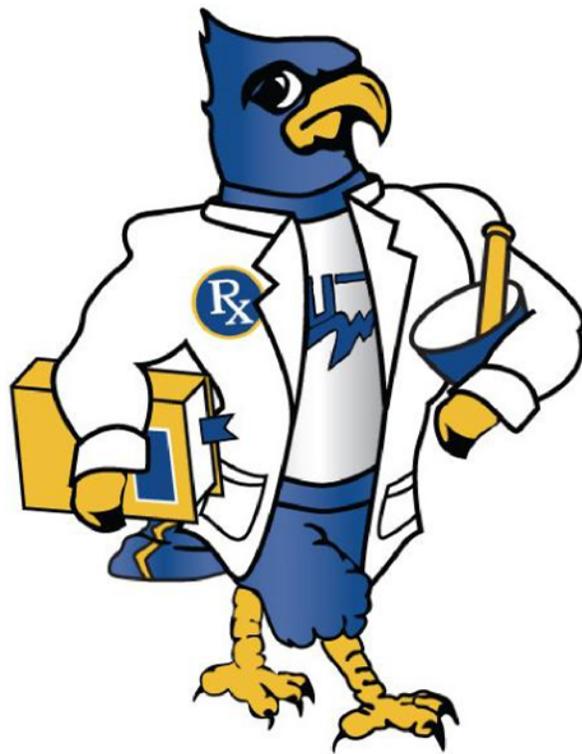# Concordia University Wisconsin School of Pharmacy 24-Month Resident Policy Manual

2024

Program Structure

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

Program Description: The Concordia University Wisconsin School of Pharmacy (CUWSOP) PGY1 Pharmacy Practice Residency Program will prepare ambulatory care practitioners capable of developing, providing and advancing ambulatory care services in any practice setting with a specific focus on urban underserved practice settings.

Following program completion, graduates will be prepared for academic and ambulatory care practitioner careers, and will demonstrate the ability to navigate teaching, practice, research and service roles of faculty members.

Graduates of our program;
- will be highly sought ambulatory care pharmacists that will be desired for their advanced academic preparation and experiences in developing and advancing urban underserved ambulatory care practices.
- will be able to combine an advanced pharmacotherapy knowledge base with skills in teaching, learning, scholarship and service to be highly effective faculty members upon residency graduation.

The CUWSOP PGY1 Pharmacy Residency program prepares pharmacists for generalist ambulatory practice in urban underserved areas and roles in teaching. The residency is a 24-month practice and academia emphasis with time split equally in practice and on-campus. Practice is in an established site year 1 and a new site in year 2 to focus on developing or expanding clinical pharmacy services. Time on campus is split between teaching roles and academic development via Master's in Education coursework. Graduates of our program will be prepared for success in a variety of ambulatory care practice positions as well as pharmacy practice faculty positions.

24-Month Practice and Academia Emphasis
Residents will spend half of their residency experience in patient care-with year 1 at an established pharmacy practice site at a federally qualified health center, Progressive Community Health Center (PCHC), and year 2 developing and advancing ambulatory care services in an underserved site. PCHC pharmacists (currently 1.0 FTE) support the primary care providers in managing patients with a variety of chronic diseases and are a resource to the providers on medication questions and other patient consultations. Residents will spend 25% of their time in a variety of teaching roles at CUWSOP, a Christian School of Pharmacy in suburban Milwaukee. The remaining 25% will be allocated to academic development including completion of a Master's in Education with emphasis on teaching and learning. The graduate will be prepared for success in pharmacy practice faculty positions as well as a non-academic ambulatory care practice positions.

Learning Experience	Required or Elective	Rotation Type	Duration
Orientation	Required	Concentrated	6-8 weeks
Direct Patient Care Year 1	Required	Longitudinal	12 months
Direct Patient Care Year 2	Required	Longitudinal	12 months
Staffing	Required	Longitudinal or Concentrated	10 days
Teaching	Required	Longitudinal	24 months
Academic and Personal Development	Required	Longitudinal	24 months

Program participants include

- Sarah Ray, PharmD – residency program director and preceptor for Academic and Personal Development and Orientation learning experiences.
- Jordan Wulz, PharmD, MPH – preceptor for Teaching learning experience
- Francesca Napolitano Johnson, PharmD, M.Ed. – preceptor for Direct Patient Care Year 1 learning experience
- Sarah Mayer, M.Ed. – program director for Master's of Science in Education
- Direct Patient Care Year 2 and Staffing learning experience preceptor determined as second year site is selected

Interprofessional Education (IPE)

There are several ways the resident will be exposed to interprofessional education. The resident will facilitate a Nurse Practitioner student prescribing workshop. This typically occurs in the fall and spring of Year 1. IPE Coordinators Dr. Anne LaDisa or Dr. Michael Oldani will be your contacts for this activity. Past activities have included delivering a lecture on best prescribing practices and then leading the nursing students through examples of prescribing antibiotics and antidepressant medications.

There are other IPE activities that are strongly encouraged- these include facilitating IPE sessions for our first and second year pharmacy students each semester and facilitating diabetes case workshops for pharmacy and physician assistant students with Dr. Beth Buckley.

24-month Learning Experience Schedule

1st Semester	2nd Semester	3rd Semester	4th Semester
Teaching Activities			
APC Lab Series Instruction and Isolated Lectures	APC Lab Series Instruction	APC Lab Series Instruction	APC Lab Series Instruction
	Coordination of Section/Unit in APC Lab Course	Co-Coordination of APC 5	Co-coordination of Elective Course or Pharmacotherapy Course/Module
	Isolated Lectures	Lectures within Pharmacotherapy	
Practice Activities			
Patient Care at Year 1 Site		Practice/Staffing at Year 2 Site	
Practice/Residency-Related Projects			
Medication Use Evaluation (MUE)		Monograph/Protocol Service Development (to include presentation and manuscript)	
Service Activities			
Curriculum Committee		Assessment Committee	
Masters of Education Activities			
Masters of Education Coursework (see separate document)			
Masters Capstone Manuscript – Educational Research Project (also presented as poster at graduation)			

Masters of Science in Education-Teaching and Learning

Getting Started:

Acceptance into the School of Education at Concordia
You will have to be formally accepted into the School of Education in order to participate in coursework for the Master of Science in Education-Teaching and Learning. You should contact Sarah Mayer (Sarah.Mayer@cuw.edu) in your first week if she hasn't reached out to you yet, and she will provide you with next steps. You will need to formally apply, but the application fee and essay are typically waived for pharmacy residents.

Payment Program/Financial Aid
As a Concordia employee, you will receive a discount for the e-learning courses which is a 75% discount versus a 90% discount for face-to-face courses (FF). Whenever possible, look for options to take the courses in a FF format to save money. Prior to your courses, you will need to complete the Employee Tuition Waiver Request Form. This will need Sarah Ray's signature first and she can forward it to the necessary people. **This form also needs to be filled out prior to each school year.**

Money can be tight following APPEs and licensure, but there are a few payment methods for the Master's program:

1. You can pay cash for your tuition and fees.
2. You can work out a payment plan option, where you can pay monthly towards your tuition instead. To apply for the monthly payment plan option, log on to the university portal. From there, click on the student tab in the left column. Scroll down to a box that says, "Pay My Bill Online." In the box, you will see options that will allow you to make a current payment and then there will be an option for "Concordia Payment Plan." Click on "Concordia Payment Plan" to pay monthly for tuition. You will need to enroll each semester. There is a current enrollment fee of $35.00. If you choose this option there will be a hold on your account, but they can remove this whenever you need to register for courses. If you have any questions about applying for financial aid, please visit Concordia's financial aid website at https://www.cuw.edu/Departments/financialaid/.
3. You can take out additional financial aid to cover the cost of tuition and fees via a Grad PLUS loan. The Grad PLUS loan coordinator at CUW is Kimberly Mittelsteadt (kimberly.mittelsteadt@cuw.edu). You will also need to fill out a Grad PLUS loan application (available below) and fill out your FAFSA for the year at https://fafsa.ed.gov/.

It will also be important to keep in mind your previous student loans. Based upon your own personal preference, you may choose to defer your loans because of your enrollment in the Master's program. If you choose to defer, it will be important for you to keep in touch with your loan vendor to ensure they are aware that you are, technically, still a student. Your vendor may also require extra paperwork.

At some point after the first semester, you may receive an email from CUW regarding Satisfactory Academic Progress. The email may state that you are ineligible for further financial aid because you are

not meeting satisfactory academic progress. **This email is typically an error.** This email includes graduate/professional programs as one category and does not differentiate between pharmacy and Master's programs. You simply need to respond to the employee whose name is included in the email and apprise them of your situation and they will fix the error for you.

Masters Coursework Considerations
It will be important to email each of your instructors when you sign up for each course to explain that you are a pharmacy resident in order to find ways to make the courses as relevant to pharmacy education as possible. You will complete the following required courses, along with 2 elective courses (6 credits). Most courses are self-paced 8-week online courses. If you are unclear on format of a course, whether online or FF, please don't hesitate to contact Sarah Mayer.

