R3: Leadership</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.</b>	

<p><b>Objective R3.2.2: (Applying)</b>  <b>Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</b></p>	<ul style="list-style-type: none"> <li>• Balances personal needs appropriately with the needs of the department and/or organization.</li> <li>• Demonstrates personal commitment to the mission and vision of the department and/or organization.</li> <li>• Demonstrates effective workload and time management skills.</li> <li>• Prioritizes and organizes all tasks appropriately.</li> <li>• Prioritizes appropriate daily activities.</li> <li>• Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).</li> <li>• Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.</li> <li>• Sets and manages appropriate timelines in harmony with pertinent stakeholders.</li> <li>• Proactively assumes and takes on increased levels of responsibility.</li> <li>• Proactively identifies issues or barriers and create potential solutions or management strategies.</li> <li>• Follows through on obligations collaboratively and without prompting.</li> <li>• Ensures timely and thorough transfer of appropriate responsibilities.</li> <li>• Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.</li> <li>• Appropriately balances quality and timeliness in all aspects of work.</li> </ul>
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**Evaluations to be Completed:**

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

## Ambulatory Chronic Disease State Rotation

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

**Site:** This rotation will spend time between the different locations of these clinic site, such as Downtown clinic at 120 SE 4<sup>th</sup> St (2 weeks) and Gateway MOB 2 (2 weeks).

**General 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.

**Role of the Pharmacist:** 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 Resident(s):** 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 care plans and complete required documentation associated with the visit on same day.

### **Progression of Resident(s):**

- Day 1: Preceptor will review learning activities and expectations with the resident using this learning experience description and the calendar for the month.
- Week 1: Shadowing workflows and patient visits, reading protocols and collaborative practice agreements for various services. Beginning to engage in the patient assessment, med rec, and vitals portions of the visits.
- Week 2: Further engage in patient assessment, patient interview, and propose medication action plan and monitoring plan development.
- Week 3: Increasing amount of patient interaction and data collection in visit and gaining ownership of more parts of the visit, to co-lead running the visit and determining medication action plan. Education and communicate needs and med changes to the patient.
- Week 4: Confident in the protocol and collaborative, develop and co-implement medication action plan with minimal input from preceptor. Co - leading as much of the visit as possible by the end of the experience.

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

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"><li>• Determine therapeutic plan using EBM and patient specific characteristics</li><li>• Determine appropriate return interval for monitoring using patient specific characteristics and EBM</li><li>• Use patient data sheet to organize patient data and review patient data and potential interventions with the preceptor at before the clinic visit. This includes stating goals of therapy for specific disease states.</li><li>• Identify all opportunities for improvement in the patient's medication therapy with a focus on evidence-based</li></ul>

	<p>recommendations, preventive health strategies, and cost-effective therapy.</p> <ul style="list-style-type: none"> <li>• Include patient in shared decision making</li> <li>• Set realistic and measurable goals</li> <li>• Identify when a patient requires an alternate level or method of care.</li> <li>• Implement improvements in therapy under collaborative drug therapy management protocol and make recommendations if outside of protocol allowance</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.</li> <li>• Ensures timely completion of prescriptions and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.</li> <li>• Answer all questions thoroughly and follow up with any questions unable to be answered during appointment</li> <li>• Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.</li> <li>• Engages the patient through education, empowerment, and self-management.</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"> <li>• Routinely identifies patients who are experiencing care transitions.</li> <li>• Effectively participates in obtaining or validating a thorough and accurate medication history.</li> <li>• Conducts a thorough and accurate medication reconciliation.</li> <li>• Identifies potential and actual medication-related problems.</li> <li>• Provides medication management, when appropriate.</li> <li>• Considers the appropriateness of medication therapy during care transitions.</li> <li>• Evaluates cost, availability, coverage, and affordability of medication therapy.</li> <li>• Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.</li> <li>• Provides effective medication education to the patient and/or caregiver.</li> <li>• Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.</li> <li>• Follows up with patient in a timely manner, as appropriate.</li> <li>• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient-friendly language, language services, assistive technology, visual aids).</li> <li>• Addresses communication barriers during telehealth interactions, as applicable.</li> <li>• Interacts in a respectful, collaborative, empathetic, and personalized manner.</li> <li>• Follows the organization’s communication policies and procedures.</li> <li>• Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.</li> <li>• Considers non-verbal cues and adjusts delivery, when needed.</li> </ul>

	<ul style="list-style-type: none"> <li>In addition to an oral summary, provides a written summary of recommended medication-related changes (After Visit Summary) and other pertinent educational materials and available resources, as appropriate.</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>Selects appropriate information to document.</li> <li>Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.</li> <li>Documents in a timely manner.</li> <li>Follows the organization's documentation policies and procedures.</li> <li>Documents appropriately to support coding, billing, and compensation.</li> <li>Ensures security of Protected Health Information (PHI) throughout the documentation process.</li> </ul>
<b>Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).</b>	
<b>R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.</b>	<ul style="list-style-type: none"> <li>Demonstrates understanding of population health metrics that are measured and pharmacy impact on them</li> <li>Describe workflows and identify strategies to drive improved medication related outcomes and measures</li> <li>Utilize effective communication to provider and patient in efforts to improve measures</li> </ul>
<b>Competency Area R3: Leadership</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.</b>	
<b>Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</b>	<ul style="list-style-type: none"> <li>Balances personal needs appropriately with the needs of the department and/or organization.</li> <li>Demonstrates personal commitment to the mission and vision of the department and/or organization.</li> <li>Demonstrates effective workload and time management skills.</li> <li>Prioritizes and organizes all tasks appropriately.</li> <li>Prioritizes appropriate daily activities.</li> <li>Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).</li> <li>Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.</li> <li>Sets and manages appropriate timelines in harmony with pertinent stakeholders.</li> <li>Proactively assumes and takes on increased levels of responsibility.</li> <li>Proactively identifies issues or barriers and create potential solutions or management strategies.</li> <li>Follows through on obligations collaboratively and without prompting.</li> <li>Ensures timely and thorough transfer of appropriate responsibilities.</li> <li>Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.</li> <li>Appropriately balances quality and timeliness in all aspects of work.</li> </ul>

Evaluations to be Completed:

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

## Cardiology Rotation

### **Preceptors:**

Erin Ross, PharmD, BCPS

Jesse Gilstrap, PharmD, BCPS

Michelle Schymik, PharmD, BCPS

### **Site:** Gateway – 4 week

Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular.

### **General Description:**

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

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

### **Practice Area**

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

### **Hours and Preceptor Interactions:**

Basic hours of the rotation are 07:00 to 15:30. If the resident needs to arrive earlier than 07:00 to complete all work, this is permitted, but the goal is to complete the work in the allotted eight hours. The basic breakdown of the day includes:

- 07:00 Meet with preceptor and determine meeting times for the day's activities and review any follow-up questions from previous day
- 07:00-09:00 Prepare for rounds and work on assigned patients. Review any questions with preceptor as needed
- 09:00-10:00 Rounds with follow-up on orders and events
- 10:00-15:30 Finish work on assigned patients. Meet with preceptor as needed for patient review, topic discussion, or discussion of project work

### **Disease States and Topics Encountered:**

- Cardiology Basics
- Heart failure/acute decompensated heart failure
- Valvular disease
- Acute coronary syndrome
- Arrhythmias
- Cardiogenic shock/ECMO
- CABG
- Pulmonary hypertension

### **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. As the week progresses, the resident will complete consults and chart reviews with thorough review by preceptor.

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

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

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"><li>• Develop an organized data collection method</li><li>• Demonstrate efficiency when collecting patient data</li><li>• Collect concise pertinent information for thorough patient assessment</li><li>• Complete admission medication reconciliation data</li></ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"><li>• Evaluate medication regimens for designated patients</li><li>• Review indication and appropriateness of all prior to admission and current medications</li><li>• Evaluate ADRs and submit reports as appropriate</li></ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.</b>	<ul style="list-style-type: none"><li>• Specifies evidence-based goals</li><li>• Develop plan to address medication therapy problems</li><li>• Design the plan for appropriate monitoring of medication regimen</li></ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"><li>• Enter appropriate orders to implement plan</li><li>• Write progress note to document plan in patient chart</li><li>• Follow-up appropriately with providers to ensure plan implemented, if needed</li></ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"><li>• Identify appropriate medication therapy problems</li><li>• Discuss the rationale used to make recommendations</li><li>• Communicate recommendations to the healthcare team</li></ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</b>	<ul style="list-style-type: none"><li>• Work with other health care providers to maximize patient's care</li><li>• Serve as a patient advocate</li></ul>
<b>Goal R1.2: Ensure continuity of care during patient transitions between care settings.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"><li>• Establish and grow a professional working relationship with other members of the healthcare team</li></ul>

	<ul style="list-style-type: none"> <li>• Round with members of the cardiology and intensive care unit team including nurses, pulmonologist, cardiologists, nurse practitioners, physician assistants</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Provide patient education as needed</li> <li>• Demonstrate appropriate patient/family interactions during patient education or assessment</li> </ul>

**Evaluation to be Completed:**

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint evaluation	Primary Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## Critical Care Rotation

**Preceptors:** Janet Cohorst, PharmD, BCPS;  
Landon Russell, PharmD, BCPS

**Site:** Deaconess Midtown

### **General Description:**

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. This mandatory 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 intensive care unit and surgical-trauma-cardiovascular intensive care unit. The resident will collaborate with nurse practitioners, pulmonologists, respiratory therapists, dietitians, and the trauma team. The resident will participate in multi-disciplinary rounds daily. The resident will be responsible for all aspects of medication therapy management for their assigned patients.

### **General Responsibilities:**

- Work collaboratively with other members of the critical care team (physicians, NPs, hospitalists, surgeons, respiratory therapists, dietitians, social services, and nurses).
- Comprehensively monitor, recommend and intervene on medication, lab and culture related concerns.
- Complete all consults, chart reviews, and drug information questions encountered for assigned patients.
- Be a drug information resource for other healthcare professionals, patients, and patients' families and provide education as needed.
- Participate in all codes throughout hospital.
- Be prepared for topic discussions and review of any new topics encountered the day prior.

