



Post Graduate Year 1 Community-Based Residency Program



Become a PharmCat!!

James. L. Winkle College of Pharmacy
3225 Eden Avenue
Cincinnati, OH 45267-0004

Welcome... to the University of Cincinnati College of Pharmacy PGY1 Community-based Pharmacy Residency for underserved populations! We are working with our partners, St Vincent de Paul Charitable Pharmacy, Cincinnati Health Department, Medication Managers/LifeLine 24 and Equitas Health to create unique and challenging experiences in underserved/community-based care. We are very excited that you have chosen to spend your next year with us, learning and caring for those in our community. You were chosen for our residency program based on your educational background, experience, and passion for caring for those in need.

We pride ourselves in providing unique experiences that will allow you to grow not only as a professional but also as an individual. This next year will be challenging in many ways, but will go by fast... so hold on... We strive to achieve the best possible outcome for customers, patients and health professions learners while maintaining a collaborative environment. Each must be respected and mentored in a professional manner at all times... We strive to maintain a patient and student centered attitude in all that we do.

As part of the team, you will be actively engaged in all aspects of the activities at each site: from counseling patients and conducting health screenings, to dose adjusting medication therapy, to teaching health professions students/pharmacists/other health professionals. You will develop communication, cultural competence and clinical skills that are unique to the population we serve. You have the support of all members of the residency team: preceptors and other mentors as you travel down this one-year journey. Most of all, members of our staff are committed to supporting the residency program and assisting in any way....

Our doors are always open and we invite you in....

University of Cincinnati:
Bethanne Brown PharmD, BCACP–
Residency Preceptor Director

St Vincent de Paul
Lydia Bailey PharmD. BCACP

Tanara Ellis PharmD
Cincinnati Health Department

Joelle Ahlrichs PharmD, AAHIVP
Equitas Health

LifeLine24 and Medication Managers, LLC
Jodi Hoffman PharmD, BCGP
Andy Mann PharmD
Joanne Lankford PharmD
Rick Hytree PharmD

University of Cincinnati PGY1 Community- Based Pharmacy Practice Residency Program Policies and Procedures 2025-2026

Requirements for Completion of Residency:

The University of Cincinnati Residency Programs require one year (12 months) of full-time training that will generally commence on July 1 and finish on June 30 of the subsequent year. Residents are expected to pursue the achievement of all the goals of the residency program as established in their development plans through an enthusiastic and timely completion of all activities and assignments.

The residency program director and preceptors will actively encourage and assist residents during the residency year. A residency certificate will be awarded upon successful completion of the program which requires the following (see Appendix A and B):

1. Successful completion of all required and elective (if applicable) learning experiences.
 - a. A designation of “Achieved” for Residency (ACHR) on a minimum of 85% of the required goals and objectives identified in the development plan.
 - b. A designation of “Satisfactory Progress” (SP) on all remaining goals and objectives identified in the development plan (but no more than 15% of required objectives).
 - c. A resident will not complete the program if any objective is rated as Needs Improvement (NI).
2. Satisfactory completion of all Requirements to Complete the Residency. See Appendix A and B
3. Completion of end of year meeting with RPD to verify and document successful completion of the program requirements.

Licensure:

At this time, the University of Cincinnati does not support international students unless their visa status allows them to remain in the US for the duration of the residency program.

The pharmacy resident must submit appropriate documentation to the Ohio State Board of Pharmacy and pursue pharmacist licensure as soon as possible after receiving their Match results. Residents should be licensed in Ohio by the start of their residency program. If NAPLEX or MPJE exams cannot be scheduled prior to the start of the residency year, the resident should schedule the exam(s) at the earliest time possible and obtain and maintain an active Pharmacy Intern license for The State of Ohio until pharmacist licensure is obtained. In addition, Vacation time is not permitted to be used for exam taking purposes and any time away from the practice site must be made up during Orientation.

The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX and MPJE exam in the state and having an active pharmacist license) within 90 days of the beginning of the residency program.