For the Teaching Portfolio, it is highly recommended that you strive to work on this in a continual nature. You are required to have 2 artifacts per each of the 11 CUW standards. If you work on clinic projects or academic lectures, it is a good idea to take some time to find out which CUW standard it aligns to and update your online portfolio immediately. This will save you stress from trying to rush to complete all standards at one time.

Some suggestions for elective courses include:

Multimedia for the classroom (EDT 6040)

This course provides an overview of best practices in presenting information for student learning in a digital format. Digital technologies explored include podcasting, infographics, audio recordings, online interactive learning systems, and more. This course is self-paced for 8 weeks and is customizable to pharmacy education.

Addictions Counseling (COUN 520)

In addition to alcohol and drug concerns, this course will also address behavioral addictions such as: gambling, shopping, gaming, sex and hoarding. The course will address treatment and relapse plans and goals, as well as the impact of addiction on family, friends and support systems. Developmental issues, as well as comorbidity, are addressed in the addiction process as therapeutic models are discussed.

Pharmacy Resident Progression Towards Masters in Teaching and Learning

Semester	Courses Taken

Fall Year 1	I. Human Learning & Motivation (3 credits)- EDG 5310
	        a. This course examines how emotion impacts educational outcomes. It equips residents to critically evaluate theory and practice as it relates to their professional role. The course includes an analysis of tenets of human motivation and engagement, and how to utilize them effectively in a setting focused on teaching and learning.
	
	II. Instructional Strategies for Effective Teaching (3 credits)- EDG 5315
	        a. This course focuses on examining one's personal pedagogy in order to reflect upon and expand one's repertoire of effective instructional strategies. The course offers opportunities for practical application while still requiring a critical analysis of one's own worldview.
	
	III. Teaching Portfolio I (No credit)- EDG 7320
	        a. This course series provides residents the opportunity to learn how to effectively document and reflect upon their teaching activities. Emphasis is placed on developing a teaching philosophy based on information learned in EDG 5310 and 5315 and creating artifacts for 2 out of 11 CUW education standards. Documentation will be digital (google sites has been highly suggested).

Spring Year 1	I. Assessment for Learning (3 credits)- EDG 5320
	        a. This course is designed to provide the resident with a focus on the myriad of types and methods of assessment in educational settings. The emphasis is placed on the application of assessment to professional classroom teaching practice (formative and summative assessment) . Resident's explore data obtained from assessments to inform instruction and promote continuous improvement. Residents also examine assessment related to educator effectiveness and accountability.
	
	II. Teaching Pharmacy Students I (3 credits)- EDG 7330
	        a. This course is designed to provide direct teaching opportunities to pharmacy students. It includes weekly debriefing sessions with a resident mentor(s) to discuss connections of M.Ed. Coursework to pharmacy education, teaching in applied patient care labs, and delivering pharmacotherapy lectures.

Fall Year 2	I. Curriculum Leadership (3 credits)- EDG 5225
	    a. This course considers the factors that influence design, implementation, and evaluation of a curriculum. Emphasis is placed on major educational philosophies and their respective approaches to curriculum development.
	
	II. Educational Research Methods (3 credits)- EDG 5100
	    a. This course examines the research tools available to design, implement and evaluate the formal study of the educational process in order to conduct research. The course includes the study of descriptive and experimental research methods, basic statistical methods as well as techniques of literature review and report writing, that is, the reporting of research. Residents completing this course work through the development of a draft of their capstone manuscript.
	
	III. Teaching Pharmacy Students II (3 credits)- EDG 7331
	    a. The focus of this course is to coordinate a module within a pharmacotherapy course or co-coordination of an applied patient care course, which builds upon the knowledge gained in Teaching Pharmacy Students I.
	
	IV. Teaching Portfolio II (No credit)- EDG 7321
	    a. See description above. Continuation of Portfolio I and includes working on the next artifacts for the next 5 CUW standards.

Spring Year 2	I. Capstone Manuscript Completion Seminar (3 credits)- EDG 7340
	    a. Residents have the opportunity to complete a manuscript to be submitted for publication along with the opportunity to present results to other residents, faculty, and students.
	
	II. Teaching Pharmacy Students III (3 credits)-EDG 7332
	    a. Provides opportunities to coordinate additional courses that align with resident interests and/or address the needs of the school of pharmacy.
	
	III. Teaching Portfolio III (No credit)- EDG 7322
	    a. See description above. Continuation of Portfolio II and includes working on the next artifacts for the last 4 CUW standards.

This schedule may be revised based upon consultation between the resident and Sarah Mayer as resident interests and research projects develop.

Certification of Program Completion

Resident: _____

The Residency Director determines whether a resident has met all of the requirements of the residency program and is therefore qualified to receive a Certificate of Completion from the program. Criteria for graduation from the residency program include successful completion of the following:

_____   Learning experiences. Resident must have documented achievement (for the residency) of 90% of learning objectives associated with these learning experiences and satisfactory progress with the learning objectives that are not achieved.

_____   Completion of *at least* 2000 hours of service and learning completed over each residency year

_____   Flash-drive containing all required materials

_____   Future Pharmacy Faculty Certificate components (including lecture, Navigating Academia seminar)

_____   Presentation of the following program activities at their practice site
    _____   Clinical Pearls or Practice Management Presentation
    _____   Journal Club
    _____   Case Presentation

_____   Completion of drug class review, monograph, treatment guideline, or protocol

_____   Completion of medication use evaluation

_____   Completion of Masters in Education degree

_____   Residency project (related to patient care or medication use), including;
    Presentation at a statewide, regional or national meeting AND submission of a manuscript consistent with guidelines for an appropriate article type of an appropriate journal.

_____   Presentation of their master's degree educational project via poster to CUWSOP faculty and residency program preceptors.

The resident identified above has completed the required activities noted above and is therefore qualified for graduation and receipt of a Certificate of Program Completion.

_____   _____

Sarah Ray, PharmD, BCPS, FAPhA   Date of Review
Residency Program Director

Resident Portfolio

Policy
The CUW PGY1 Pharmacy Residency Program will document all resident activities utilizing an electronic portfolio.

Purpose
Residents, preceptors, and the residency director have the professional responsibility to ensure proper documentation of completion of all aspects of the residency program.

Procedure
In a timely manner, compile all works within the electronic portfolio, preferably a USB drive. At least quarterly, all documents should be uploaded to the USB drive.

The resident will follow the structure of the table of contents provided in this document to create folders (or a table of contents if using a pdf format).

At least 1 draft with feedback shown should be included to show progression of skills leading to final product.

At the end of the residency program a USB drive containing all the above documents shall be given to the residency program director.

Residents are required to archive on a flash drive the following:

Date Archived	Artifact
	CREDENTIALS
	Copy Of Wisconsin Pharmacist License
	Any other certifications
	PRESENTATIONS
	Presentations to groups of patients, groups of caregivers, health care professionals (including physicians, nurses, pharmacists and other providers), students and the public
	Clinical Pearls or Practice Management Presentation
	Case Presentation
	Any other presentation given
	Documentation of formative feedback (PDF of email feedback or scanned documents or documents with changes tracked and comments noted)
	Future Pharmacy Faculty Certificate/Masters Portfolio (Teaching Portfolio)
	Teaching Philosophy (including any drafts)
	Lecture (including any drafts)
	Lecture Teaching Evaluations
	Education Journal Club Documentation
	Lab Teaching Evaluations
	Education Manuscript
	At least two examples of the resident's written formative and summative feedback developed by the resident and provided to a learner
	Reflection Document describing any teaching experiences or Link to Teaching Portfolio
	POSTERS
	PowerPoint Poster Content
	Draft Poster Image
	Final Poster
	PDF any emails with feedback and changes
	Any other posters
	CLINICAL PROJECT
	IRB proposal / Procedure
	Informed consent document (if applicable)
	HIPAA document (if applicable)
	Copy of survey tool (if applicable)
	Copy of all data collected (if applicable)
	Presentation Draft
	Presentation Final
	Manuscript Draft
	Manuscript Final
	Any other related documents
	PDF any emails with feedback and changes
	DRUG CLASS REVIEW/MONOGRAPH/TREATMENT GUIDELINE/ OR PROTOCOL

	Draft Document
	Final Document
	PDF any emails with feedback and changes
MEDICATION USE EVALUATION	
	Draft Document
	Final Document
	PDF any emails with feedback and changes
PATIENT CARE DOCUMENTATION	
	De-identified copies of patient care services/clinic notes (3 per quarter)
	De-identified copies of communication of information to health care professionals when transferring a patient from one health care setting to another or documentation of medication reconciliation after patient has transferred from one health care setting to another (3 per quarter)
	At least two examples of resident's written materials to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.
	Any documentation of formative feedback
ACTIVITY TRACKING SPREADSHEET	
	Quarter 1 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 2 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 3 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 4 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 5 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 6 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 7 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 8 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
OTHER	
	Pre-residency CV
	End of residency CV
	List of activities at a national, state and/or local professional association during the residency
	Evidence of resident's contributions to the Pharmacy planning process.