### **Practice Area:**

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

### **Role of Pharmacist:**

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. The pharmacist attends multidisciplinary rounds on the ICU units above and attends all code blues.

### **Expectations of Residents:**

#### **Required Attendance**

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0900 at Deaconess Midtown Cardio-Neuro ICU. Trauma ICU has critical care rounds at 0830 on Mondays, Wednesdays, and Fridays; and 0900 on Tuesdays and Thursdays, in addition to Trauma Rounds at 0700 Tuesdays and Thursdays. Residents will be required to be prepared and attend daily rounds for their assigned unit.
- Residents are required to notify preceptors of any scheduling conflict so schedule can be appropriately adjusted as needed.

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

- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following. Patient load will increase with resident growth and advancement through the rotation. Providing pharmacy services for a designated group of patients to provide comprehensive care is included, but not limited to, the following:
  - Collecting and analyzing patient data
  - Attending multidisciplinary rounds
  - Making recommendations/adjustments for drug therapy, including:

- Dosing calculations and adjustments
- Inappropriate dosing regimens and route of administration
- Interactions
  - Drug-allergy
  - Drug-drug
  - Drug-food
- Possible side effects and adverse drug reactions
- Duplication of therapy
- Drug-disease state contraindications
- Inappropriate therapy
- Cost-ineffective therapy
- Under or over-treatment of patient
- Completing medication reconciliations
- Completing order verification
- Completing pharmacy consults
- Providing patient education
- The resident is expected to attend all code blues. If multiple pharmacists respond, the resident is to be the primary pharmacist in the patient room.
- Residents will be required to lead a minimum of 7 topic discussions. Topic discussions will be listed in the discussions folder. Additional topics will be added as patient cases present themselves. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed. Residents are expected to find and utilize most recent guidelines in discussions.
- Residents will be required to complete at least one assigned project. Project will be discussed with resident during first week of the rotation. A second project may be assigned if initial project has low time requirements.

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

- Required – assigned weekly
  - Sepsis
  - Pain, Sedation, Delirium, Sleep
  - Vasopressors/Inotropes
  - HAP/VAP/ARDS
  - DIC
  - Acid/Base
  - Glucose control/DKA
  - Alcohol Withdrawal/Liver disease
  - Code blue/RSI
  - Fluids/electrolytes
  - Antihypertensive/stroke
  - Toxicities
  - Cerebral edema (If not taking Neuro CC)
- Topics added as new situations present

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

Week 1: The resident will attend and observe the preceptor during multidisciplinary rounds daily, complete consults, and perform chart reviews. The resident will be expected to prepare 6 to 8 patients for rounds on day 1 and 2 and complete consults and perform chart reviews on assigned patients. Patients will be discussed with the preceptor daily. The resident will complete and lead 1 topic discussion with the preceptor. The resident will identify a minor project with the preceptor and outline what is required for completion.

Weeks 2-3: The preceptor will attend rounds with the resident and will coach the resident to take the role of the pharmacist on the team by providing recommendations for each patients' therapeutic care plan. The resident will also only require coaching for their completion of pharmacy consults and patient education. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. Patients will be discussed with the preceptor

daily. The resident will select 2 topic discussions to lead and complete these with the preceptor. The resident will begin literature search, initial plan development or data collection for the minor project assigned.

Weeks 4-6: Initially, the preceptor will be in the patient care area to observe the resident but will not actively participate in rounds. By the end of the 4<sup>th</sup> week the resident will independently prepare for rounds and discuss interventions with the preceptor prior to rounds only as needed. The resident will perform all roles of the pharmacist in the practice area and assume full responsibility as the team's primary pharmacist. The preceptor will not attend rounds but will be available for questions and to review final treatment plan, but residents should be able to formulate plan independently. The resident will select 4 topic discussions to lead and complete these with the preceptor. The resident will develop a final report and conclusion for the minor project assigned and present the project to the RAC team or P&T as appropriate.

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

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

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Utilize electronic medical record to perform thorough medication regimen reviews for designated patients including but not limited to diagnosis, medication therapy, drug interactions, duplications, laboratory data and records from outside hospital when applicable.</li> <li>• Demonstrate a systematic/organized approach to gathering and verifying information</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>• Identify indications for all current and prior to admission medications</li> <li>• Identify adverse drug reactions, therapeutic duplications, and drug dosing appropriateness</li> <li>• Analyze patient specific labs and concurrent disease states for appropriateness with current therapy</li> <li>• Analyze medication regimens for gaps in therapy</li> <li>• Identify patient specific variables that could impact adherence</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.</b>	<ul style="list-style-type: none"> <li>• Apply most appropriate evidence/guidelines to the specific patient case</li> <li>• Utilize primary literature when necessary</li> <li>• Design new regimens or adjustments to current regimens that reflect appropriate consideration for indication, standard of care, patient-specific data and preferences, cost, duplications, and outcomes</li> <li>• Include appropriate monitoring and follow up with each care plan</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Construct regimens based on the whole patient, including clinical factors such as severity of illness, drug interactions, concurrent disease states, adverse events and efficacy</li> <li>• Communicate with appropriate members of the medical team, including physicians, nurses, dietitians, the patient and the patient's family to ensure the plan is understood and followed</li> <li>• Ensure thorough and appropriate documentation is completed</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Effectively discuss changes in care and recommendations made to the healthcare team</li> <li>• Modify regimens based on clinical factors such as improvement, drug interactions, worsening/improvement of labs and clinical symptoms</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care</b>	<ul style="list-style-type: none"> <li>• Communicate with other healthcare settings (outside hospitals, long-term care facilities, etc.) to obtain or provide</li> </ul>

transitions regarding physical location, level of care, providers, or access to medications.	<ul style="list-style-type: none"> <li>relevant information upon discharge</li> <li>Adjust and update monitoring and plans of therapy respectively for different capacities of different care settings</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>Establish and grow a collaborative professional working relationship with other members of the healthcare team</li> <li>Attend and participate in physician-led and interdisciplinary rounds</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>Provide patient and family medication counseling when requested</li> <li>Complete admission medication reconciliation when appropriate</li> <li>Tailor information provided to meet the patient's/family's needs</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>Document all adverse events and medication events in electronic reporting system</li> <li>Document I-vents for all consults and interventions</li> <li>Construct thorough and complete progress notes when applicable</li> </ul>
<b>Goal R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).</b>	
<b>Objective R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.</b>	<ul style="list-style-type: none"> <li>Evaluates and applies evidence-based principles.</li> <li>Incorporates all relevant sources of information pertaining to the topic being reviewed.</li> <li>Presents final product to RAC or P&amp;T</li> <li>Includes proposals for medication-safety technology considerations and improvements, when appropriate.</li> <li>Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable.</li> </ul>

**Evaluations to be completed**

<b>What</b>	<b>Who</b>	<b>When</b>
Feedback (via PharmAcademic and informal discussion)	Preceptor and Resident	End of weeks 2 and 4
Midpoint evaluation	Preceptor	End of week 3
Summative Self-Evaluation	Resident	End of rotation
Summative Evaluation	Preceptor	End of rotation
Preceptor & Learning Experience Evaluation	Resident	End of rotation

## General Medicine Rotation

**Preceptors:** Hannah Cooper (Schneider), PharmD, BCPS  
Michelle Schymik, PharmD, BCPS

Megan Lamey, PharmD, BCPS  
Katie Theising, PharmD, BCPS

### **Site and Practice Area:**

Deaconess Midtown 4 weeks

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program.

Deaconess Gateway 3 weeks

Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular.

### **General Description:**

This 7-week required rotation 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 insufficiency, endocrinology, pulmonary, anticoagulation and antiarrhythmics

The resident will be required to complete topic discussions in the disease state areas assigned and also complete a small project for the rotation. The project may include drug use evaluation, formulary review, or other quality improvement projects.

### **Hours and Preceptor Interactions:**

Basic hours of the rotation are 07:00 to 15:30. If the resident needs to arrive earlier than 07:00 to complete all work, this is permitted, but the goal is to complete the work in the allotted eight hours. The basic breakdown of the day includes:

- 07:00 Meet with preceptor and determine meeting times for the day's activities and review any follow-up questions from previous day
- 07:00-13:00 Work on assigned patients and review any questions with preceptor as needed
- 13:00-14:00 Rounds with follow-up on orders and Ivents
- 14:00-15:30 Meet with preceptor as needed for patient review, topic discussion, or discussion of project work

### **Disease States and Topics Encountered:**

- Nutrition – critical care and nutrition
- Nutrition – renal disease and nutrition
- Complications of chronic kidney disease
- Acute kidney injury
- GI disorders – PUD, GI bleed, SUP, and GI protection
- Cirrhosis
- DVT/PE and HIT
- Atrial fibrillation
- Hypertensive urgency/emergency
- Diabetes and DKA
- Thyroid disorder
- Pneumonia
- COPD

- Seizures and phenytoin
- Stroke

**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, attend multi-disciplinary rounds, and provide drug information knowledge to staff. This is completed using tools in Epic which uses lists of assigned patients and rules to identify most common.

**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: On day #1, preceptor will review rotation, expectations, topic discussions and objectives, and project. Observe preceptor initially. Begin completing consults, performing chart reviews, and attending multidisciplinary rounds with approval of interventions from preceptor prior to making any recommendations.

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. Final report of project will be due to preceptor.