NAPLEX and/or MPJE Failures:

Before 90-day licensure deadline:

If a resident is unable to pass either the NAPLEX or MPJE on their first attempt, a second attempt for the exam in which they failed must be scheduled as soon as possible. This may also necessitate customization of the resident’s training program. The resident is responsible for notifying both the site designee and RPD of the new date. If the resident is awaiting exam results past September 30th of the residency year, they must be removed from the practice site and use vacation time until the results have been released. The resident is unable to practice if unlicensed after September 30th.

After 90-day licensure deadline:

If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the possible outcomes for the resident.

- a. If the resident has NOT taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be terminated from the program.
- b. If the resident has taken, but not passed either the NAPLEX and/or MPJE exam, the RAC may decide one of the following outcomes:
 - i. **Suspension:** This may occur if the resident is unable to be licensed within 90 days and is at the discretion of the RAC and ONLY if the resident is progressing at a satisfactory rate and is completing learning experience assignments by assigned deadlines. The program then reserves the right to suspend a resident until they are licensed but for no longer than 45 days. During the suspension, the resident will be removed from all residency activities but will remain a UC employee. Pay will be suspended but benefits will continue (healthcare etc). The residency year will be extended to make up ALL time and competency areas missed during the suspension. Upon re-instatement, the resident may be required to complete additional orientation/training activities. If the resident fails to become licensed after 45 days of suspension, they will be terminated from the program.
 - ii. **Termination:** This may occur if the resident is unable to become licensed in the State of Ohio within 90 days of the start of the program. This decision is made by the RAC and will take place immediately. Termination process will follow the policies of the University.

These policies are in compliance with the PGY1 Accreditation Standard for Post Graduate Training Standard 2: Program Requirements and Policies found at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>.

Development Plans:

The residency program is committed to maintaining a customized program that meets the needs of individual residents. All residents will be expected to meet the performance requirements of the residency as established in the University of Cincinnati PGY1 Community-Based Program. However, in order to meet each resident's individual needs, aspects of residency including: orientation, program structure, teaching strategies (modeling, coaching and facilitation) and evaluation strategies may be modified, or customized, to help the resident be successful and obtain the maximum value from the residency. The resident's development plan will be re-evaluated and updated at least once each quarter of the program.

Components of Development Plan

1. **Entering Self-Reflection** – residents will be asked to self-reflect (global view of your learning and professional growth) by completing the UC PGY1 Community Based Pharmacy Residency Entering Self-Reflection prior to the start of the residency training year. Directions will be sent via email by the RPD with expected return date. Completed documentation will be distributed to program preceptors.
2. **Entering Self-Evaluation:** Residents will be asked to complete the ASHP PYG1 Community-Based Resident Entering Self-Assessment Form. The completion of these documents will provide preceptors background practice interests, personal strengths, opportunities for improvement, well-

being and resilience strategies, and self-evaluation of current skills relative to competency areas, goals and objectives (CAGO's) of the residency program. Responses will be sent to preceptors who will then use this information to customized orientation experiences.

3. Initial orientation activities – The RPD and primary preceptor will prepare the initial customized training for orientation based on the above collected information. Throughout orientation, the primary preceptor will also evaluate the resident based on the same criteria adjust the plan as needed.
4. Initial development plan will be created with RPD during orientation month (late July within 30 days of start of residency). This plan will include: strengths and areas for improvement, practice interests/career goals, well-being and resilience, strengths and areas for improvement related to Competency areas (R1 to R4). To help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc.
5. Each quarter, the resident will meet with the RAC to evaluate progress and review/update development plans including changes to strengths/areas for improvement, practice interests/career goals, wellbeing and resilience, strengths and areas for improvement based on each competency area (R1 to R4). The RPD in collaboration with preceptors, will provide an assessment of strengths and areas for improvement related to competency area as well as develop a planned initial and quarterly changes to the program. In addition, the resident's requirements to complete residency and portfolio (OneDrive) will be reviewed, updated and signed (electronically). These meetings will take place in October, January, and April or every 90 days after initial development plan completed.