Program Disciplinary Policy

I.	Resident Standards

While every effort is made to assure the success of a resident through a residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program. The following are the standards and tasks that each resident must meet, and the deadline, if applicable:

A.	Administrative Requirements: The following are required for all residents by the end of their first 120 days of the residency. A copy of documentation or proof of training must be provided to the Program Director by the due date:

- CPR Certification for Basic Life Support
- Licensure to practice pharmacy in the state of Wisconsin

B.	Policies
- The Resident is subject to all applicable rules, policies and procedures of the resident's host practice site, the School of Pharmacy, and Concordia University.
- Resident must adhere to HIPAA policy of each site where education occurs.
  Gross misconduct towards the RPD, any member of the Pharmacy Department, other healthcare worker, or patients will result in a warning and, based on the severity, a written warning as outlined in bullet point two of section II.A.
- Chronic absenteeism may be considered to impede progress towards residency goals attainment and can result in a written warning as outlined in bullet point two of section II.A.
- If resident does not show steady progress during the residency program, the resident will be placed on probation and provided in writing an outline of expectations that must be met in order to continue in the program. (see II: Disciplinary Policy)
- If the resident commits a crime that is a felony or significantly impacts his/her ability to practice pharmacy, this would result in immediate dismissal.

II.	Disciplinary Policy
A.	If the Program Director determines through documentation that the Resident is not meeting program expectations or performance criteria, the following actions will be taken:

- The Resident will be notified in writing of the specific complaint against the Resident.
- Within 30 days of receiving the written complaint a meeting will be scheduled between the resident and Program Director.   The purpose of the meeting will be to present the evidence, allow the Resident an opportunity to defend him or herself, and determine if the Resident should continue or be dismissed from the program. The Resident may choose to be represented by an attorney at the hearing. The University may choose to invite legal counsel to participate. One of three courses of action will be taken after the conclusion of this meeting, as determined by the Program Director.

1. *Dismissal of the Complaint*: If the Resident is able to prove that the complaint is not supported by the evidence, the complaint will be dropped, and the Resident will continue in the program.
2. *Probation*: A plan of action will be designed and implemented, giving the Resident a defined period of time to demonstrate improvement. The benchmarks for improvement will be outlined in writing. The Resident and Program Director will meet once per week during the probation period, to review progress. At the end of the defined period, the Resident and Program Director will meet to evaluate the Resident's progress. One of two courses of action will be taken after this meeting, as determined by the Program Director:
   - The Resident will be taken off probation and allowed to continue with the residency program; or
   - The Resident will be dismissed from the program, effective immediately.
   - The residency program may be extended if a resident is not meeting expectations and a remediation plan is implemented, to a maximum of 3 months. At that time, if the resident is still not meeting expectations, they will be dismissed from the program.
3. *Dismissal*: The Resident will be dismissed from the program by the Program Director, upon recommendation of the Preceptor(s), effective immediately. Any decision by the Program Director will be communicated to the Resident in writing.

B.   Appeals

The Resident has the right to appeal any decision to the Dean of the School of Pharmacy. The appeal must be made in writing within five business days after the receipt of the Program Director's decision. It must include the Resident's basis for appealing the decision. The Dean will contact all parties to determine a mutually agreeable time for the Program Director to discuss the matter. The Dean will question each person and consider the evidence presented. Within 10 business days after the Dean's receipt of the Resident's appeal, the Dean will decide either to dismiss the Resident or remand the matter back to the Program Director. The decision by the Dean will be communicated to the Resident in writing and will be considered final.

Employment Policies for 24-month Practice and Academic Leadership Emphasis Resident at CUWSOP

All policies related to pharmacy resident employment for the 24-month resident can be found in the Employee Handbook, available at https://studentcuw-my.sharepoint.com/:b:/g/personal/lisa_pintor_cuw_edu/ET3vhUqD7JVCrjOEVL7FIPwB4w9_PPDpyqv7KWFCwvI0iQ?e=GlePQN

The resident is encouraged to read the policies in their entirety. As it relates to resident progression through the program, policies related to professional, family and sick leaves can be found in Section 10 and the consequences of any such leave on the residents' ability to complete the residency program are outlined below.

Residents are considered staff employees and are regular salaried, exempt employees with an end date coinciding with two years from start date OR another later time as determined by Human Resources based upon the need to complete residency program requirements due to an approved leave.

Holidays
Residents will receive holiday hours equal to the hours they would have worked but for the holiday. CU recognizes the following holidays:
- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Holidays that fall on a weekend may be observed on the preceding Friday or the following Monday as determined by the University's administrators. A holiday falling on an authorized vacation day is recorded as holiday time.

Vacation
Vacations should be scheduled in no less than one-half (1/2) day increments.

Supervisors will attempt to grant vacation requests whenever possible, but work requirements and seniority within the department will be considered. All vacation time must be approved in advance by the employee's supervisor.

Benefit Eligibility: Exempt Full-Time Employees Less than 10 years of employment:

• One and one-half (1-1/2) day for each month completed at July 1st – up to a maximum of fifteen (15) working days per year.

It is expected that residents will take their vacation time proportionally from their time in direct patient care activities (50%) and time on campus (50%).

Consequences of Leave on Program Completion

1. Violation of any policies in the Employee Handbook may be grounds for dismissal from the program.
2. It is expected that residents will put forth an effort of at least 45 hours of work/week and will complete the residency completion requirements. Any extended leave beyond 37 days per year (includes professional/conference days, interview days, vacation days, holidays, sick leave, extended leave, paid leave, unpaid leave) must be made up in its entirety. The residency program director may offer a paid extension of the residency program in order to complete the program requirements, up to a maximum of 6 months.

Conferences and Travel

CUW SOP will pay for membership in Pharmacy Society of Wisconsin (PSW) and American Association of Colleges of Pharmacy (AACP). In addition, the residency program will support membership in one other pharmacy organization. Residents should communicate with the residency program director (RPD) to coordinate reimbursement for this membership.

Residents will receive some financial support and conference days for professional meeting attendance to further their professional development. Residents should coordinate with the RPD to ensure that conference attendance will be supported and reimbursed.

Residents may also be asked to attend recruitment events for the residency program. In general, registration, travel, and a minimum number of hotel nights will be reimbursed. Residents should coordinate with the RPD to ensure what the resident responsibilities will be and what will be reimbursed.

Actual itemized receipts and credit card receipts will be needed and an expense form will need to be completed within two weeks after traveling. Contact residency program coordinator for help in completing the expense form.   In general, reasonable meal, airfare, and hotel costs will be reimbursed. You must also fill out the purpose of the expense. Please work with the DPP/residency program coordinator or the RPD to accurately complete the form.

Staffing and Moonlighting

Staffing

- A staffing component (activity primarily comprised of a traditional medication dispensing role) may be a core component of the resident's experience and should not exceed an average of 9 hours of commitment during normal business hours per week. Any required staffing component during normal business hours should be associated with the day-to-day activities of the pharmacy department at the resident's primary practice site. These activities will be a component of the resident's stipend. No additional compensation will be provided for this service.

- "Duty Hours" are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
    - Duty hours cannot exceed 80 hours per week, averaged over a four-week period.
    - With respect to this 80 hour limit, all on-call/staffing activities (required and voluntary) will be counted toward this weekly limit.
    - Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
    - Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Moonlighting

- Residents may choose, if desired, to pursue part-time employment with other organizations as long as this work does not interfere with patient care and learning responsibilities of the resident within the program.
- Because residency education is a full-time endeavor, the Program Director is responsible for ensuring that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Residents shall report any moonlighting hours to the Residency Program Director.
- Moonlighting hours will be considered in the overall process of evaluation resident performance and may be a factor in considering and related to actions in disciplinary processes.

Duty Hour Requirements for Pharmacy Residencies

Purpose Statement

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

Statement on Well-Being and Resilience

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.

B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.

C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.

D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

II. **Duty Hour Requirements**

A. Duty hours: Defined as all hours spent on <u>scheduled</u> clinical and academic activities, regardless of setting, related to the pharmacy residency program that are <u>required</u> to meet the educational goals and objectives of the program.

1. Duty hours **includes**: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and

assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

2. Duty hours **excludes** reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

B. Maximum Hours of Work per Week

1. 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.

C. Mandatory Duty-Free Times

1. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

2. Residents must have at a minimum of 8 hours between scheduled duty periods.

D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.

2. If a program exceeds 16 hours of continuous duty periods, the "In House Call Program" limitations apply as described in the corresponding section**.**

E. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy.

   a. The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)

2. Review of tracking method must be completed on a monthly basis.

3. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

III. Moonlighting

A. 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.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor

compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.