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Develop an organized data collection method</li> <li>• Demonstrate efficiency when collecting patient data</li> <li>• Collect concise pertinent information for thorough patient assessment</li> <li>• Complete admission medication reconciliation data</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</b>	<ul style="list-style-type: none"> <li>• Identify appropriate medication therapy problems</li> <li>• Determine appropriateness and safety of each medication</li> <li>• Discuss the rationale used to make recommendations</li> <li>• Evaluate ADRs and submit reports as appropriate</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Follow evidence-based guidelines</li> <li>• Develop plan to address medication therapy problems and incorporate patient in shared decision making as appropriate</li> <li>• Design the plan for appropriate monitoring of medication regimen</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Enter appropriate orders to implement plan or follow-up with provider if they are to enter orders</li> <li>• Engage patient through education if appropriate</li> <li>• Write progress note to document plan in patient chart</li> </ul>
<b>Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</b>	<ul style="list-style-type: none"> <li>• Reassess all medications for appropriateness and safety</li> <li>• Evaluate data provided by monitoring plan including lab values, vital signs, or other planned outcomes</li> </ul>

	<ul style="list-style-type: none"> <li>Revise plan if outcomes are not met</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>Work with other health care providers collaboratively and respectfully to maximize patient's care</li> <li>Demonstrate appropriate skills of negotiation and consensus building</li> <li>Choose an appropriate form of communication with team members based upon type and urgency of information and recommendation</li> <li>Serve as a patient advocate</li> </ul>
<b>Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.</b>	<ul style="list-style-type: none"> <li>Demonstrate appropriate patient/family interactions during patient education or assessment to alleviate barriers to communication (patient-friendly language, language service, visual aids)</li> <li>Consider non-verbal cues and adjusts delivery, when needed</li> <li>Provide patient education as needed</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>Document interventions using pharmacy I-vent system</li> <li>Write progress note which is clear, timely, concise, and useful</li> <li>Document patient education correctly</li> <li>Ensure security of protected health information (PHI) throughout the documentation process</li> </ul>
<b>R2.1 Conduct practice advancement projects</b>	
<b>Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.</b>	<ul style="list-style-type: none"> <li>Appropriately identify or understand problems and opportunities for projects.</li> <li>Conducts a thorough literature to contextualize project scope</li> </ul>
<b>Objective R2.1.2: (Creating) Develop a project plan.</b>	<ul style="list-style-type: none"> <li>Select an appropriate project design, and develop suitable methods to complete the project</li> <li>Identify committees or groups to provide necessary approvals</li> <li>Develop a feasible project timeline</li> </ul>
<b>Objective R2.1.3: (Applying) Implement project plan.</b>	<ul style="list-style-type: none"> <li>Obtain necessary project approvals</li> <li>Correctly identify need for additional modifications or changes to the project.</li> </ul>
<b>Objective R2.1.4: (Analyzing) Analyze project results.</b>	<ul style="list-style-type: none"> <li>Use appropriate methods, including statistics when applicable, for analyzing data</li> </ul>
<b>Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care</b>	<ul style="list-style-type: none"> <li>Evaluate data and/or outcomes of project accurately and fully</li> <li>Accurately assess the impact of the project, including its sustainability, if applicable</li> </ul>
<b>Objective R2.1.6: (Creating) Develop and present a final report.</b>	<ul style="list-style-type: none"> <li>Complete all report requirements on time and within assigned time frame</li> <li>Develop a project report that is well-organized and easy to follow</li> <li>Format written report suitable for project audience</li> </ul>
<b>Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.</b>	
<b>Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.</b> <i>NOTE: If no students are present during this</i>	<ul style="list-style-type: none"> <li>Identify which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating)</li> <li>Chooses appropriate preceptor roles to stimulate</li> </ul>

<p><b>rotation, the preceptor will create simulation activities of precepting role</b></p>	<p>professional growth in learner.</p> <ul style="list-style-type: none"> <li>• Adjust preceptor role as learner needs change</li> <li>• Provide timely, constructive, and criteria-based feedback to the learner</li> <li>• Engage the learner in self-evaluation</li> <li>• Model critical-thinking skills by including “thinking out loud”</li> </ul>
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**Evaluation to be completed:**

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint evaluation	Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## **Infectious Disease Rotation**

**Preceptors:** Will Miller, PharmD, MBA, BCIDP, AAHIVP (primary); Ethan Griffiths, PharmD, BCIDP, AAHIVP; Jeff Starkey, PharmD

**Site(s):** 3 weeks at Deaconess Midtown, 1 week at Deaconess Gateway

**General Description:** Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular. The Infectious Diseases (ID) rotation is a 4-week learning experience comprised of a variety of clinical experiences within the practice of ID, including the ID consult service, antimicrobial stewardship team, outpatient transitions of care ID service, and microbiology lab. 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 in providing antimicrobial recommendations, performing daily antimicrobial stewardship activities, providing evidence-based information to anti-infective drug information questions, and understanding the role of the antimicrobial stewardship pharmacist in the inpatient and outpatient settings. The resident will be expected to collaborate with the preceptor and with the clinical pharmacist(s) covering the units to which the assigned patients are admitted when appropriate.

**Role(s) of the Pharmacist(s):** This learning experience is precepted in collaboration with the ID providers, system antimicrobial stewardship coordinator, and ID pharmacists. The ID pharmacist completes weekly inpatient infectious disease consult rounds at both our Midtown and Gateway campuses. They also serve as an infectious diseases expert and answer drug information questions for colleagues and providers throughout the health system. Additionally, they see clinic patients in collaborations with ID providers, facilitate the outpatient monitoring of patients on high-risk antimicrobials, and review inpatients on antimicrobials to optimize transitions of care.

**Expectations of Resident(s):**

- Review and follow up on positive ED culture results and printed culture results on a daily basis for the campus at which the resident is working that day. The resident is expected to communicate with the ICU pharmacists routinely assigned to these tasks.
- Have reviewed patients assigned by the preceptor and be prepared to discuss/present them by 0845 on rounding days or at the time determined by the preceptor on non-rounding days.
- Be an active participant in inpatient ID rounds and collaborate effectively with ID providers. Rounding generally begins at 0900 and lasts approximately three hours.
- Complete i-vent documentation, modify orders as needed, and communicate plans effectively with clinical pharmacist colleagues.
- Adequately prepare for and actively participate in topic discussions.
- Review primary literature and tertiary references related to the infection of each patient that is reviewed.
- Be on time and participate in assigned stewardship meetings and microbiology experiences.

**Progression of Resident(s):**

- Day 1: Preceptor will review learning activities and expectations with the resident using this learning experience description and the calendar for the month.
- Week 1: Resident is expected to work-up 5-10 ID patients daily as assigned by the preceptor and will present these patients to the preceptor in the afternoon. Direct instruction and modeling will be utilized to teach the resident the role of the ID pharmacist, with an emphasis on stewardship. The preceptor and resident will complete introductory topic discussions on Bugs & Drugs and Antimicrobial Stewardship, plus others as assigned by the preceptor. The resident will complete cultures as described above, with the assistance of the preceptor, and will participate in a half-day experience in the microbiology lab.
- Week 2: The resident will be expected to work up 10-20 ID patients daily as assigned by the preceptor and will participate in a brief pre-rounding discussion with the preceptor at 0845. The preceptor will be present at rounds at the beginning of the week and may allow the resident to round independently at the end of the week, depending on the progression of the resident. 2-3 topic discussions will be completed as assigned by the preceptor and the resident will complete cultures as described above.

- Week 3: The resident will be expected to work up 10-20 ID patients on Monday and the full ID service the rest of the week. This week will be completed at the opposite campus of where week 2 was completed. 2-3 topic discussions will be completed as assigned by the preceptor and the resident will complete cultures as described above.
- Week 4: The resident will take on a new role as the pharmacist in the ID clinic. They will be responsible for reviewing all clinic patients, counseling patients on antifungal and antiviral medications as needed, and monitoring high-risk outpatient medications including vancomycin, daptomycin, and antifungals. 2-4 topic discussions will be completed as assigned by the preceptor and the resident will complete cultures as described above.

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

- **Acute bacterial skin and skin structure infections (ABSSI)**
- **Antimicrobial pharmacokinetics and pharmacodynamics (PK/PD)**
- **Antimicrobial stewardship**
- **Antimicrobial resistance**
- **Bacteremia and Endocarditis**
- **Bugs and drugs**
- **Intra-abdominal infections and *Clostridioides difficile***
- **Diabetic foot infections/Vertebral Osteomyelitis/Prosthetic Joint Infections**
- **Fungal infections**
- HIV
- Meningitis (Community and/or Healthcare-associated)
- Tuberculosis/Nontuberculous mycobacteria
- **Urinary tract infections**

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

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patientcare services following JCPP (Pharmacists’ Patient Care Process)</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective criteria</b>	<ul style="list-style-type: none"> <li>○ Utilize electronic medical records for efficient collection and organization of patient information including (but not limited to) diagnosis, medication therapy, drug interactions, therapeutic duplications, laboratory data, and other information relevant to the decision-making process</li> <li>○ Demonstrate a systematic and organized approach to gathering and verifying information</li> <li>○ Collect relevant information related to health literacy, preferences, and other socioeconomic factors that may impact therapy (especially upon transitions of care)</li> </ul>
<b>Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient’s overall health goals</b>	<ul style="list-style-type: none"> <li>○ Identify primary problem/reason for admission, as well as infectious condition present</li> <li>○ Review both home medications and new medications prescribed on admission to determine impact on course of therapy</li> <li>○ Analyze appropriateness of antimicrobial therapy prescribed according to evidence-based guidelines/publications and patient specific factors</li> <li>○ Review both therapeutic and socioeconomic risks of current (and potential) antimicrobial regimens</li> <li>○ Account for patient goals of therapy, impact on lifestyle, and probability of compliance with regimen options</li> </ul>
<b>Objective 1.1.3: (Creating) Develop evidence-based, cost-effective, and comprehensive patient-centered care plans</b>	<ul style="list-style-type: none"> <li>○ Apply most appropriate evidence/guidelines as pertinent to the specific patient’s case</li> <li>○ Incorporate health-related social needs and/or</li> </ul>