Required Learning Experiences/Design of the Program:

All residents will complete unique learning experiences as part of the residency year. Details for each experience can be found in the learning experience documents within the residency handbook. The majority of experiences are longitudinal with the exception of Orientation, which lasts 4 to 8 weeks. The PGY1 resident must successfully complete each of the following experiences:*

- 1 Orientation- 40 to 50 hours per week for the 4-to-8 week experience
- 2 Patient Centered Dispensing:
 - a. St Vincent de Paul: 16 hours per week
 - b. Cincinnati Health Department: 8 hours per week
 - c. Equitas Health: 16 to 20 hours per week
- 3 Leadership and Management:
 - a. St Vincent De Paul: 4 hours per week
 - b. Cincinnati Health Department: 4 hours per week
 - c. Equitas Health: 4 hours per week
- 4 Patient Centered Dispensing + Leadership and Management
 - a. Medication Mangers/LifeLine: 20 hours per week
- 5 Direct Patient Care- 24 hours per week*
- 6 Academic - 4 hours per week
- 7 Business Plan- 2 hours per week*
- 8 Research Project- 3 hours per week*

*Approximate average per week, each week will vary based on project

Assessment of Performance:

For each required learning experience, the resident's skills/ability will be assessed using formative and summative evaluations and self-evaluation and self-reflection. The resident will also assess the preceptor, learning experience and RPD. The timing of these assessments is listed in the Assessment Strategy document.

Formative Feedback: This type of assessment is ongoing, frequent, immediate, specific, and constructive to help the learner identify the strengths and areas for improvement by providing immediate feedback. Effective formative feedback follows the acronym: FAST or F: Frequent, A: Accurate, S: Specific, T: Timely

Examples of formative feedback include:

- a. Observation and dialogue about a specific performance
- b. Reviewing and commenting on drafts of manuscripts/presentations
- c. Receiving student feedback on specific learning experience

Summative Feedback: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives of the residency.

Examples of summative feedback include:

- a. Pharmacademic quarterly learning experience evaluation conducted by preceptor
- b. Final report on quality improvement project
- c. Final manuscript for research project

Self-Reflection: The ability to accurately self-evaluate one's skills/abilities is a critical skill for any professional. To help residents develop, the residency program has built in weekly, bi-weekly and monthly self-reflection opportunities. Within the Resident Activity Report, residents will identify a strength/struggle to reflect upon. As needed self-reflections will also be added depending on circumstances and at the discretion of individual preceptors. How to accurately self-reflect will be reviewed in orientation.

Residency Grievance

As with any challenging experience, conflicts may arise between coworkers, other residents and preceptors. It is the expectation that the resident will first attempt to resolve the conflict with the individual with whom they are experiencing the concern. If a mutually acceptable resolution is not achieved, any of the parties may seek consultation of the RPD to help negotiate a settlement.

Resident Evaluation Concerns:

If the resident does not agree with the evaluation from a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution.

1. If the resident is not satisfied with subsequent evaluation discussions, the resident should notify the RPD to discuss. The RPD will make every attempt to mediate the concerns of both the resident and preceptor in a face-to-face meeting.

2. If either party is dis-satisfied with the outcome of the face-to-face meeting, the resident and/or preceptor may submit a written request to present his/her justification of the performance in question to the Pharmacy Residency Program Director (RPD) within 7 days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the concerned parties in writing.
3. If the resident is not satisfied with the resolution, s/he may submit a written request for review by the Multisite Program Committee (MPC) within 7 days of notification of the Residency Program Director's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance. The resident will also have the opportunity to present to the MPC verbally. The resident may request that the preceptor involved not be present. However, the MPC may deem it appropriate to have the preceptor involved also present information to the committee. The MPC will also review all written documentation of performance and discussions. The MPC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance. Criteria-based evaluation forms (snapshots) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used. The MPC decision with the concurrence of the Residency Program Director is final.
4. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the MPC committee will select another preceptor to coordinate the process.