D. Programs that allow moonlighting must have a documented structured process that includes at a minimum:

1. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.

2. Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.

3. A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

IV. Call Programs

A. If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:

1. Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.

2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

3. Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.

4. Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs (IV-A-7-c)) must be included in the tracking of hours.

5. A plan for how to proceed if residents' participation in the call program affects their performance during duty hours.

6. In-House Call Program

   a. Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.

   b. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.

      i. Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

c. Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.

d. Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.

7. At-Home or Other Call Programs

a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

b. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

c. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:

i. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.

ii. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.

PGY1 Pharmacy Residency Program
Procedure for Recruitment, Application Review, Finalizing Candidate Rankings
and Issuance of Offer Letters

1. The Residency Program will recruit at local, state, and national residency showcase/events. The Residency Program will participate in at least one virtual recruitment event when they're offered in an effort to reach a more diverse applicant pool.
2. The Residency Program will utilize a centralized application process, managed by the Residency Program Coordinator, under the direction of the Residency Program Director.
   a. The Program Director will establish an application deadline each year.
   b. The Program Coordinator will facilitate the receipt of applications, electronically when feasible. The required applications materials will include: cover letter, completed centralized application form, curriculum vitae, 3 letters of reference and professional school transcripts.
   c. The Program Director will confirm that applicants to the program are graduates or candidates for graduation of an ACPE accredited (or in process of pursuing accreditation) degree program or have a FPGEC certificate from NABP.
   d. Preceptors will be notified of the receipt of application materials. All application materials for these candidates will be made available electronically to preceptors.
3. The program director with site preceptors, will determine which candidates they wish to interview, applying criteria outlined in the program's "*Candidate Application Screening Rubric*."
4. The Residency Program Coordinator will process interview requests and facilitate scheduling of interviews across the program.
   a. Selected candidates will have virtual interviews. Interviews will include

      i. 1:1 meeting with the Director
      ii. group interview with Preceptors
      iii. meeting with current resident (when applicable)
      iv. group interview with selection of APC coordinators
      v. a presentation
   b. Interviewed candidates will be evaluated based on the criteria outlined in the program's *Post-Candidate Interview Evaluation Rubric*. Informal feedback will also be solicited from faculty that attend the presentation and will be considered by the preceptors when ranking candidates.
   c. Following completion of all candidate interviews, preceptors will submit preferred candidate rankings to the Program Director.
   d. The Program Director and preceptors will consult on the submitted candidate rankings, collaboratively establishing a final rank ordered list to be submitted to the National Matching Service.

i. Individual scores from the interview rubrics will be summed and an initial rank list developed

ii. The Program Director and preceptors will be unblinded to all scores and comments for each candidate

iii. The initial rank list may be re-ordered based on discussion about resident's fit with the program. A candidate may not be ranked if they are deemed unfit for the residency program

iv. If a consensus is not reached by the Program Director and preceptors the RPD will finalize the final Rank Order list

e. If Phase II or Scramble interviews occur, the same process as above is utilized.

5. Applicants will be offered an optional on-site tour of campus and the first-year clinic site. This tour will be conducted by the current residents, and will occur after the preceptors meet to rank the applicants. The tour will occur in the 1-2 weeks prior to when the applicants' rank lists are due. Whether applicants participate will have no bearing on their ranking by the preceptors.

6. The Program Director will facilitate all logistics with the National Matching Service, including:

   a. Program registration and establishing the specific site listings within the National Matching Service.

   b. Submitting final rank ordered candidate lists for each training site within the program.

   c. Receiving the results of the Match and communicating these to each affiliated site.

   d. Reviewing non-matched candidates for potential consideration of unfilled residency positions in Phase II or the Scramble.

7. Upon receiving result of the National Matching Service and considering candidacy of non-matched candidates for un-matched positions, the Program Director will prepare official offer letters to candidates within the prescribed time.

   a. Acceptance of offer letters will be contingent upon:

      i. Returning a signed offer letter

      ii. Completing professional licensure examinations prior to the deadline established by the program

      iii. Passing a criminal background check

Candidate Application Evaluation

Candidate: _____   *Reviewer:* _____

Candidate Application Screening

Criteria	Unacceptable	Below Average	Average	Above Average	Exceptional	Pts
Cover Letter • *Clarity/written communication skills* • *Desired learning experience aligned with program goals* • *Evidence of knowledge of program*	Cover letter does not address any of the expected components adequately *0 points*	Cover letter displays appropriate communication skills, but fails to address either of the other two components *2 points*	Cover letter displays appropriate communication skills and addresses one of the other two components *5 points*	Cover letter address all components, but does not do so clearly or in a compelling way *7 points*	Cover letter address all components and is clear and compelling *10 points*	
Experience/Curriculum Vitae • *Extracurricular involvement* • *Well-rounded practice experience* • *Pursuit of unique learning experiences* • *Seeks leadership opportunities*	CV displays one or less desired components *0 points*	CV displays evidence of two components *2 points*	CV displays evidence of three components *5 points*	CV displays evidence of four components, but evidence is not substantial *7 points*	CV displays substantial evidence of four components *10 points*	
Letters of Reference • *Self-motivated* • *Completes high quality work* • *Important contributor to a team*	Letter does not address any of the components	Letter addresses one component	Letter addresses two components	Letter addresses all components	Letter addresses all components exceptionally	
Letter 1	*0 points*	*0.5 points*	*1.5 points*	*2.5 points*	*3.5 points*	
Letter 2	*0 points*	*0.5 points*	*1.5 points*	*2.5 points*	*3.5 points*	
Letter 3	*0 points*	*0.5 points*	*1.5 points*	*2.5 points*	*3.5 points*	
Transcript	Extremely poor academic performance (< 2.24 GPA or <25% class rank in P/F system) *0 points*	Poor overall academic performance (2.25-2.49 GPA or Top 75% class rank in P/F system) *1 point*	Average academic performance (2.5 – 3 GPA or Top 50% class rank in P/F system) *2 points*	Above average performance in practice-related coursework (Top 25% class rank in P/F system) *4 points*	Above average overall coursework (Top 10% class rank in P/F system) *5 points*	
					Total Score	

Comments:

Candidate Interview Evaluation

Candidate: _____   *Reviewer:* _____

Post-Candidate Interview Evaluation

Criteria	Unacceptable	Below Average	Average	Above Average	Exceptional	Pts
Communication skills • Eye contact • Confidence • Asks appropriate questions • Responses to questions are articulate and appropriate • Critical thinking demonstrated	Poor skills/poise *0 points*	Minimal skills/poise *2 points*	Average skills/poise (meets several criteria) *5 points*	Above average skills/poise (meets most criteria, including critical thinking) *7 points*	Exceptional skills/poise (meets all criteria) *10 points*	
Ability to articulate a personal vision for career in pharmacy	Cannot describe vision *0 points*	Vision is not clearly articulated *2 points*	Vision is clearly articulated *5 points*	Vision clearly articulated/ somewhat compelling *7 points*	Vision is clearly articulated and very compelling *10 points*	
Evidence of ability to effectively manage workload of residency program	No ability noted *0 points*	Minimal evidence/ability *2 points*	Average ability noted (project or org involvement) *5 points*	Above average ability noted (multiple projects OR significant org involvement) *7 points*	Exceptional ability noted (excellent time management skills, multiple projects AND significant org involvement) *10 points*	
Commitment to providing patient-centered care	No commitment noted *0 points*	Minimal evidence/commitment *2 points*	Average experience/commitment shown (limited ambulatory care experience) *5 points*	Good experience and desire demonstrated (in-person ambulatory care experience) *7 points*	Substantial experience in ambulatory care and desire demonstrated *10 points*	

Commitment to teaching	No commitment noted *0 points*	Minimal evidence/commitment *2 points*	Minimal experience, but desire for involvement shown *5 points*	Teaching experience and desire demonstrated *7 points*	Substantial experience (lecturing/lab instruction) and desire demonstrated *10 points*	
Experience in leading groups and/or program improvement	No experience discussed *0 points*	Experience is limited *2 points*	Minimal experience, but desire for involvement shown *5 points*	At least 1 leadership experience and desire demonstrated *7 points*	Multiple leadership experiences experience and desire demonstrated *10 points*	
Presentation skills • Confidence • Avoid Filler Words • Eye Contact • Presentation Flow • Speaking beyond slides • Ability to "Think on Feet" • Response to Audience Questions • Topic Appropriate for Audience	Poor skills/poise *0 points*	Minimal skills/poise (minimal engagement) *2 points*	Average skills/poise (some active learning, meets time req.) *5 points*	Above average skills/poise (meets several criteria and includes active learning) *7 points*	Exceptional skills/poise (meets all criteria and includes active learning) *10 points*	
Alignment of career and educational goals with program (mission fit)	No alignment demonstrated *0 points*	Alignment is minimal and may be better with another program *2 points*	Alignment is evident, but another program may be better. *5 points*	Alignment with site is clear and a good fit *7 points*	Alignment with site is clear, compelling and an exceptional fit. *10 points*	
					Total Score	