	<p>social determinants of health into the treatment plan</p> <ul style="list-style-type: none"> <li>○ Engage in shared decision-making process that incorporates probability of therapeutic success in balance with patient goals</li> <li>○ Set measurable and achievable goals based on condition treated and therapeutic options available</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans</b>	<ul style="list-style-type: none"> <li>○ Construct therapeutic regimens based on clinical factors such as efficacy, severity of illness, drug-drug interactions, and risk of adverse events, as well as non-clinical factors such as cost, patient compliance, and patient preferences</li> <li>○ Perform relevant EMR tasks such as initiation, modification, or discontinuation of medication orders as appropriate</li> <li>○ Engage staff, patient, and family members as appropriate</li> </ul>
<b>Objective R1.1.5: (Creating) Follow up: Monitor therapy, evaluate progress toward or achievement of patient outcomes and modify care plans</b>	<ul style="list-style-type: none"> <li>○ Utilize national and local guidelines to design or redesign appropriate antimicrobial regimens</li> <li>○ Modify therapeutic regimens based on clinical factors such as efficacy, severity of illness, drug-drug interactions, and risk of adverse events, as well as non-clinical factors such as cost, patient compliance, and patient preferences</li> <li>○ Evaluate response to therapy such as culture negativity (blood cultures), abatement of fever, reduction of leukocytosis, etc.</li> <li>○ Communicate relevant modifications to therapy to the appropriate care team members or patient, as appropriate</li> </ul>
<b>Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications</b>	<ul style="list-style-type: none"> <li>○ Assess discharge therapy for appropriateness based on both clinical and nonclinical factors previously described</li> <li>○ Assist in the removal of barriers to patient drug access where applicable (copay cards, working with Deaconess Medication Assistance Program, etc.)</li> <li>○ Communicate with pharmacists or other providers in other healthcare settings as appropriate</li> <li>○ Provide education to patient and/or family members, where applicable</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members</b>	<ul style="list-style-type: none"> <li>○ Coordinate with ID physicians, nursing staff, and other team members to construct appropriate antimicrobial regimens</li> <li>○ Attend microbiology rounds and round with infectious diseases physicians</li> <li>○ Choose appropriate forms of communication and interact collaboratively and effectively with all healthcare team members</li> </ul>
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate</b>	<ul style="list-style-type: none"> <li>○ Ensure all interventions and consults performed are appropriately documented in EPIC</li> <li>○ Complete progress notes as appropriate for clinical activities</li> </ul>

- Document appropriate handoff information to pharmacists who may be following the next day
- Document adverse drug events and other reporting in appropriate electronic reporting systems

**Evaluation of the Resident:** The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint Evaluation	Preceptor	Midpoint of Learning Experience
Written Summative Evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

## Medication Safety- Adverse Drug Reaction Rotation

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

Kelli Lovell, PharmD, CACP, CFCP, MMCP

### **Site and Practice Area:**

Deaconess Midtown - longitudinal

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program.

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.

**Description:** This rotation is designed to develop the resident's understanding of the hospital'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 5-month rotation.

### **Hours and Preceptor Interactions:**

This longitudinal rotation does not have set hours. During the 5-month block, the preceptor will meet with the resident to discuss the resident's analysis of the assigned adverse drug reactions.

### **Role of Pharmacist:**

The ADR pharmacist is responsible for reviewing each ADR that occurs within Deaconess Health System. The pharmacist analyzes each event for potential practice changes in order to prevent avoidable future ADRs from occurring. The pharmacist compiles and reports ADRs to the P&T 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 P&T 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 P&T.
- 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 P&T meeting.
- The resident will also be responsible for preparing and presenting one monthly ADR report to P&T.

### **Progression of the Resident:**

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

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

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

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

Competency Area R1 Patient Care	Activity that will Facilitate Achievement of Objective
Goal R1.3: Promote safe and effective access to medication therapy.	

Objective R1.3.2: (Applying) Participate in medication event reporting	<ul style="list-style-type: none"> <li>• Present ADR report monthly to P&amp;T.</li> <li>• Identify potential process improvements elicited from adverse reactions and oversee implementation of process modification to prevent recurrence</li> <li>• Investigate, report, track, and trend adverse drug reactions and efficacy concerns using accepted institutional resources and programs.</li> <li>• Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g. medication error, near miss, and/or adverse drug reaction).</li> </ul>
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**Evaluations to be completed:**

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Written Summative evaluation	Resident, Primary Preceptor	Quarterly and End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## Medication Safety – Medication Events

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

**Site:** 5 months at Midtown campus

**Description:** Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. 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 5-month rotation. 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:**

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

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

- Who, What, When, Where, Why, and How the medication error occurred
- Process changes identified to reduce the chances of error occurring in the future
- Planned follow up to appropriate stakeholders and leaders to facilitate improved patient outcomes and safety

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

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

### **Expected Progression of the Resident:**

- **First half-** During the first half of the rotation, the resident will complete readings to focus on learning key medication safety principles including Just Culture, medication error prevention strategies and the role of the medication safety leader. In addition, the resident will be assigned 1-2 events per week through Midas Plus. Prior to discussion with preceptor, the resident should be able to complete a preliminary review of the event and patient chart and identify basic information related to the event including who, what, when and where. During this review, the resident may be able to identify the cause of the event and may suggest ways that the event could have been prevented.
- **2<sup>nd</sup> Half-** The resident should be able to independently review assigned events in Midas Plus and consistently identify key components of error including who, what, when, where, why and how the medication error occurred. The resident should also be able to utilize key medication safety principles to identify process improvement and develop a solution or protocol to prevent error from occurring again.

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

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective 1.3.2 (Applying) Participate in</b>	<ul style="list-style-type: none"><li>• Investigate, report, track and trend medication errors and efficacy</li></ul>

medication event reporting	concerns using accepted institutional resources and programs
<b>Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).</b>	
<b>Objective 1.4.1 (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.</b>	<ul style="list-style-type: none"> <li>• Recognize patterns within aggregate patient data and recommend areas for improved patient care management</li> <li>• Engage leaders to determine necessary resources to improve patient and population outcomes and promote equitable care</li> </ul>

**Evaluations to be completed:**

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

## Nephrology Rotation

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

**Site:** Deaconess Midtown

**General Description:** Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. This 4 week rotation is designed to develop the clinical pharmacist's knowledge of renal disease including acute kidney injury, chronic kidney disease, fluid and electrolyte disorders, and dialysis related management. Application of pharmacokinetics, communication skills, patient interactions and pharmaceutical care related to renal disease will all be emphasized and enhanced throughout the rotation. Exposure to patients will be primarily on the Renal Care Center and in the Intensive Care Units at Deaconess Midtown, but will also include encounters in 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.

**Role of the Pharmacist:** The clinical pharmacists precepting serve as drug therapy experts for patients with renal conditions. The pharmacist completes consults, provides education, verifies orders, and ensures utilization of evidence based practice and safety principles into patient care plans. The pharmacist will guide residents in application of pharmacokinetics for dosing adjustments and oversee resident participation in rounds and clinical consults.

**Expectation of the Resident:** The resident is expected to be on site at minimum between 7am and 3:30 pm for the learning experience. The resident may need to begin preparing earlier in the morning for patient care rounds based on resident efficiency and complexity of patients. Rounds occur daily at 10 AM. The resident will round with a hospitalist team daily serving as the clinical pharmacist. A preceptor will round with the resident modeling at the beginning of the rotation and the resident is expected to be mostly independent by the end of the rotation. 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 and will be on time for patient rounds and other learning activities. Residents will be required to review patients with the preceptor or a designated pharmacist daily. Topic and patient discussions should be thorough and timely.

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

Day 1: The preceptor will review the learning activities and expectations with the resident using the syllabus and calendar for the 4 weeks.

Week 1: The resident will work up and assume pharmaceutical care for at least 10 patients to be rounded on, complete half of their unit's consults and scoring list and provide any teachings or admission/discharge medication reconciliations required. The preceptor will attend and participate in team rounds with the resident, modeling the role of the pharmacist on the team. Patients will be discussed with the preceptor daily. The resident will complete 2 topic discussions. Topic discussions will be thorough and timely.

Week 2: The resident will work up and assume pharmaceutical care for all patients to be rounded on, complete half of their unit's consults and scoring list and provide any teachings or admission/discharge medication reconciliations required. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. The preceptor will attend rounds with the resident and will coach the resident to take the role of the pharmacist on the team by providing recommendations for each patients' therapeutic care plan. The resident will also only require coaching for their completion of pharmacy consults and patient education. Patients will be discussed with the preceptor daily. The resident will complete 1 topic discussion. Topic discussions will be thorough and timely.

Week 3: The resident will work up and assume pharmaceutical care for all patients to be rounded on. The resident will complete all consults, scoring list flags, chart reviews and teachings. The preceptor will be in the patient care area to observe the resident but will not actively participate in rounds. The resident will still review patients daily with the preceptor and should be able to demonstrate appropriate application of clinical guidelines. The resident should develop appropriate

pharmaceutical treatment recommendations for all clinical work while the preceptor will provide support and guidance as necessary. The resident will complete 1 topic discussion. Topic discussions will be thorough and timely.

Week 4: The resident will independently prepare for rounds and discuss interventions with the preceptor prior to rounds only as needed. The resident will perform all roles of the pharmacist in the practice area and assume full responsibility as the team's primary pharmacist. The preceptor will not attend rounds but will be available for questions and to review final treatment plan, but residents should be able to formulate plan independently. The resident will complete 1 topic discussion. Topic discussions will be thorough and timely.