Remediation/Disciplinary/Performance Policy:

The resident is expected to fulfill all the learning objectives of required experiences and to satisfactorily complete all other requirements outlined in the residency handbook. Professionalism, submission of high-quality work and timeliness are expected. The residency takes precedence over all other professional activities (ie moonlighting). The goal is for the resident to successfully meet the expectations and to grow professionally.

In the event that performance does not meet these expectations, the following process will occur:

1. Preceptors will notify RPD immediately once a situation of concern has been identified. Examples include: concerns revolving around patient care, professional/ethical behavior, educational requirements, failure to meet deadlines or conducting personal business during work hours.
2. A meeting with the RPD, all preceptors at the site and the resident will be held to discuss the concerns identified.
3. If deemed necessary, a performance improvement plan (PIP) will be initiated in accordance with the University of Cincinnati Performance Improvement Policies.

This PIP plan will contain the following:

- a. Describes the behavior(s) or performance that is falling short of expectations.
- b. Describes the impact on the team/organization of this shortfall.
- c. Expected Performance Behavior- details provided.
- d. Follow-up frequency

- e. Signatures of all involved parties
- f. Documentation of follow-up discussions
- g. A copy will be provided to all for editing within 48 hours of the initial meeting. All comments will be sent to the residency program director and the final document will be emailed to all involved within 1 week of the initial meeting.
- h. Follow-up meetings will be scheduled as needed to ensure resident is meeting the goals set within the action plan.

Resident will have a pre-determined, communicated time frame to demonstrate documented improvement or formal termination procedures will proceed.

Any failure to meet any part of the performance improvement plan will result in the issuance of a formal, written reprimand. This reprimand will be issued by the residency program director in collaboration with UC HR and presented to the resident in a face-to-face meeting. The reprimand contains the following:

- a. Specific procedures violated.
 - b. Describe situation/issue.
 - c. Future performance expectations.
 - d. All involved parties will sign the document.
 - e. The document will be placed in the resident's human resources file and is considered public record- viewable by any who request a copy.
 - f. Action plan will be updated based on new evidence of concerning behavior.
4. If a resident receives MORE THAN ONE formal reprimand, dismissal procedures may be set in action. This step must require approval of RPD and site designee.
 5. In cases of serious misconduct, regardless of whether it is the resident's first offense, the College of Pharmacy reserves the right to initiate discipline at any of the aforementioned levels, up to and including termination.

Dismissal Policy:

Residents are graduate pharmacist trainees but are also employees of the University of Cincinnati. They will be employed by the practice site for a one-year period in return for pursuit of achievement of the goals of the program and completion of required activities. Residents may be dismissed from the residency for the following reasons:

1. He/she fails to make satisfactory progress toward achieving the goals of the program as documented in the formal process described in section above (Remediation/Disciplinary Performance Policy)
2. He/she is in violation of work policies or procedures established by the practice sites as documented and reviewed by practice site with the resident.
3. Violation of any State or Federal Law as it pertains to the practice of pharmacy.
4. Any other serious misconduct or violation of the University of Cincinnati policies/procedures or practice site policies/procedures

Time Away from Work:

The residency is a full-time obligation. The hours of training and service are established in order to teach each learning experience and fulfill the residents' development plans. Residents are employed by and their stipend is paid by University of Cincinnati. Hence the residents are obligated to meet the University of Cincinnati employment policies. These full policies are made available to the resident at the time he/she completes new hire orientation. They can also be found on-line at: <https://mailuc.sharepoint.com/sites/HR/SitePages/Postdoctoral-Appointments.aspx>.

Resident Vacation:

Residents will accrue vacation time at the rate of 6.67 hours/month for each month worked (10 days/year). If vacation is to be taken as a full week, the request must be submitted at least 6 weeks in advance since coverage must be secured. If vacation is to be taken in days, requests should be submitted at least 2 weeks in advance. Vacation days cannot all be used for the same day of the week (i.e. all Wednesdays or all Fridays).