Comments:

	Orientation	Practice Year 1	Practice Year 2	Staffing	Academic & Personal Development	Teaching
Competency Area R1: Patient Care						
effective patient care to a diverse range of patients...following a consistent patient care process.						
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.	X	X	X			
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	X	X	X			
Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.		X	X			
Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.		X	X			
Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).		X	X			
regimens and monitoring plans (care plans) by taking appropriate follow-up actions.		X	X			
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.		X	X			
Objective R1.1.8: (Applying) Demonstrate responsibility to patients.		X	X			
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.						
Objective R1.2.1: (Applying) Manage transitions of care effectively.		X	X			
GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.						
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.				X		
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.				X		
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.				X		
Competency Area R2: Advancing Practice and Improving Patient Care						

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.						
Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.		X	X			
Objective R2.1.2 (Applying Participate in a medication-use evaluation.		X				
Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.		X				
Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.		X				
GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care						
Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.			X			
Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.			X			
Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.			X			
Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.			X			
Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.			X			
Competency Area R3: Leadership and Management						
GOAL R3.1 Demonstrate leadership skills.						
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	X	X	X		X	
Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.	X	X	X		X	
GOAL R3.2 Demonstrate management skills.						
Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.		X	X		X	

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.		X	X			
Objective R3.2.3: (Applying) Contribute to departmental management.		X	X		X	
Objective R3.2.4: (Applying) Manages one's own practice effectively.		X	X		X	
Competency Area R4: Teaching, Education, Dissemination of Knowledge						
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.						
Objective R4.1.1: (Applying) Design effective educational activities.		X				X
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.	X	X				X
Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.		X				X
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.		X				X
GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.						
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.		X				X
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.		X				X
Competency Area E2: Added Leadership and Practice Management Skills						
GOAL E2.1 Apply leadership and practice management skills to contribute to management of pharmacy services.						
Objective E2.1.2: (Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service			X			
Competency Area E6: Teaching and Learning						
GOAL E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.						
Objective E6.1.1: (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.					X	

Objective E6.1.2: (Understanding) Explain academic roles and associated issues.					X
Goal E6.2 Develops and practices a philosophy of teaching					
Objective E6.2.1 (Creating) Develop a teaching philosophy statement.					X
Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.					X
Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.					X
Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.					X

Resident Orientation Topics

Logistics (Sarah Ray)

- H drive, S drive, One Drive, Outlook
- Portal
- Blackboard
- Faculty Handbook/Employee Handbook
- Bylaws
- Office supplies and other office needs
- Maintenance
- Classroom (AV) support
- IT support
- Chapel time
- ATM, vending, exercise, sports
- Admin Support
  - Lisa Pintor
- Concordia Cares
- Vaccines
- Phones and long distance
- Accreditation standard
- ID card

Development (Sarah Ray)

- Annual development dollars
- Self-tracking expenses
- "Own" expenses vs SOP expenses
- Reimbursement process
- Assessment process
- CELT
- DPP and CUWSOP Seminars
- Topic Discussions
- Masters Coursework

Practice

- Faculty practice site partners overview
  - Progressive Community Health Center
  - Second year site
- Insurance coverage

Scholarship

- Peer reviewed abstracts/posters
- Poster printing
- Manuscripts and journal options

- o Clinical
- o Educational
- Faculty scholarship interests

Sessions to be scheduled with others (resident to schedule)

Teaching and Assessment

- Curriculum Overview (Mike Brown)
- Curriculum Committee Overview and Policies (Chair of committee)
- APC series
  - o Overview (Sarah Ray)
  - o APC instructors (Beth Buckley, Kassy Bartelme, Joe Dutzy, Megan Fleischman, James Lokken, Hazel Morgen)
- Pharmacotherapy series including guiding principles for lecturers (Anne LaDisa)
- Academic Resident Rotation/Teaching Certificate (Audrey Kostrzewa, Sarah Ray)
- DI resources and library access (Kathy Malland)
- Dual Degree programs (Sarah Ray)
- IPE (Anne LaDisa or Mike Oldani)
- IPPE/APPE series and Pathways (Melissa Theesfeld)
- Instructional Design Center (Justin Frisque)
- SLOs and Assessment (Nicia Lemoine)
- PollEverywhere (Nicia Lemoine)
- EHR-Go (Sarah Ray)
- Grading rubric system (Mike Brown)

Service

- CUWSOP opportunities (Hazel Morgen)
  - o CSPA and other student groups
  - o Standing Committees
  - o Ad hoc committees
- CUW opportunities (Sarah Ray)
- National and local involvement (Sarah Ray)
- Admissions (Michael Pickart & Nancy Stoehr)
  - o Student candidate interviews
  - o Recruitment
- Student Affairs (Lauren Dixon)

CUWSOP PGY1 Pharmacy Residency Program
Resident Assessment Process

Preceptors and residents will document progress with respect to specific educational goals and objectives on a quarterly basis. All evaluations will be completed online through the PharmAcademic system as outlined through the Residency Learning System Workbook.   The resident's initial resident assessment will be completed and customized quarterly learning plans will be completed. The following summarizes the timing and components of the evaluation process.

Initial Resident Assessment
Incoming residents will complete the Initial Resident Assessments prior to their start date. Preceptors and residents must meet to review the initial resident assessment and complete Customized Training Plan, Quarter 1, within 4 weeks of their start dates. Preceptors must ensure that areas identified as initial strengths and weaknesses are evaluated during the first quarter for the purpose of fostering strengths or offering remediation as future learning. Residents will also complete an initial self-reflection during the first month of the residency program.

Rating Scale Guidance

Rating Scale Component	Definition
Needs Improvement (NI)	• Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning • Repeatedly unable to meet deadlines
Satisfactory Progress (SP)	• Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	• Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR) **Completed by RPD only**	• Resident consistently performs objective at Achieved level, as defined above, for the residency.

Formative and Summative Evaluations
Formative evaluations are opportunities to provide feedback about a learning activity as the resident is working on the activity. The feedback helps the resident improve as they progress through the learning activity/project. It may be verbal or written feedback.   If written, copies should be saved and uploaded to PharmAcademic (or use the feedback button in PharmAcademic to send feedback).

Summative evaluations are more formal, written opportunities to provide feedback after a learning activity has been completed or at regular intervals (i.e quarterly).   Assessment of the completed activity or progress on the learning activity outlines strengths, weaknesses, and next steps or areas for improvement.

Assessments to be Completed by Preceptors
You will be prompted via the PharmAcademic system to complete evaluations as they are set-up in the system each quarter. Evaluations are set up for each learning experience outlined. You are asked to evaluate the attainment of residency program objectives that are linked to each learning experience. ***This does not mean that there needs to be progress on every objective each quarter.*** It is acceptable to mark NA on some objectives, particularly in the first quarter of the residency. Evaluations should NOT include a list of activities that were completed; rather the evaluations should be an assessment of the resident's strengths and weaknesses and progress towards achieving the objective, with a plan for improvement as necessary. ***We will be tracking our progress through the year with the goal that 90% of all objectives are achieved by the end of the residency, with the rest marked as satisfactory progress.***

Please see the section on summative evaluation tips at the end of this document.

Assessments to be Completed by Residents
Residents will complete self-evaluations of their attainment of residency objectives in a manner similar to that requested of preceptors (detailed above).

What is self-evaluation?   It can be described as a process of residents reflecting on and evaluating the quality of their work, their progress towards achieving the goals/objectives of their learning experiences, and identification of their strengths or weaknesses. The self-evaluations should not be a listing of what the resident completed throughout the learning experience, but rather a reflection on their progress towards achieving the objectives and what they will do to improve.

In addition, residents will be asked to evaluate (every 6 months for longitudinal learning experiences) their:
- Residency Preceptor(s) (for each preceptor a resident works with)
- Overall Learning Experience

PharmAcademic sets this up for each individual learning experience.   Preceptors and residents should meet to discuss the evaluations prior to the quarterly evaluation debriefing meetings.

Quarterly Evaluation Debriefing Meetings
Within 2 weeks of completing quarterly online evaluations, residents and preceptors should meet to debrief about the content of evaluations. Prior to the evaluation review meeting, residents and preceptors can log in to the PharmAcademic system and print off summary reports of the evaluations that have been entered by resident and preceptors. The following items should be discussed during this meeting.

I. Discrepancies between resident self-evaluation and preceptor evaluation of the completion of residency objectives and general abilities.
II. Identified strengths and areas for improvement in resident's performance for learning experiences covered that quarter.
III. Plans for addressing areas of improvement in the future.
IV. Review of preceptor and learning experience evaluations.
V. Discussion and completion of custom training plans document.

Custom Training Plans Quarters 2-8
Custom training plans must be completed for the upcoming quarter and discussed at the previous quarter's evaluation review meeting. The intention of these plans is to continue progress in areas of strength and resident interest and address areas of improvement evident from completion of resident evaluations.