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
Objective R1.1.1 (Analyzing) Collect relevant subjective and objective information about the patient.	<ul style="list-style-type: none"> <li>• Demonstrate the ability to perform concise and thorough chart reviews for renal patients</li> <li>• Collect and interpret pertinent laboratory parameters to evaluate therapy</li> </ul>
Objective R1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	<ul style="list-style-type: none"> <li>• Identify all current and relevant medication therapy problems</li> <li>• Perform thorough review of all medications for renal dose adjustments</li> </ul>
Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	<ul style="list-style-type: none"> <li>• Develop appropriate, evidence-based therapeutic plan to address all medication therapy problems</li> <li>• Ensure appropriate monitoring of all medication therapy</li> </ul>
Objective R1.1.4 (Applying) Implement care plans.	<ul style="list-style-type: none"> <li>• Ensure pertinent orders are submitted to execute plan</li> <li>• Present/discuss plan with other healthcare providers to ensure accurate implementation of plan</li> </ul>
Objective R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, modify care plans.	<ul style="list-style-type: none"> <li>• Follow up with physicians for all medication recommendations that will improve patient care/outcomes</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Conduct medication reconciliation, at admission and discharge, when appropriate</li> </ul>

**Evaluations to be completed:**

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint evaluation	Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## Neuro Critical Care Rotation

**Preceptors:** Ethan Nilssen, PharmD, BCPS (primary); Matthew Pfister, PharmD; Allie Webb, PharmD, MBA, BCCCP

**Site(s):** 2 weeks at Deaconess Midtown (1 week in the 3900 Neuro ICU and 1 week in the 4800 Trauma ICU), 2 weeks at Deaconess Gateway (B-ICU)

**General Description:** The neuro critical care rotation is a 4-week rotation 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 a refined knowledge base 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 Midtown and Gateway, 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 the Pharmacist:** The neuro critical care pharmacist verifies orders for the unit, completes consults for patients, performs chart reviews to maximize evidence-based medicine and review targeted medications per scoring list, and provides drug information knowledge to staff. The pharmacist participates in daily patient rounding with the critical care physician and the multidisciplinary team.

### **Expectations of Residents:**

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0900 on all units. 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 (0700) when working weeks on trauma ICU.
- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following. Providing pharmacy services for a designated group of patients to provide comprehensive care is included, but not limited to, the following:
  - Collecting and analyzing patient data
  - Attending multidisciplinary rounds
  - Making recommendations/adjustments for drug therapy, including:
    - Dosing calculations and adjustments
    - Inappropriate dosing regimens and route of administration
    - Interactions
      - Drug-allergy
      - Drug-drug
      - Drug-food
    - Possible side effects and adverse drug reactions
    - Duplication of therapy
    - Drug-disease state contraindications
    - Inappropriate therapy
    - Cost-ineffective therapy
  - Under or over-treatment of patient
  - Completing medication reconciliations
  - Completing order verification
  - Completing pharmacy consults
  - Providing patient education
- Residents will be required to lead a minimum of 8 topic discussions. Topic discussions will include both required topics and a list of selectable topics to be decided upon between the resident and preceptor. Residents are expected to be prepared for topic discussions to a sufficient depth of knowledge to be able to lead the discussion of the topic.

Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, and monitoring parameters for the disease states discussed.

- Residents will be required to present at least 1 formal presentation.

#### **Expected Progress of the Resident(s):**

- Day 1: Preceptor will review learning activities and expectations with the resident using this learning experience description and the calendar for the month.
- Week 1: The resident will observe the preceptor completing consults, performing chart reviews, and attending multidisciplinary rounds. . The preceptor will attend and participate in team rounds with the resident, modeling the role of the pharmacist on the team. Patients will be discussed with the preceptor daily. The resident will select 2 topic discussion to lead and complete these with the preceptor. The resident will discuss a minor project with the preceptor and outline what is required for project completion.
- Week 2: The resident will work up and assume pharmaceutical care for all patients to be rounded on, complete half of their unit's consults and scoring list and provide any teachings or admission/discharge medication reconciliations required. Residents will review recommendations to be made in rounds with the preceptor prior to rounds. The preceptor will attend rounds with the resident and will coach the resident to take the role of the pharmacist on the team by providing recommendations for each patients' therapeutic care plan. The resident will also only require coaching for their completion of pharmacy consults and patient education. Patients will be discussed with the preceptor daily. The resident will select 2 topic discussions to lead and complete these with the preceptor. The resident will begin literature search, initial plan development or data collection for the minor project assigned.
- Week 3: The resident will work up and assume pharmaceutical care for all patients to be rounded on. The resident will complete all consults, scoring list flags, chart reviews and teachings. The preceptor will be in the patient care area to observe the resident but will not actively participate in rounds. The resident will still review patients daily with the preceptor and should be able to demonstrate appropriate application of clinical guidelines. The resident should develop appropriate pharmaceutical treatment recommendations for all clinical work while the preceptor will provide support and guidance as necessary. The resident will select 2 topic discussions to lead and complete these with the preceptor. The resident will complete data collection or plan details and formulate an outcome for the minor project assigned.
- Week 4: Resident will independently prepare for rounds and discuss interventions with the preceptor prior to rounds only as needed. Resident will perform all roles of the pharmacist in the practice area and assume full responsibility as the team's primary pharmacist. The preceptor will not attend rounds but will be available for questions and to review final treatment plan, but residents should be able to formulate plan independently. The resident will select 2 topic discussions to lead and complete these with the preceptor. The resident will develop a final report and conclusion for the minor project assigned and present the project to the RAC team or P&T as appropriate.

#### **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

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

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).</b>	
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Accurately gather, organize, and analyze patient specific information for diagnosis, appropriateness of therapy, dose, dosage regimen, route/method of administration, compliance, therapeutic duplications, therapeutic outcomes, cost, and avoidance of ADRs</li> <li>• Utilize evidence-based guidelines while performing consults, reviewing patient specific regimens, and managing patients</li> <li>• Design new regimens or adjustments to current regimens that reflect appropriate consideration for indication, standard of care, patient-specific data and preferences, cost, duplications, and outcomes</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Summarize and present designated patients to the preceptor or member of the interdisciplinary team</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Establish and grow a collaborative professional working relationship with other members of the healthcare team</li> <li>• Attend and participate in physician-led and interdisciplinary rounds on neuro units</li> <li>• Round with members of the neurology and neurosurgery team, including neurologists, neurosurgeons, physician assistants, and nurse practitioners</li> </ul>

**Evaluation of the Resident:** The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident, and the upcoming preceptor prior to the next rotation.

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint evaluation	Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor evaluation	Resident	End of Learning Experience
Written Learning Experience evaluation	Resident	End of Learning Experience

**NICU Rotation**  
Deaconess Hospital, Inc.

**Preceptor(s):** Samantha Carson, PharmD, BCPS

**General Description:** This elective rotation is designed to develop knowledge and skills in the pharmaceutical care of the critically ill neonatal patient. This rotation will stress the application of therapeutics in patient care and require the resident to develop skills in proper drug therapy selection, patient monitoring, drug administration, providing medication recommendations in collaboration with the medical team, and delivery of pharmaceutical care to critically ill babies.

**General Responsibilities:**

- Work collaboratively with other members of the neonatal critical care team (physicians, NPs, PAs, respiratory therapists, registered dietitians, lactation consultants, social services, and nurses).
- Comprehensively monitor, recommend and intervene on medication, lab and culture related concerns.
- Complete all consults, chart reviews, and drug information questions encountered for assigned patients.
- Be a drug information resource for other healthcare professionals and patients' families and provide education as needed.
- Be prepared for topic discussions and review of any new topics encountered the day prior.

**Practice Area:**

Neonatal Intensive Care Unit (Deaconess Women's Hospital)

Deaconess Women's Hospital is a 74-bed hospital dedicated to the specific health care needs of women and babies.

This hospital provides surgery, labor and delivery, and NICU services.

**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 provide drug information knowledge to staff.

**Expectations of Residents:**

**Required Attendance**

- Residents will be required to review patients with the preceptor or designated pharmacist daily. Formal rounds occur daily at 0930. Residents will be required to be prepared and attend daily rounds.
- Residents are required to notify preceptors of any scheduling conflict so the schedule can be appropriately adjusted as needed.

**Required Responsibilities and Projects**

- Residents will be expected to assume complete responsibility for pharmacy services for the patients which they are following. Patient load will increase with resident growth and advancement through the rotation. Providing pharmacy services for a designated group of patients to provide comprehensive care includes, but is not limited to, the following:
  - Collected and analyzing patient data
  - Attending multidisciplinary rounds
  - Making recommendations/plans for drug therapy as appropriate, determine outcomes of recommendations/plan, and make changes as necessary based upon outcomes
  - Completing order verification
  - Completing pharmacy consults
  - Resolving medication problems
  - Calculating drug dosages and adjustments
- The resident is expected to attend all code pinks.
- Residents will be required to lead a minimum of 8 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. Additional topics will be added as patient cases present themselves. Discussions should review, at a minimum, the pathophysiology, etiology, symptomology, treatment, monitoring parameters for the disease states discussed. Residents are expected to find and utilize most recent guidelines (as available) in discussions.
- Residents will be required to complete at least one assigned project. Project will be discussed with resident during the first week of rotation. A second project may be assigned if initial project has low time requirements.

**Disease States for Topic Discussions:**

Required topics:

- Neonatal kinetics
- Neonatal sepsis
- Fluid and electrolyte management of the neonate
- Apnea of prematurity
- Vaccines and immunizations
- Infant of Diabetic Mother

Elective topics:

- Neonatal abstinence syndrome
- Retinopathy of prematurity (ROP)
- Hypoxic ischemic encephalopathy (HIE)
- Neonatal necrotizing enterocolitis (NEC)
- HIV
- Persistent pulmonary hypertension of the newborn (PPHN)
- Neonatal herpes simplex virus (HSV)
- Congenital Heart Disease/Arrhythmias
- Hypoxic-Ischemic Encephalopathy (HIE)
- Respiratory distress syndrome

**Expected Progress of the Resident:**

Week 1: Orient to site, roles, and environment of neonatal clinical pharmacist. Observe preceptor completing consults, performing chart reviews and attending multidisciplinary rounds. Prepare 3 to 4 patients for rounds on day 2 and 3, complete consults, and perform chart reviews on assigned patients. Increase load as resident advances.

Week 2: Resident will take the lead for completing consults, chart reviews, and multidisciplinary rounds with advice from 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. Patients will be thoroughly presented and reviewed daily.

Week 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. Resident will be the point of contact for the multidisciplinary team for all questions and concerns.