Vacation time may be taken during the year of residency when the following process is observed:

1. You must accrue vacation time before you are eligible to take the time off.
2. Your vacation must be completed by June 30th of the residency year.
3. Vacation may be taken as a full week or as days that can be used throughout the residency year.
4. You must clear your time off request with the practice site and other affected preceptors first via email.
5. You must copy the RPD on any vacation e-mail requests.
6. Your request must be submitted via UCFLEX Employee Self-Service (ESS). See below.

The RPD and Residency Preceptor Team reserve the right to disapprove vacation requests if the vacation would adversely affect residency training or seriously interfere with the operation of business

Unpaid time off: residents are permitted to take days off without pay. However, ALL days off (paid or unpaid) may not exceed the total vacation time accrued (10 days per residency year).

To enter unpaid vacation into the UCFlex Employee Self Service (ESS system)- you must include 2 entries:

1. Time off with pay: include all hours accrued to date
2. Time off without pay: should be used for all remaining time off that is not covered with your current accrued vacation time. The category is "authorized leave- unpaid".

Unexpected extension of travel plans: If due to circumstances beyond a resident's control, travel plans are extended (ie: flight cancellations/delays), it is the resident's responsibility to immediately notify both the RPD and site designee. Upon return, the resident must then submit for additional vacation time via ESS.

Resident Vacation per practice partner:

Each practice site is different and discussion of taking vacation that falls on your scheduled work shifts needs to take place with your site designee PRIOR to requesting time off. All communication must be then confirmed via email and RPD must be CC'd.

The following policies are in place:

1. MedManagers/LifeLine:
 - a. You are only permitted to take vacation days to cover 1 of your required staffing weekends at LifeLine (Fri/Sat). You must notify Jodi Hoffman both verbally and email at least 1 month prior to your request to obtain weekend coverage.
 - b. You are only permitted to take 3 total days of vacation from LifeLine (inclusive of #1 above)
 - c. You must work at LifeLine for your assigned holiday-either Christmas Day or New Year's day, You are not permitted to take vacation for either of these holidays.
2. SVdP: You must staff 2 Saturdays per month (averaged over 2 months). Site designee will reach out prior to the schedule to determine dates. You are not permitted to use vacation time to cover your staffing responsibilities for Saturdays.
3. CHD: The resident may not use vacation from 12/22 to 1/2 of the residency year due to staffing levels during the holidays.
4. Equitas: You must staff every other Saturday. Additional administrative time will be added to the week following your staffing requirement.

Resident Holidays:

The Holiday Policy will be observed based on the practice site. If the practice site is closed due to a holiday, then the Resident may also observe that holiday.

Please note: UC is closed the following holidays for 2025-2026: July 4th, September 1st, November 11th, November 27th to 30th, December 24th and December 25th, January 1st, January 19th and May 25th, June 19th

Residents are expected to be either at the College or at your practice site during the following time periods (academic calendar changes):

October 9th and 10th Reading Day/Fall Break
December: 22nd to 26th: Winter Break, UC Closed
March 16th to 22nd: Spring Break

Discuss holidays and time off with your preceptor responsible for your learning experience during which the holiday falls.

Sick Leave:

Residents accrue sick time at a rate of 8 hours/month for each month worked (12 days/year). For sick time greater than 5 days taken consecutively, a doctor's note will be required for days absent and to return to work. All sick leave policies for the University must be followed. If a resident is sick for >10 days but less than 27 days, the RPD, UC Human Resources, and site designee(s) will meet to create and approve a Performance Improvement Plan to ensure that resident responsibilities will be made up. This document will be maintained in the residents HR folder.