Deadlines
There are two deadlines to meet for the purpose of evaluations, a deadline for completing evaluations online and a deadline for residents and preceptors meeting to review evaluation results together and plan for the next quarter. These deadlines for are outlined in the table below.

Deadline for Completing Evaluations Online	Deadline for Evaluation Review Meeting
October 1	October 15
January 4	January 18
April 1	April 15
June 25	June 30 (or last day of residency)

Tips for Summative Evaluation Feedback
1. When assigning a resident to a learning activity, tell them what you are looking for. Consider utilizing formative feedback (can give feedback directly through PharmAcademic) or developing your own evaluation rubric to evaluate their performance.
2. Check the status of Achieve, Satisfactory Progress, Needs Improvement or Not Applicable for each learning objective.
3. When entering commentary for the status of each learning objective ensure that your comments are;
   a. Based on criteria for the objective
   b. Based on firsthand knowledge
   c. Is specific and focused
   d. Is limited to areas of either really exceptional performance or areas of improvement
   e. Do NOT simply restate what the resident did as a part of the objective
4. In the open commentary box at the end of each learning experience evaluation, address the following areas related to resident performance in the learning experience overall.
   a. What strengths the resident demonstrated as a part of this learning experience?
   b. What areas of improvement exist as a part of this learning experience?
   c. What can be done to improve?

See the example below for summative evaluation feedback to include at the end of each learning experience evaluation.

Small Group Teaching Performance
X's greatest strength is in her organizational skills and preparation. From her discussion preparation to ensuring the lab activity flowed smoothly and on time to keeping her grading organized, X applied this strength to all aspects of her teaching. She was conscientious of her effort and time spent on activities, thus, I think that time and personal management is exceptional for this resident. Her grades were always entered on time with no reminders from me. There were no weaknesses identified with her small group teaching performance. Additional areas of performance include;

Factual Content - X was always well versed and showed a high degree of understanding of her topics in drug information, acute renal failure, IV compatibility and patient education. To complement the Acute Renal Failure lab, X developed a phenytoin/fosphenytoin dosing sheet that helped the students develop their knowledge. Evaluating student performance and responding to their needs in this manner exceeds my expectations for first time TAs.   X also provided a nice balance of factual content and her own experiences from practice in the lab. This is the hallmark of our best instructors!

Interaction with Students - X was always deliberate in explaining what was going to be done, which is very important for this generation of learners. She was always positive and demonstrated a passion for teaching and interacting with students.

Lecture Performance - X delivered a lecture on IV Compatibility on October 12, 2009.

Strengths - X developed a very nice presentation and great handout to foster student learning. Bringing an example of a precipitate in a line was excellent. Good use of humor in the lecture. Poise was quite good, especially during student questions. Good opening and use of learning objectives.

Areas to Work On - Make sure to look at all slides ahead of time to assess their legibility on the screen, including color schemes and lighting in the room. There was a little reading off of slides. Using slides to make main points and foster discussion would be ideal. Could optimize active learning techniques a little more especially when working through the case. Instead of just providing the answer, give the students a chance to address it or work through the steps to solve the issue.

Orientation

PGY1 - Pharmacy (45038)

Faculty: Ray, Sarah

Site:

Concordia University Wisconsin School of Pharmacy

Status: Active

Required

General Description:

Orientation will occur at both the first year practice site and CUW during the first 6-8 weeks of the residency.   The resident will be on campus 2-3 days per week and at the practice site 2-3 days per week.

At CUW the resident will be oriented to the residency in general, including policies, expectations, PGY1 standards, competency area goals and objectives, and evaluation strategy. The resident will be also be oriented to the role of a faculty member.   This includes basic logistics, development, practice and scholarship, teaching and assessment, and service.

At the first year practice site the resident will be oriented to the clinic in general, including the departments of the clinic and clinic personnel. The resident will also be oriented to the role of the clinic pharmacist and be provided direct instruction/review on the process of delivering patient care.   This includes orientation to the EHR, referral process, CPAs, visit process (including documentation), and quality outcomes.

Role(s) of Pharmacist(s):

Faculty are involved in teaching, service, and research/scholarship. They are responsible for course coordination, lecture development/delivery, and lab instruction.

At the practice site the clinical pharmacist is responsible for patient care duties carried out under a CPA. See the Direct Patient Care Year 1 learning experience for more information.

Expectations of Residents:

At CUW the resident is expected to participate actively in the orientation meetings as outlined above) and other faculty meetings. The resident is expected to take initiative to schedule meetings with other key staff and faculty for certain orientation topics (as outlined).

At the practice site the resident is expected to observe patient care visit modeling by preceptor (at least 10) and gradually progress to leading visits with coaching by the preceptor. It is expected that the resident will participate/lead at least 20 visits by the end of the orientation period. The resident will be oriented to group visits if they align with the orientation schedule. The resident is expected to participate actively in topic discussions on most common chronic disease states and lead a journal club on a clinical journal article. The resident is expected to participate actively in discussions about quality outcomes.

Feedback/Evaluations

The preceptor and resident will have weekly check-ins to review progress and to identify needs and areas for improvement during the orientation period. A summative evaluation will be completed at the end of the 6-8 week orientation period. This will be completed by the preceptor and resident (self-evaluation).   In addition the resident will complete a preceptor evaluation and learning experience evaluation. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

Progression of Residents:

The resident will start to have an understanding of the role of the faculty member and clinic pharmacist by the end of the orientation. They will be prepared to start their required rotations.

			Activities
Goal R1.1	**In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process**		
OBJ R1.1.1	(Cognitive - Applying) Interact effectively with health care teams to manage patients' medication therapy	Taught and Evaluated	Introduce self to clinic personnel and shadow primary care providers
OBJ R1.1.2	(Cognitive - Applying) Interact effectively with patients, family members, and caregivers	Taught and Evaluated	Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling. Perform medication histories on assigned patients Provide medication education to patients, their families, and/or care-givers
Goal R3.1	**Demonstrate leadership skills**		
OBJ R3.1.1	(Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Taught and Evaluated	Develop relationships with physicians, nurses, co-workers, faculty, staff, and students you interact with
OBJ R3.1.2	(Cognitive - Applying) Apply a process of on-going self-evaluation and personal performance improvement	Taught and Evaluated	Complete summative evaluation by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic
Goal R4.1	**Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)**		
OBJ R4.1.2	(Cognitive - Applying) Use effective presentation and teaching skills to deliver education	Taught and Evaluated	Lead a journal club discussion

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed

ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed

Practice and Academic Leadership Emphasis Direct Patient Care Year 1

PGY1 - Pharmacy (45038)

Faculty: Johnson, Francesca

Site:

Concordia University Wisconsin School of Pharmacy

Status: Active

Required

General Description:

The Direct Patient Care Year 1 learning experience exposes the resident to an urban underserved patient population at Progressive Community Health Center. This is a multi-specialty FQHC that has 4 physicians, 4 physician assistants, and 1 nurse practitioner in primary care, serving both children and adults.

The resident will be at clinic 2 days per week, with the opportunity to expand to an additional ½ day of independent practice once the resident is deemed competent to see patients independently (typically beginning in December/January).

Role(s) of Pharmacist(s):

The clinical pharmacists have a collaborative practice agreement in place granting them privileges to manage patients with several chronic disease states. In addition, the clinical pharmacists may see patients for Comprehensive Medication Reviews (CMRs), specific drug education or for polypharmacy consults. The pharmacists are also available for drug/disease state information questions and regularly provide presentations and email medication-related updates to the providers. The pharmacists also precept ambulatory APPE students. The pharmacists are also active members of several clinic committees. The resident will be fully immersed in the clinical pharmacist activities at the clinic, participating in all the activities mentioned above. In addition, the resident may assist in other projects as they arise.

Expectations of Residents:

Activities include:

1- Topic discussions related to collaborative practice agreements, ambulatory clinic development, and disease states commonly encountered at the clinic will occur throughout the year

2- Appointment-based patient visits for CMRs, education and management via CPA throughout the year

3- Consultations/Questions from providers and staff throughout the year

4- Group visits (if scheduled on resident clinic days)

5- Presentations to provider and nursing staff

6- Participation in clinic meetings (if scheduled on resident clinic days)

7- Precepting ambulatory care APPE students as a team with the expectation of being the preceptor of record for at least 1 APPE student during the last one-third of residency year 1

8- Medication Use Evaluation- topic identified in Quarter 2, analysis and report completed in Quarter 3, meetings with clinic stakeholders in Quarter 4.