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

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</b>	
<b>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</b>	<ul style="list-style-type: none"><li>• Identify all current and relevant medication therapy problems</li><li>• Analyze patient specific labs and concurrent disease states for appropriateness with current therapy</li><li>• Analyze medication regimens for gaps in therapy</li></ul>
<b>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</b>	<ul style="list-style-type: none"><li>• Develop appropriate, evidence-based therapeutic plan to address all medication therapy problems</li><li>• Apply most appropriate evidence/guidelines to the specific patient case</li><li>• Ensure appropriate monitoring of all</li></ul>

	medication therapy
<b>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</b>	<ul style="list-style-type: none"> <li>• Ensure pertinent orders are submitted to execute plan</li> <li>• Present/discuss plan with other healthcare providers to ensure accurate implementation of plan</li> <li>• Follow up with physicians for all medication recommendations that will improve patient care/outcomes</li> </ul>
<b>Competency Area R4: Teaching, Education, and Dissemination of Knowledge</b>	
<b>Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).</b>	
<b>Objective R4.1.1: (Applying) Design effective educational activities.</b>	<ul style="list-style-type: none"> <li>• Prepare topic discussions to effectively educate/discuss with pharmacy staff</li> <li>• Prepare a formal presentation for pharmacy staff</li> </ul>

**Evaluation of the Resident:** The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of completion</b>
Feedback (via PharmAcademic and informal discussion)	Preceptor and resident	End of weeks 1 and 3, and as needed
Midpoint Evaluation	Preceptor	Midpoint of Learning Experience
Summative self-evaluation	Resident	End of Learning Experience
Summative evaluation	Preceptor	End of Learning Experience
Preceptor & learning experience evaluation	Resident	End of Learning Experience

## Oncology Rotation

### Preceptors:

Charlie Bockelman, PharmD, BCOP

### Site and Practice Area:

Infusion Center Pharmacy and Oncology Office at Gateway – 4 weeks

Gateway Hospital Surgical-Oncology Unit – as assigned

The resident will spend this rotation at the 28-bed Infusion Center Pharmacy at Gateway campus. There will also be rounding with Oncology Practitioners in the outpatient office at Chancellor and the inpatient oncology unit at Gateway. Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular.

### 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.

### Hours and Preceptor Interaction:

Basic hours of the rotation are between 07:00 and 15:30.

### Role of Pharmacist in this Practice Area:

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

### Expectations of Residents:

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

### Expected Progress of Resident

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

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

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

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</b>	
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-</b>	<ul style="list-style-type: none"><li>• Provide pharmacy services for designated patients</li><li>• Addresses medication-related problems and optimizes</li></ul>

centered care plans.	<p>medication therapy, in alignment with pertinent medication-use policies</p> <ul style="list-style-type: none"> <li>• Present topic discussions to preceptor based on NCCN guidelines</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Provide pharmacy services for designated patients</li> <li>• Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized</li> <li>• Ensures timely completion of medication orders</li> </ul>
<b>Goal R1.2: Ensure continuity of care during patient transitions between care settings.</b>	
<b>Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>• Attend lung clinic and tumor care conference</li> <li>• Rounding with physicians</li> <li>• Providing drug information to physicians and nurses</li> <li>• Chooses an appropriate form of communication with team members based on type and urgency of information, recommendation, and/or request</li> </ul>
<b>Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>	
<b>Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.</b>	<ul style="list-style-type: none"> <li>• Prioritizes formulary medications, as appropriate</li> <li>• Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests</li> </ul>
<b>Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.</b>	<ul style="list-style-type: none"> <li>• Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients</li> <li>• Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing, and administration of medications according to applicable laws and institutional policy</li> </ul>

**Evaluation to be completed:**

Type of Evaluation	Responsible Party	Point of Completion
Midpoint evaluation	Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

## Orientation Rotation

### **Preceptors:**

Kelli Lovell, PharmD, CACP, CFCP, MMCP

**Site:** Deaconess Midtown 3 weeks; Deaconess Gateway 3 weeks

### **General Description:**

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular. This 6-week required rotation will orient the new resident to the health system as well as the operational and clinical aspects of the pharmacy. This will include a 1 day orientation as a general employee of Deaconess focusing on organizational policies and procedures, code of conduct education, and environment of care, safety and compliance training. The resident will receive 1 day of training for the electronic medical record and 1 day of training on interdepartmental policies including residency program orientation. Orientation to the residency program will include review of the manual, expectations, the PGY1 Pharmacy Competency Areas, Goals and Objectives, program evaluation strategy and the PharmAcademic system. Orientation to the pharmacy department will consist of the resident each being with an inpatient pharmacist during all orientation shifts that focus on distribution and clinical services. Clinical protocols will be reviewed during orientation with more in depth focus on clinical consults and multidisciplinary rounds during General Medicine. An orientation checklist will be introduced as a means of ensuring a comprehensive training experience to prepare the resident for future staffing responsibilities and will include technologies such as Omnicell and Carousel. Pharmacy clinical services follow a decentralized model with pharmacists based on the floor providing order verification, clinical consultation, multidisciplinary rounding and drug information services.

### **Role of Pharmacist :**

All pharmacists and technicians work as a team in providing patient care across the organization. Pharmacists at Deaconess Hospital Inc. will rotate through shifts in the main pharmacy and on the floors in which they are crosstrained. Centralized shifts include assignments to the IV room as well as order verification. Decentralized pharmacists will participate in multidisciplinary rounds, complete order verification, complete clinical consults respond to code blues, and provide comprehensive medication reviews for patients on units they are assigned. Pharmacists are available 24/7 for centralized activities as well as the initiation of clinical consults and residents will work alongside a pharmacist on 1 night shift as well as some evening shifts and weekends. A designated pharmacist is assigned to the resident for each training shift if the primary preceptor is not working directly with the resident. Routine feedback will be provided by the preceptor or training pharmacist to the resident via the primary preceptor.

### **Expectations of Residents:**

The resident is expected to begin this rotation with basic knowledge of hospital operations and pharmacotherapeutics. The resident will be on site mostly day shifts that can start as early as 6 AM; however, some training will be on evenings, weekends and a night shift that will comply with all duty hours. The resident will be provided with a schedule at the beginning of the rotation outlining shifts with other key requirements. Residents are expected to be on time for all shifts or other sessions. Residents are expected to abide by the health system dress code, and policies outlined in the Residency Manual. Residents are expected to maintain an open line of communication with primary orientation preceptor of any issues or concerns. The primary orientation [preceptors will be in contact with the residents daily.

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:** Resident to complete the organization's general employee orientation program. Resident to complete training of the electronic medical record. RPD or Residency Coordinator to review Residency Manual along with policies, expectations ASHP PGY1 CAGOs and PharmAcademic. RPD or designee will take residents on a hospital and pharmacy tour. Complete all

pre-work of assigned orientation (ie policies, readings, net learnings). Residents will begin on the orientation checklist. The resident will begin training with technicians and central pharmacist shifts.

**Week 3-4:**

The resident will begin decentralized clinical training. The resident is expected to be functioning at a level where the pharmacist is modeling/coaching for decentral functions by the end of these weeks. The resident will start this time frame where the preceptor is providing modeling for the resident and then by the end the resident should be able to function more independently for central functions.

**Week 5-6:** Complete orientation checklist. Resident is able to function at all applicable sites as a new pharmacist hire and work independently as a licensed pharmacist in those areas. The resident should be functioning independently for centralized functions. The resident should be incorporating feedback given into daily work. For decentralized duties, the resident should be at the initial facilitation stage where more independence will come in the General Medicine rotation.

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

Competency Area R1: Patient Care	Activity that will Facilitate Achievement of Objective
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1:</b> Collaborate and communicate with healthcare team members.	<ul style="list-style-type: none"> <li>• Work with other health care providers collaboratively and respectfully to maximize patient’s care</li> <li>• Demonstrate appropriate skills of negotiation and consensus building</li> <li>• Choose an appropriate form of communication with team members based upon type and urgency of information and recommendation</li> <li>• Serve as a patient advocate</li> </ul>
<b>Objective R1.2.3:</b> Document patient care activities in the medical record or where appropriate.	<ul style="list-style-type: none"> <li>• Document interventions using pharmacy I-vent system</li> <li>• Write progress note which is clear, timely, concise, and useful</li> <li>• Document patient education correctly</li> <li>• Ensure security of protected health information (PHI) throughout the documentation process</li> </ul>
<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective R1.3.1:</b> (Applying) Facilitate the medication-use process related to formulary management or medication access.	<ul style="list-style-type: none"> <li>• Demonstrate knowledge and application of new skills via completed “New Pharmacist Orientation Checklist”</li> <li>• Practice formulary and therapeutic interchange protocols</li> <li>• Use knowledge and skills observed at Pharmacy &amp; Therapeutics Committee meetings to apply policies</li> </ul>
<b>Objective R1.3.3 (Evaluating)</b> Manage the process for preparing, dispensing, and administering (when appropriate) medications.	<ul style="list-style-type: none"> <li>• Use the 6 expected health system safety behaviors</li> <li>• Demonstrate ability to supervise and describe role and responsibility of pharmacy technician to appropriately prioritize work load and assure accuracy and quality of work.</li> <li>• Use skills to supervise and validate medications retrieved, compounded, packaged, and barcode scanned from automated technology</li> <li>• Prepare and supervise the compounding of IV products using appropriate aseptic technique</li> <li>• Show proficiency in aseptic technique by completing test/competency</li> <li>• Interpret the elements of a complete medication order</li> <li>• Show ability to contact appropriate health care provider for order clarifications and document accordingly</li> <li>• Execute documentation of modifications to a medication order appropriately</li> <li>• Demonstrate personal practice of and ability to appropriately use</li> </ul>

	<p>technology to check the accuracy of medications dispensed, including correct patient, correct medication, correct dosage for, correct dose, correct number of doses, expiration date, and proper repackaging.</p> <ul style="list-style-type: none"><li>• Employ organizational policy and procedures and quality assurance standards for preparation of medications</li></ul>
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**Evaluation to be Completed:**

- A summative evaluation will be completed at the midpoint and at the end of the rotation by the resident and the preceptor.
- The resident will complete an evaluation of the preceptor and the learning experience at the end of the rotation.
- **The resident must submit completed training checklist to preceptor to meet criteria for completion of this rotation.**

## Pediatrics/NICU Rotation

### **Preceptors:**

Kristen Chlebowski, PharmD; Thomas Petersen, PharmD; Jen Dueker, PharmD; Caryn Spencer, PharmD

### **Site and Practice Area:**

Gateway Hospital Pediatric Unit and Pediatric Intensive Care Unit – 4 weeks

Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular.