Extended Leave:

If a resident takes leave for >27 days, the resident may be terminated, or the residency year will be extended to ensure completion of all requirements subject to University policies in effect at the time of the employment and in collaboration with the residency practice sites. The additional time added to the end of the residency year will be determined by the RPD and practice site. During the leave period, benefits will continue to be provided by the University, but the Resident will be in a no-pay status once all sick and vacation time accrued has been used. This extended leave will be capped at 12 weeks total.

Professional Leave:

UC supports attendance at professional meetings as required by the UC PGY1 Community-Based Pharmacy. Specific days of travel will be approved based on the resident's expected participation and responsibilities at each conference. If the needed professional leave falls on a day or days when the resident has staffing obligations, the resident must work with the primary site designee in order to reschedule the missed hours. Approximate professional leave dates will be decided during Residency Orientation. Any additional request for professional leave must be submitted to the RPD. The final decision for all professional leave is made by the RPD and Preceptor team.

Conference (live or virtual) Guidelines:

Attendance at a conference (either live or virtual) is a requirement of the residency program. Guidelines for attendance at a conference are as follows:

1. List of conference(s) required to attend, present or participate in can be found in the advancing community-based practice- research project learning experience document and associated research timeline.
2. You must attend the conference on day 1 (ie: be there by the start of the first session).
3. The expectation for the length of stay for each conference will vary and must be approved by the site designee and RPD
 - a. IE: for OPA conference- Friday and Saturday are mandatory. Sunday is optional
4. Recruiting is a key part of conference attendance- you will be required to attend all recruiting events as determined by RPD.
5. At least 1 week prior to the conference, residents will meet with site designee to review the schedule of educational learning sessions and other professional development activities.
6. A minimum of 3 educational sessions per day (in addition to poster presentations or recruiting events) will be jointly identified for the resident to attend. This will be based on the time the resident is participating in conference related activities.
7. For virtual conferences: residents will create a written summary of each educational session attended and email a completed document to the site designee and RPD no later than 1-week post conference.
 - Written summary shall include the following in ½ page or less:
 - i. Summarization of overall learning from the session.
 - ii. Clinical pearls learned.
8. For live conferences: residents will meet with RPD at the end of the day for each date the resident is in attendance. Each resident will present a 5 to 10 minutes overview of what they learned from the sessions attended with the group.
9. After the conference has ended, resident will meet with interested preceptors at practice site to review what they learned and share the slides/information/summary document from a select 2 to 3 sessions.
10. Site designee will track and determine compliance with the above guidelines.

Please note: If resident does not have a required session scheduled during normal work hours of a virtual conference, it is the expectation that the resident participates in usual practice-site residency related activities.

Interviews:

The resident will be provided 1 to 2 days off from residency responsibilities for the purposes of interviewing. The time away must be approved following the established request for vacation process described above. The category within the UCFlex Employee Self Service system (ESS) to document this time away from practice site/College will be "Training with Pay".

Unpaid Leave:

You may take time off that is unpaid for personal/professional activities during the residency year. This leave must be approved in the same manner as other leave and documented within UCFlex Employee Self Service (ESS) as leave without pay. However, your total days off, paid or unpaid, may not exceed 10 (total allowed vacation days in the residency year). This policy does not apply to leave requested due to illness (see Sick Leave above)

Inclement Weather:

Due to the longitudinal nature of this rotation, each practice site will handle weather emergencies differently. The resident will be responsible for contacting the preceptor at the site they are scheduled to determine appropriate course of action. In most circumstances, residents will be expected to complete activities related to the residency regardless of the weather situation.

Professional Travel:

Residents are expected to attend and participate in professional meetings as part of the requirements of the residency program. Residents will be reimbursed for travel expenses for up to five meetings/recruitment events each year (up to a max of \$2000 total for the year).

The required meetings/recruitment events may be:

- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase
- Ohio Pharmacists Association Advocacy Events (fall or spring events)
- Ohio Pharmacy Residency Conference Showcase (OPRC)

Reimbursable expenses generally include the following:

1. Registration fee- early bird only.
2. Coach airfare or auto travel as appropriate.
3. Hotel room
4. Per diem Rate for meals per UC travel policy.
5. Airport parking and cab or other business-related travel at meeting location.