9- Drug class review, monograph, treatment guideline, or protocol

10- Assist in development and implementation of other projects/services as they arise throughout the year

11-Interventions to track and improve quality and medication adherence measures for individual and population health metrics

Feedback/Evaluations

The resident will receive weekly, if not daily, verbal or written formative feedback from their preceptor(s). The resident's written documentation will be reviewed after each clinic day and formative feedback will be given.   The preceptors will complete quarterly written summative

evaluations of the resident and resident will complete quarterly self-evaluations. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

Progression of Residents:

The resident is expected to progress from being coached by the preceptor in August and September to having more independence during patient visits in October-December (preceptor as facilitator).   The resident will progress from contributing to portions of the visit (med history, disease state/medication education, plan of care) to leading the entire visit.   It is expected that the resident will lead at least 50 entire visits before adding the additional ½ day of independent patient practice. The resident is expected to participate actively in topic discussions and presentations.

			Activities
Goal R1.1	**In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process**		
OBJ R1.1.1	(Cognitive - Applying) Interact effectively with health care teams to manage patients' medication therapy	Taught and Evaluated	Identify medication-related problems in clinic patients and implement medication changes per CPA Provide recommendations to providers and answer drug information questions in a timely manner
OBJ R1.1.2	(Cognitive - Applying) Interact effectively with patients, family members, and caregivers	Taught and Evaluated	Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling. Perform medication histories on assigned patients Provide medication education to patients, their families, and/or care-givers
OBJ R1.1.3	(Cognitive - Analyzing) Collect information on which to base safe and effective medication therapy	Taught and Evaluated	Collaborate with providers and other team members for additional information if needed Collect information from the EHR and patient during patient visits
OBJ R1.1.4	(Cognitive - Analyzing) Analyze and assess information on which to base safe and effective medication therapy	Taught and Evaluated	Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed. Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor
OBJ R1.1.5	(Cognitive - Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Taught and Evaluated	Initiate/change therapy for patients as necessary. Communicate plan with patient and schedule follow-up visit. Document recommended changes to the regimen and monitoring plan in the EHR and discuss with appropriate clinic staff when a situation may require more immediate means of communication.
OBJ R1.1.6	(Cognitive - Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Taught and Evaluated	Document recommended changes to the regimen and monitoring plan in the electronic medical record and discuss with appropriate clinic staff when a situation may require more immediate means of communication. Ensure appropriate follow-up visit is scheduled.
OBJ R1.1.7	(Cognitive - Applying) Document direct patient care activities appropriately in the medical record or where appropriate	Taught and Evaluated	Document a patient care note in the EHR every time a patient is seen (live or virtual) Document any identified adverse drug events into the system's incident reporting system and EHR
OBJ R1.1.8	(Cognitive - Applying) Demonstrate responsibility to patients	Taught and Evaluated	Communicate any medication therapy issues not resolved by the end of the day to your preceptor(s) Ensure patients have information and/or access to resources to obtain prescribed medication therapy Prioritize patient problems. Work to resolve all existing or potential medication therapy issues before leaving for the day
Goal R1.2	**Ensure continuity of care during patient transitions between care settings**		
OBJ R1.2.1	(Cognitive - Applying) Manage transitions of care effectively	Taught and Evaluated	Communicate with other health care providers when patients should be referred for more specialized care Complete medication reconciliation for patients recently discharged from a hospital and facilitate scheduling an appointment with a provider for a hospital follow up if not already scheduled

Goal R2.1	**Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization**		
OBJ R2.1.1	(Cognitive - Creating) Prepare a drug class review, monograph, treatment guideline, or protocol	Taught and Evaluated	As requested by preceptor prepare drug class review, monograph, treatment guideline, or protocol
OBJ R2.1.2	(Cognitive - Applying) Participate in a medication-use evaluation	Taught and Evaluated	Participate in a medication-use evaluation by developing criteria for use, participating in data collection, and/or analyzing data.
OBJ R2.1.3	(Cognitive - Analyzing) Identify opportunities for improvement of the medication-use system	Taught and Evaluated	Review the ISMP publication of safety reports to identify potential weaknesses in organization's medication use process and provide report on potential recommendations or identify 3 opportunities for improvement of the medication-use system during rotation and provide recommendations for potential changes
OBJ R2.1.4	(Cognitive - Applying) Participate in medication event reporting and monitoring	Taught and Evaluated	Complete medication event reports that you become aware of and review medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management.
Goal R3.1	**Demonstrate leadership skills**		
OBJ R3.1.1	(Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Taught and Evaluated	Develop relationships with physicians, nurses, co-workers, and students you interact with during the learning experience
OBJ R3.1.2	(Cognitive - Applying) Apply a process of on-going self-evaluation and personal performance improvement	Taught and Evaluated	Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic Describe your personal process of staying up to date and improving performance
Goal R3.2	**Demonstrate management skills**		
OBJ R3.2.1	(Cognitive - Understanding) Explain factors that influence departmental planning	Taught and Evaluated	Participate in discussions with preceptor(s) on assigned topics- including service development; financial management; accreditation, legal, regulatory and safety requirements applicable to the site; facilities design; organizational culture; strategic planning
OBJ R3.2.2	(Cognitive - Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system	Taught and Evaluated	Participate in discussions with preceptor(s) on assigned topics- including quality metrics; changes to laws and regulations as related to medication use; and keeping current on trends in pharmacy and healthcare.
OBJ R3.2.3	(Cognitive - Applying) Contribute to departmental management	Taught and Evaluated	Serve on a clinic committee as assigned
OBJ R3.2.4	(Cognitive - Applying) Manages one's own practice effectively	Taught and Evaluated	Correctly prioritize patients / activities within the structure of the day and; complete consults/projects in a timely manner; meet deadlines
Goal R4.1	**Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)**		
OBJ R4.1.1	(Cognitive - Applying) Design effective educational activities	Taught and Evaluated	Prepare educational materials for patients as assigned Prepare evidence-based presentation to be delivered to clinic personnel
OBJ R4.1.2	(Cognitive - Applying) Use effective presentation and teaching skills to deliver education	Taught and Evaluated	Lead topic discussions with pharmacy students Present evidence-based presentation to clinic personnel Provide education to clinic patients
OBJ R4.1.3	(Cognitive - Applying) Use effective written communication to disseminate knowledge	Taught and Evaluated	Prepare a written response to a drug information question

OBJ R4.1.4	(Cognitive - Applying) Appropriately assess effectiveness of education	Taught and Evaluated	Assess effectiveness of topic discussions
Goal R4.2	**Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals**		
OBJ R4.2.1	(Cognitive - Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs	Taught and Evaluated	Discern the pharmacy learner's level of knowledge and the level of preceptorship needed
OBJ R4.2.2	(Cognitive - Applying) Effectively employ preceptor roles, as appropriate	Taught and Evaluated	Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	50.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	25.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	75.00%

Faculty: Ray, Sarah

Site:

Concordia University Wisconsin School of Pharmacy

Status:　　　　Active

Required

General Description:

The Staffing learning experience will occur either during a concentrated or longitudinal experience at the end of the first year or during the second year of the residency. The resident will be expected to staff in an outpatient/community pharmacy for the equivalent of 10 full days in order to be exposed to the dispensing process and the opportunities for collaboration between the clinic and the outpatient/community pharmacy. The preceptor will be either a frontline staffing pharmacist or manager responsible for dispensing functions.

The role of the pharmacist includes overseeing the work of the technicians, dispensing medications, providing patient counseling, and providing immunizations.

Role(s) of Pharmacist(s):

The pharmacist is responsible for medication dispensing, and may have a role in managing various aspects of the dispensing process and the pharmacy staff.

Expectations of Residents:

It is anticipated that the resident will participate in dispensing functions mentioned above as a registered pharmacist. The resident will also complete a project related to one of the following topics:

- Formulary management

- Interfacing with EHR

- 340b

- WPQC

- Personnel management

- Other management topic pertinent to the pharmacy

The resident will progress from direct instruction and modeling by the preceptor to being coached by the midpoint of the learning experience. It is anticipated that the preceptor will facilitate the resident's experience by day 9-10 and the resident will be able to staff

independently.

Feedback/Evaluations

The resident and preceptor will complete an evaluation at the end of the learning experience. In addition the resident will complete a preceptor evaluation and learning experience evaluation. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

Progression of Residents:

The resident will learn about the dispensing process and gradually become more independent in the pharmacy.

			Activities
Goal R1.3	**Prepare, dispense, and manage medications to support safe and effective drug therapy for patients**		
OBJ R1.3.1	(Cognitive - Applying) Prepare and dispense medications following best practices and the organization's policies and procedures	Taught and Evaluated	Perform order verification, check prepared prescriptions, and provide counseling to patients
OBJ R1.3.2	(Cognitive - Applying) Manage aspects of the medication-use process related to formulary management	Taught and Evaluated	Recommend formulary therapeutic alternatives or initiate/complete prior authorization process for non-formulary medications, as appropriate
OBJ R1.3.3	(Cognitive - Applying) Manage aspects of the medication-use process related to oversight of dispensing	Taught and Evaluated	Participate in project at the pharmacy Work with other pharmacists on shift to check all products prepared by technicians and oversee workflow within the pharmacy

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed

Faculty: Wulz, Jordan

Site:

Concordia University Wisconsin School of Pharmacy

Status: Active

Required

General Description:

The Teaching learning experience offers the resident flexible and valuable opportunities to enhance their teaching skills. This experience includes interactions with faculty, didactic online seminars in pedagogy (teaching methods), live seminars preparing participants for understanding and pursuing academic careers, and lecture and small group teaching of student pharmacists. Residents will be exposed to course coordination, lab instruction, and lab/lecture development.   This learning experience is complemented further and expanded upon by the Academic and Personal Development learning experience. The resident will be "on campus" either in-person or virtually 2.5 days per week throughout each year for the two learning experiences.