Deaconess Women's Hospital Neonatal Intensive Care Unit – partial days

Deaconess Women's Hospital is a 74 bed hospital dedicated to the specific health care needs of women and babies. This hospital provides surgery, labor and delivery, and NICU services.

### **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.

### **Role of Pharmacist:**

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.

### **Hours and Preceptor Interaction:**

This rotation is primarily 07:00-15:30. The meetings to attend include Resident Rounds 07:00-07:30, Attending Rounds 08:30-09:00 and NICU rounds (when specifically assigned) 09:30

### **Disease States and Topics Encountered:**

- Required
  - Intro to Pediatrics
  - Asthma
  - Cystic Fibrosis
  - DKA
  - Fluids and Electrolytes
  - Meningitis
  - PALS
  - Pediatric Kinetics
  - Pediatric Nutrition
  - RSV
- Electives (choose 5)
  - Antibiotic Stewardship
  - Cardiology
  - Gastroenteritis
  - Immunizations
  - Neonatal Abstinence
  - Oncology
  - Osteomyelitis/SSTI
  - Otitis Media
  - Pain Management
  - Pneumonia/Bronchitis
  - Psychiatric Medications
  - Seizure Disorders
  - Sickle Cell Anemia

**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 with the preceptor. Based upon the needs of the organization, the resident may be assigned a project, final presentation (journal club vs case presentation), or may be assigned education opportunities with students, nurses pharmacists, or other healthcare professionals in addition to daily clinical duties.

**Required Attendance**

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

**Required Responsibilities and Projects**

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

**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	Activity that will Facilitate Achievement of Objective
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists’ Patient Care Process).</b>	
<b>Objective R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Construct plans utilizing guidelines and appropriate pediatric references when performing consults, reviewing patient specific regimens, and managing designated patients</li> <li>• Design therapeutic regimens that reflect consideration of best evidence, adherence and social issues, and comorbid disease states</li> </ul>

<b>Objective R1.1.4 (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>Effectively execute communication of plan and necessary monitoring to healthcare team</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.1 (Applying) Collaborate and communicate with healthcare team members.</b>	<ul style="list-style-type: none"> <li>Demonstrate a collaborative professional working relationship with other members of the healthcare team (Family Medicine Resident and/or Hospitalist/Intensivist daily rounding/discussion)</li> </ul>

**Evaluation to be completed:** The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Midpoint evaluation	Preceptor	Midpoint of Learning Experience
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor evaluation	Resident	End of Learning Experience
Written Learning Experience evaluation	Resident	End of Learning Experience

## Practice Management & Drug Information Rotation

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

**Site:** Deaconess Midtown

**General Description:** Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. 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 from staff, manage staffing and address day to day activities. The Pharmacy Directors, and Managers 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.

Quarter1: 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:**

<b>Competency Area R1: Patient Care</b>	
<b>Goal R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).</b>	
Objective R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	<ul style="list-style-type: none"> <li>Evaluates and applies evidence-based principles.</li> <li>Incorporates all relevant sources of information pertaining to the topic being reviewed.</li> <li>Presents final product to RAC or P&amp;T.</li> <li>Includes proposals for medication-safety technology considerations and improvements, when appropriate.</li> <li>Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable.</li> </ul>
<b>Competency Area R3: Leadership</b>	
<b>Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.</b>	

<p>Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.</p>	<ul style="list-style-type: none"> <li>Assesses medication shortages and develops processes to manage current shortages</li> <li>Discusses leadership topics with lead, supervisor, or director quarterly</li> <li>Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary)</li> <li>Explains how pharmacy planning relates to the organization and/or department's mission and vision</li> <li>Explains the department and/or organization's decision-making structure</li> <li>Participates in strategic planning days as applicable</li> <li>Develops residency budget for following fiscal year</li> </ul>
<p>Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.</p>	<ul style="list-style-type: none"> <li>Explains the quality improvement plan(s) of the department and/or organization</li> <li>Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements. Meets with regulatory manager to discuss</li> </ul>
<p><b>Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.</b></p>	
<p>Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.</p>	<ul style="list-style-type: none"> <li>Uses principles of continuous professional development (CPD) planning (e.g. accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review)</li> <li>Sets realistic expectations of performance</li> <li>Engages in self-reflection of one's behavior, knowledge, and growth opportunities</li> <li>Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps</li> <li>Demonstrates ability to use and incorporate constructive feedback from others</li> <li>Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies</li> <li>Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence</li> <li>Demonstrates self-motivation and a "can-do" positive approach</li> </ul>
<p>Objective R3.2.2 (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.</p>	<ul style="list-style-type: none"> <li>Balances personal needs appropriately with the needs of the department and/or organization and maintains a healthy work-life balance.</li> <li>Demonstrates personal commitment to the mission and vision of the department and/or organization</li> <li>Demonstrates effective workload and time management skills</li> <li>Prioritizes and organizes all tasks appropriately and meets all deadlines</li> <li>Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings)</li> <li>Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities as needed</li> </ul>
<p>Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.</p>	<ul style="list-style-type: none"> <li>Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct</li> <li>Understands and respects the perspectives and responsibilities of all healthcare team members</li> <li>Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team</li> <li>Accepts consequences for his or her actions without redirecting blame to others</li> <li>Demonstrates professionalism through appearance and personal conduct</li> </ul>

	<ul style="list-style-type: none"> <li>• Works collaboratively within the department and/or organization’s political and decision-making structure</li> </ul>
Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	<ul style="list-style-type: none"> <li>• Actively participates in ASHP Midyear recruiting</li> <li>• Articulates the benefits of active participation in professional associations at all levels</li> <li>• Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare</li> <li>• Develops personal vision and action plan for ongoing professional engagement</li> <li>• Obtains BLS, ACLS and PALS certification</li> </ul>
<b>Competency Area R4: Teaching and Education</b>	
<b>Goal R4.1: Provide effective medication and practice-related education.</b>	
Objective R4.1.1: (Creating) Construct educational activities for the target audience.	<ul style="list-style-type: none"> <li>• Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level</li> <li>• Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices, and aligns with stated objectives</li> <li>• Develops patient education materials that appropriately match the cultural needs and health literacy level of the intended audience</li> <li>• Designs instructional materials that meet the needs of the audience</li> <li>• Includes accurate citations and relevant references and adheres to applicable copyright laws</li> </ul>
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"> <li>• Includes critical evaluation of the literature and knowledge advancements, as well as an accurate summary of what is currently known on the topic</li> <li>• Presents two 1-hour lectures and 4 journal clubs or case presentations</li> <li>• Develops and accurately uses tables, graphs, and figures to enhance the reader’s understanding of the topic, when appropriate</li> <li>• Notes appropriate citations and references</li> <li>• Writes in a manner that is concise, easily understandable, and free of errors</li> <li>• Creates visually appealing documents (e.g., font, white space, and layout)</li> <li>• Creates one’s own work and does not engage in plagiarism</li> </ul>
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"> <li>• Captures and maintains learner/audience interest throughout the presentation</li> <li>• Demonstrates thorough understanding of the topic</li> <li>• Effectively uses body language, movement, and expressions to enhance presentations</li> <li>• Develops and uses effective audio-visual and technology tools and handouts to support learning activities</li> <li>• Presents at appropriate level of the audience (e.g. patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals)</li> <li>• Responds to questions from participants in a concise, accurate, and thoughtful manner</li> </ul>
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.	<ul style="list-style-type: none"> <li>• Identifies and takes appropriate actions when learner fails to understand delivered content</li> <li>• Solicits timely, constructive, and criteria-based feedback from the learner</li> <li>• Assesses learners for achievement of learning objective(s)</li> </ul>

**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

### **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**

<b>Competency Area R2: Practice Advancement</b>	
<b>Goal R2.1: Conduct practice advancement projects.</b>	
<b>Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.</b>	<ul style="list-style-type: none"> <li>• Analyzes background information that is relevant.</li> <li>• Analyzes opportunity by using best practice or evidence based principles.</li> <li>• Determines an appropriate topic for a practice-related project of significance to the organization and patient care.</li> <li>• Evaluates data generated by the health information technology team or automated systems to identify opportunities.</li> </ul>
<b>Objective R2.1.2: (Creating) Develop a project plan.</b>	<ul style="list-style-type: none"> <li>• Constructs a plan design that is practical to implement and measure.</li> <li>• Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).</li> <li>• Develops a plan for data analysis.</li> </ul>
<b>Objective R2.1.3: (Applying) Implement project plan.</b>	<ul style="list-style-type: none"> <li>• Implements a project as specified in the design.</li> <li>• Implements changes with the project.</li> <li>• Obtains IRB approval if necessary.</li> <li>• Presents project to key stakeholders along with concerns, solutions, etc.</li> </ul>
<b>Objective R2.1.4: (Analyzing) Analyze project results.</b>	<ul style="list-style-type: none"> <li>• Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.</li> <li>• Collaborates with project team members to validate project analysis, as appropriate.</li> </ul>
<b>Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.</b>	<ul style="list-style-type: none"> <li>• Evaluates data and outcomes of the project.</li> <li>• Considers limitations of project.</li> <li>• Assesses impact of the project.</li> <li>• Evaluates changes based on outcomes.</li> </ul>
<b>Objective R2.1.6: (Creating) Develop and present a final report.</b>	<ul style="list-style-type: none"> <li>• Creates a manuscript acceptable for publication</li> <li>• Creates a poster for ASHP Midyear.</li> <li>• Creates effective handouts, slides, etc to assist with oral presentations.</li> <li>• Presents project summary to staff, P&amp;T, Great Lakes.</li> </ul>

### **Evaluation to be completed:**

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
Formative Evaluation	Preceptor	Quarterly
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

## Staffing Rotation

### **Preceptors:**

Kelli Lovell, PharmD, CACP, CFCP, MMCP

**Site:** 10 months (6.5 months MT, 3.5 months GW)

### **General Description:**

Deaconess Midtown Hospital is the anchor and largest hospital in Deaconess Health System with ~250 beds with comprehensive care including advanced ICU, primary stroke services, cardiovascular care and a level II Trauma program. Deaconess Gateway is a ~250 bed acute care hospital that is home to pediatric services, specialized orthopedics, neuroscience care and cardiovascular. This longitudinal rotation will expand upon the general staffing skills initially covered in the orientation phase of residency. The residents will be assigned a staffing role every third weekend that includes a Friday evening, a Saturday shift (8 hours) and a Sunday shift (8 hours). The first 5 months will be scheduled as centralized shifts either in order verification or the IV area. Approximately 1/3 of these shifts will be at the Deaconess Gateway campus and 2/3 will be at the Deaconess Midtown campus. The second half of the rotation, the resident will be scheduled a decentralized clinical shift on Saturday and Sunday building upon their clinical training in orientation and their clinical rotations. 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.