The following travel policy will be STRICTLY enforced. Any deviation could result in the loss of reimbursement for expenses incurred.

Travel expenses will be reimbursed by College of Pharmacy. Expenses reimbursed by the College must follow university procedures. These include:

Step 1: Submit for Time Off For authorized Travel (aka: TOFW) via Bearcats Landing, Tools, UCFLEX Employee Self Service (ESS). See below for details under Documentation of Vacation/Sick/Travel Leave.

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Step 2: Submit Travel Authorization form (TA) via Concur, the Universities on-line travel reimbursement system. Completion of training occurred during orientation.

All requests for travel (aka TOFW and TA- BOTH DOCUMENTS) must be submitted a **minimum of one month prior to your trip**. Do not incur any expenses until the above (BOTH the TOFW and TA) have been approved.

1. Once approved in Concur- submit for expenses:
 - a. prior to travel- includes registration/airline tickets
 - b. after travel completed- hotel, meals, transportation etc.
2. For expenses paid after travel has been completed, receipts must be submitted no later than **ONE WEEK** from the date of return from your required travel.
 - a. If the ONE WEEK deadline is missed, the resident may be responsible for the entire cost of the travel. It is at the discretion of the residency program/university to accept or deny reimbursement for travel expenses submitted late.
3. Reimbursement is generally provided within 2 weeks of submission of expenses with receipts.
4. Concur can be accessed via Bearcats Landing, Tools Tab, Concur.

See UC Travel Policy found at: <https://www.uc.edu/about/admin-finance/business/travel/policy-and-travel-tools.html>. Please review carefully.

Key Tentative Dates:

- ASCP Annual Meeting 2024: 10/23 to 10/26 San Diego, CA (MM/LL residents only)
- APhA Annual Meeting 2026: 3/27 to 3/30, Las Angeles (SVdP, Equitas and CHD residents only)
- Ohio Pharmacist Association: TBD Columbus, OH
- Ohio Pharmacy Residency Conference: TBD Ada, Ohio
- OSHP residency showcase TBD Columbus, Ohio
- OPA advocacy events (November, February-TBD)

Documentation of Vacation/Sick/Travel Leave:

All time off from work (TOFW) must be documented and submitted to the College business office. Time off requests must be submitted via the UCFLEX Employee Self-Service (ESS) portal via instructions listed below. Once submitted, the College business office will verify via email to the RPD that the time is approved, and the time will then be processed on the following payroll cycle. Access to ESS will be available on the first date of employment.

1. Vacation request should be completed once the time away has been approved by the site designees and residency program director and prior to travel based on number of days requested off. IE: No later than one month for a full week and 2 weeks for individual days
2. All required professional travel documentation should be submitted no later than 1 month prior to travel
3. For sick time, the form must be completed within one week of returning to full time work.

Detailed instructions for submitting TOFW requests can be found in the Help menu for UCFLEX: [Knowledge Search - Knowledge Portal \(service-now.com\)](#). Here you can search a variety of topics related to UC Flex (ie [IT@UC Knowledge Base - ESS - Request Time Off From Work](#)).

Use UC VPN, to access UCFLEX/ESS (ESS: Employee Self Service) to submit vacation/required travel and sick leave if off campus.

Other Benefits:

For information regarding retirement, health benefits and tuition remission, please see the UC website Post-Doctoral Fellows and Special Fellows found at:

https://mailuc.sharepoint.com/:w:/r/sites/HR-Benefits/_layouts/15/Doc.aspx?sourcedoc=%7BEBC4776F-21C1-4498-AB90-58036C89AD96%7D&file=2023%20Post%20Docs%2C%20Annual%20Adjunct%2C%20Interns%2C%20Special%20Fellows%20Benefits%20Summary%20.docx&action=default&mobileredirect=true

Salary:

Stipend for 24-25 Residency year is \$53,000/year paid monthly.