Role(s) of Pharmacist(s):

The resident will interact with several faculty members who currently teach at Concordia University Wisconsin School of Pharmacy (CUWSOP), as well as CUWSOP staff and students. Faculty are responsible for course coordination, lecture development and delivery, and lab instruction.

Expectations of Residents:

The resident will participate in the following activities that are designed to expose the resident to the roles and responsibilities of a faculty member:
  • Small Group Teaching- at least 10 labs per semester with some exposure to coordinating lab days beginning in Spring of Year 1 and continuing in Year 2.
  • Large Group Teaching (Lecture)- at least 1 per semester
  • Course/Module coordination in Year 2 (also evaluated in Academic and Personal Development learning experience)
  • Teaching Skills Online Modules and associated assignments (evaluated in Academic and Personal Development learning experience)
  • Academic Service (evaluated in Academic and Personal Development learning experience)
  • Careers in Academia Seminar (evaluated in Academic and Personal Development learning experience)

Feedback/Evaluations

The resident will work with the preceptor and other faculty throughout their rotation with timely formative feedback delivered verbally and written. Residents will be scheduled for small group teaching evaluation by a faculty member via rubric. Student feedback on small group teaching will also be sought via rubric. Residents will deliver a practice lecture and a final lecture with rubric evaluations from participating faculty and students. The preceptor will complete program evaluations on a quarterly basis. The resident will also self-evaluate and reflect formally on a Q6 month basis. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months.

The resident and preceptor will have regular check-ins to review progress and to identify needs. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

Progression of Residents:

The resident will receive direct instruction from various APC faculty and by participating in the online modules and other discussions in Quarter 1. APC faculty will also model appropriate instructor teaching. Throughout quarters 2, 3, and 4 the resident will be coached by various preceptors as they prepare their lectures and participate in APC lab as instructors. In Year 2, the resident will receive coaching from the Pharmacotherapy coordinators and APC faculty as needed. In Quarters 7 and 8 , the faculty will be facilitating the resident as the resident operates and teaches completely independently without direct observation.

			Activities
Goal R4.1	**Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)**		
OBJ R4.1.1	(Cognitive - Applying) Design effective educational activities	Taught and Evaluated	As part of lab and/or course/module coordination, design or redesign learning materials
OBJ R4.1.2	(Cognitive - Applying) Use effective presentation and teaching skills to deliver education	Taught and Evaluated	Facilitate/teach in a small group (lab)experience Present lecture to students
OBJ R4.1.3	(Cognitive - Applying) Use effective written communication to disseminate knowledge	Taught and Evaluated	As part of lab and/or course/module coordination, create written materials/handouts for students
OBJ R4.1.4	(Cognitive - Applying) Appropriately assess effectiveness of education	Taught and Evaluated	Review feedback from faculty preceptors and students and self-reflect on performance for areas of improvement
Goal R4.2	**Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals**		
OBJ R4.2.1	(Cognitive - Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs	Taught and Evaluated	In lab/lecture, discern the pharmacy learner's level of knowledge and the level of preceptorship needed
OBJ R4.2.2	(Cognitive - Applying) Effectively employ preceptor roles, as appropriate	Taught and Evaluated	Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	25.00%
ASHP Learning Experience Evaluation	Residents	Learning Experience	50.00%
ASHP Learning Experience Evaluation	Residents	Learning Experience	75.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	25.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	50.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	75.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	25.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	75.00%

Practice and Academic Leadership Emphasis Academic & Personal Development

PGY1 - Pharmacy (45038)

Faculty: Ray, Sarah

Site:

Concordia University Wisconsin School of Pharmacy

Status: Active

Required

General Description:

The Academic and Personal Development learning experience is a combination of efforts to further the resident's foundational knowledge and skills in teaching through Masters in Teaching and Learning coursework and foundational knowledge required to lead in practice and academia. This experience includes 1:1 meetings with the preceptor, didactic online or live coursework in the Masters in Teaching and Learning curriculum, lecture and small group teaching of student pharmacists, course coordination efforts, and service to the School of Pharmacy. The resident will interact with several faculty members who currently teach at Concordia University Wisconsin School of Pharmacy (CUWSOP), as well as CUWSOP staff and students and other CUW university faculty in the School of Education. This experience is complemented by the Teaching learning experience. The resident will be "on campus" either in-person or virtually 2.5 days per week throughout each year for the two learning experiences.

Role(s) of Pharmacist(s):

The faculty members are responsible for course coordination, lecture development and delivery, and lab instruction.   The faculty members also have roles in service and research/scholarship.

Expectations of Residents:

The resident will participate in the following activities that are designed to expose the resident to the roles and responsibilities of a faculty member:

- Teaching Skills Online Modules and associated assignments in Fall of Year 1
- Academic Service- SOP Curriculum Committee 1st year, SOP Assessment Committee 2nd year
- Careers in Academia Seminar in Fall of Year 1
- APC Series meetings- role as secretary in Year 1, role as coordinator in Year 2 (responsible for creating agendas, scheduling and facilitating meetings
- Completion of Masters coursework, including academic project (identification of topic in Quarter 1, research plan in Quarter 2, data collection in Quarter 3 and 4 and potentially extending into Year 2, data analysis and education manuscript writing in Spring of Year 2, portfolio (completed in Spring of Year 2)
- Topic Discussions throughout each year

- Course/Module coordination in Year 2 (also evaluated in Teaching learning experience)
- Small Group Teaching- at least 10 labs per semester (evaluated in Teaching learning experience)
- Large Group Teaching (Lecture)- at least 1 per semester (evaluated in Teaching learning experience)

Feedback/Evaluations

The resident will work with the preceptor and other faculty throughout their rotation with timely formative feedback delivered verbally and written. The preceptor will gather feedback from all involved faculty in order to provide summative evaluations. The preceptor will complete program evaluations on a quarterly basis. The resident will also self-evaluate and reflect formally on Q6 month basis. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months.

The resident and preceptor will have regular check-ins to review progress and to identify needs. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

Progression of Residents:

The resident's progression is outlined above in the activities.

			Activities
Goal R3.1	**Demonstrate leadership skills**		
OBJ R3.1.1	(Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Taught and Evaluated	Develop relationships with faculty, staff, and students you interact with during the learning experience. APC series meetings participation and eventual coordination.
OBJ R3.1.2	(Cognitive - Applying) Apply a process of on-going self-evaluation and personal performance improvement	Taught and Evaluated	Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic Describe your personal process of staying up to date and improving performance
Goal R3.2	**Demonstrate management skills**		
OBJ R3.2.1	(Cognitive - Understanding) Explain factors that influence departmental planning	Taught and Evaluated	Participate in Careers in Academia Seminar Topic discussions with preceptor on University, School, and Department structure
OBJ R3.2.3	(Cognitive - Applying) Contribute to departmental management	Taught and Evaluated	Academic Service as assigned. APC series meeting coordination. DPP faculty search committee participation if one is formed.
OBJ R3.2.4	(Cognitive - Applying) Manages one's own practice effectively	Taught and Evaluated	Correctly prioritize students / activities within the structure of the day and; complete projects in a timely manner; meet deadlines
Goal E6.1	**Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education**		
OBJ E6.1.1	(Cognitive - Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education	Taught and Evaluated	Masters coursework Teaching Skills Online Modules and associated assignments
OBJ E6.1.2	(Cognitive - Understanding) Explain academic roles and associated issues	Taught and Evaluated	Careers in Academia Seminar Masters coursework specifically related to "teaching pharmacy students I-III coursework

Goal E6.2	Develops and practices a philosophy of teaching		
OBJ E6.2.1	(Cognitive - Creating) Develop a teaching philosophy statement	Taught and Evaluated	Create a teaching philosophy statement (examples in Teaching Skills Online Modules)
OBJ E6.2.2	(Cognitive - Creating) Prepare a practice-based teaching activity	Taught and Evaluated	Course/Module coordination- lecture/assignment planning Lecture development
OBJ E6.2.3	(Cognitive - Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation	Taught and Evaluated	Course/Module coordination- lecture delivery
OBJ E6.2.4	(Cognitive - Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio	Taught and Evaluated	Create a portfolio of teaching philosophy, skills, and experiences as part of Masters coursework

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	25.00%
ASHP Learning Experience Evaluation	Residents	Learning Experience	50.00%
ASHP Learning Experience Evaluation	Residents	Learning Experience	75.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	25.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	50.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	75.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	25.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	75.00%