### **Role of the Pharmacist:**

The centralized pharmacists (order verification 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 resident will also manage interns and technicians while managing their own time and duties safely and effectively. The decentralized 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 the Resident:**

The resident is expected to arrive on time ready to work. For decentralized shifts, the resident is expected to arrive early enough to review new patients and essential changes overnight for existing patients. The resident is expected to search, use electronic resources, and consult with other pharmacists to identify safe and effective therapeutic recommendations. As the year progresses the resident is expected to become increasingly efficient and independent in patient care tasks both in central and decentral shifts. 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.

### **Expected Progression of the Resident:**

- **Quarter 1** – The resident will initiate staffing experience in the main pharmacy working IV and order verification shifts. The resident is expected to provide a review of the patient's electronic medical record as taught in the orientation rotation. The resident should be able to identify recommendations based upon acute care issues, perform accurate verification of orders and complete accurate checking of medications. 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. The resident may also recognize specific job-related skills that may not have been observed in orientation.
- **Quarter 2** – Resident will progress into more independent management of the centralized staffing shifts by exhibiting proficiency in using technology and tools to complete tasks. Residents will incorporate knowledge gained from rotations and previous staffing to increase efficiency and accuracy in identifying recommendations for patient treatments and monitoring. The resident should increase their efficiency in finding answers to drug information questions.
- **Quarter 3** – The resident will transition to a decentralized clinical staffing role. Residents will incorporate knowledge gained from rotations to increase efficiency and accuracy in identifying recommendations for patient treatments and monitoring. The resident should be able to complete assigned patient reviews during the work days well as problem solve for nurses and physicians on most issues but may require some coaching/facilitation. The resident is expected to complete all weekend clinical requirements and provide clear documentation. The resident should consult with another pharmacist for unusual questions or uncommon policy or therapeutic issues as they arise.

- Quarter 4 – The resident should be functioning as a decentralized clinical pharmacist independently with only occasional facilitation from the pharmacist. The resident should be able to complete all clinical tasks in a time efficient manner and at the level of a clinical staff pharmacist.

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

<b>Competency Area R1: Patient Care</b>	<b>Activity that will Facilitate Achievement of Objective</b>
<b>Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)</b>	
<b>Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</b>	<ul style="list-style-type: none"> <li>• Outline patient specific clinical information in form of progress note</li> </ul>
<b>Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</b>	<ul style="list-style-type: none"> <li>• Formulate a systematic approach to consistently critically assess inconsistencies or unexpected lab results related to consults</li> </ul>
<b>Objective R1.1.4: (Applying) Implement care plans.</b>	<ul style="list-style-type: none"> <li>• Use MAR and chart documentation to ensure appropriate administration of medications</li> <li>• Employ direct communication skills with other healthcare professionals to accomplish prompt delivery of high quality patient care</li> </ul>
<b>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>	
<b>Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to update daily care plan for each assigned pharmacy consult</li> <li>• Choose correct category for interventions and report according to department P&amp;P</li> </ul>
<b>Goal R1.3: Promote safe and effective access to medication therapy.</b>	
<b>Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.</b>	<ul style="list-style-type: none"> <li>• Practice formulary and therapeutic interchange protocols</li> <li>• Use knowledge and skills observed at Pharmacy &amp; Therapeutics Committee meetings to apply policies</li> </ul>
<b>Objective R1.3.2: (Applying) Participate in medication event reporting</b>	<ul style="list-style-type: none"> <li>• Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).</li> <li>• Uses appropriate technology for reporting adverse drug events.</li> </ul>
<b>Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications</b>	<ul style="list-style-type: none"> <li>• Demonstrate ability to supervise and describe role and responsibility of pharmacy technician to appropriately prioritize work load and assure accuracy and quality of work.</li> <li>• Use skills to supervise and validate medications retrieved, compounded, packaged, and barcode scanned from automated technology</li> <li>• Prepare and supervise the compounding of IV products using appropriate aseptic technique</li> <li>• Interpret the elements of a complete medication order</li> <li>• Show ability to contact appropriate health care provider for order clarifications and document accordingly</li> <li>• Demonstrate personal practice of and ability to appropriately use technology to check the accuracy of medications dispensed, including correct patient, correct medication, correct</li> </ul>

	<p>dosage for, correct dose, correct number of doses, expiration date, and proper repackaging.</p> <ul style="list-style-type: none"><li>• Employ organizational policy and procedures and quality assurance standards for preparation of medications</li></ul>
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**Evaluations to be completed:** A summative evaluation will be completed quarterly and at the end of the rotation by the resident and the preceptor. The resident will complete an evaluation of the preceptor and the learning experience at the end of the rotation.

## 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 the Indiana Pharmacy Teaching Certificate Program, including attendance of a workshop sponsored by Purdue University/Butler 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 highlighting teaching experiences. The resident is expected to identify and coordinate opportunities and complete requirements independently but seek preceptor guidance as needed.

### **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 a 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 and 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 a content 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. 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**

<b>Competency Area R4: Teaching and Education</b>	
<b>Goal R4.1:</b> Provide effective medication and practice-related education.	
<b>Objective R4.1.1:</b> (Creating) Construct educational activities for the target audience.	<ul style="list-style-type: none"> <li>Obtains an accurate assessment of the learner’s needs and level of understanding.</li> <li>Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.</li> <li>Uses appropriate teaching strategies, including active learning.</li> <li>Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices, and aligns with stated objectives.</li> <li>Designs instructional materials that meet the needs of the audience.</li> <li>Includes accurate citations and relevant references and adheres to applicable copyright laws.</li> </ul>
<b>Objective R4.1.2:</b> (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<ul style="list-style-type: none"> <li>Writes in a manner that is concise, easily understandable, and free of errors.</li> <li>Demonstrates thorough understanding of the topic.</li> <li>Determines appropriate breadth and depth of information based on audience and purpose of education.</li> <li>Notes appropriate citations and references.</li> <li>Includes critical evaluation of the literature and knowledge advancements and an accurate summary of what is currently known on the topic.</li> <li>Develops and accurately uses tables, graphs, and figures to enhance the reader’s understanding of the topic, when appropriate.</li> <li>Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).</li> <li>Creates visually appropriate documents (e.g., font, white space, and layout).</li> <li>Creates one’s own work and does not engage in plagiarism.</li> </ul>
<b>Objective R4.1.3:</b> (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"> <li>Demonstrates rapport with learners.</li> <li>Develops and uses effectively audiovisual and technology tools and handouts to support learning activities.</li> <li>Demonstrates thorough understanding of the topic.</li> <li>Speaks at an appropriate rate and volume with articulation and engaging inflection.</li> <li>Effectively uses body language, movement, and expressions to</li> </ul>

	<p>enhance presentations.</p> <ul style="list-style-type: none"> <li>• Makes smooth transitions between concepts.</li> <li>• Summarizes important points at appropriate times throughout presentations.</li> <li>• Demonstrates ability to adapt appropriately during the presentation.</li> <li>• Responds to questions from participants in a concise, accurate, and thoughtful manner.</li> </ul>
<b>Objective R4.1.4:</b> (Evaluating) Assess effectiveness of educational activities for the intended audience.	<ul style="list-style-type: none"> <li>• Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.</li> <li>• Solicits timely, constructive, and criteria-based feedback from the learner.</li> <li>• Writes assessment questions (if used) in a clear and concise format that reflects best practices.</li> <li>• Identifies and takes appropriate actions when learner fails to understand delivered content.</li> <li>• Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.</li> </ul>
<b>Competency Area R4: Teaching and Education</b>	
<b>Goal R4.2: Provide effective medication and practice-related education.</b>	
<b>Objective R4.2.1:</b> (Evaluating) Employ appropriate preceptor role for a learning scenario.	<ul style="list-style-type: none"> <li>• Identifies experiential learning opportunities in the practice setting and engages learners appropriately.</li> <li>• Creates an organized and systematic approach to designing learning experiences for the learner.</li> <li>• Identifies and chooses which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).</li> <li>• Uses appropriate methods to provide both formative and summative feedback.</li> <li>• Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.</li> <li>• Provides effective and focused direct instruction when warranted.</li> <li>• Models critical-thinking skills by including "thinking out loud".</li> <li>• Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.</li> <li>• Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.</li> <li>• Selects appropriate problem-solving situations for independent learners.</li> <li>• Ensures learner understands feedback and next steps needed to improve.</li> </ul>

**Evaluation to be completed:**

Type of Evaluation	Responsible Party	Point of Completion
Formative	Preceptor	Quarterly
Written Summative evaluation	Resident, Primary Preceptor	End of Learning Experience
Written Preceptor Evaluation	Resident	End of Learning Experience
Written Learning Experience Evaluation	Resident	End of Learning Experience

The written summative at the end of the learning experience will be reviewed by the primary preceptor, the resident and the upcoming preceptor prior to the next rotation.



# Pharmacy Resident

## J o b D e s c r i p t i o n

### 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, policies and procedures and government regulations.
Ability to write and ability to convey clinical notes electronically.
Ability to effectively present information and respond to questions from customers.
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  
812-450-2494