Resident Health

Due to the nature of the populations served and requirements established by each practice site, proof of immunization history is required for every resident and includes the following:

1. Influenza vaccine- yearly, provided by the College at no charge.
2. Tdap- physician documentation of the last dose within 10 years.
3. Tuberculous screening, documented by physician.
This is provided by the College at no charge. See [Overview \(uc.edu\)](#) to find hours and to schedule an appointment at the UC Health Employee Health and Wellness Clinic, 3200 Burnett Ave. Call 513-585-6600 to schedule.
 - a. Please let them know you are a new employee and this is the ONLY test required by the College.
 - b. Please request the IGRA blood test also known as Quantiferon-TB (not the PPD skin test)
4. Hepatitis B vaccine series- physician documented.
5. MedManagers: Covid19 test (as applicable)
6. Per Practice Site: Covid19 Vaccine- proof of vaccination
7. Per Practice Site: Covid19 Vaccine Booster- as dictated by CDC guidance.

Duty Hours Requirement:

The residency is a full-time obligation; hence the resident shall manage activities external to the residency so as to not interfere with the goals, objectives and obligations of the program.

Duty hours is defined as all hours spent on scheduled clinical and academic activities, regardless of the setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. These hours include the following: time spent engaged in patient care activities (regardless of location), staffing, conferences, time spent at the College and community service/health and wellness activities/events.

Under certain circumstances, a limited amount of outside work may complement and enrich the residency experience. Therefore, it is the policy of the residency program to allow a resident to work outside the residency program (either internal or external) under the following conditions (termed Moonlighting) which is defined as any voluntary, compensated hours beyond the residency requirement that are not part of the scheduled duty periods of the residency program).

1. The resident will communicate their intention to seek or continue outside employment and request permission from both the site designee(s) AND RPD before an outside work commitment is made. This communication must include a justification for the outside work, type and commitment. This must be communicated as soon as possible prior to or at the start of the residency year.
2. The outside work schedule and number of hours do not compromise any component of the residency.
3. While this program does not set a limit on the number of moonlighting hours worked. Those hours cannot cause the resident to exceed the ASHP duty hour requirement.
4. Work outside of the residency may be continued as long as the resident's performance is satisfactory as determined by the site designee and residency program director.
5. All duty hours must be documented on the weekly activity log. All hours worked moonlighting must be placed in the "other" column and include hours and location/employer.
6. The resident will be required to follow ASHP standards for maximum duty hours and duty free times found at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>.
7. If a resident chooses not to moonlight- they must attest to the fact that they have not participated in outside employment using the Resident Activity Report by initialing the following statement (located under the hours log table- page 1)

_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

8. Duty hours as reported on the Resident Activity Report will be reviewed by the RPD weekly (Q1) and every other week (Q2-4). Any violations of the duty hour policy will be discussed with

resident and practice sites. Appropriate action will be taken as warranted based on the circumstances of the violation.

The residency program reserves the right to require the resident to STOP engaging in moonlighting activities if:

1. Impacting the performance of the resident during residency scheduled duty hours.
2. Causing the resident to violate any aspect of the ASHP duty hours policy (see link above).

Resident Portfolio:

Each resident is expected to maintain an electronic record of important elements of his/her residency program. This portfolio is determined by site designee and RPD each year. It is the expectation that the resident will maintain the portfolio and present a summary along with the requirements to complete the residency checklist at each quarterly RAC meeting.

Appendix A: Requirements for Completion of PGY1 Community-Based Residency

Residents must..

1. successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACHR). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI).
2. satisfactory complete of all requirements listed below (Appendix A and B)
 - a. Track progress towards completion by completing the requirements to complete the residency document prior to each quarter and end of the year residency RPD meeting.
 - b. Present during development plan meetings the progress towards meeting the requirements by sharing the above document and reviewing status.
3. meet with RPD at the end of the residency year to verify and document successful completion of program requirements (signatures on Final Requirements to Complete the Residency document required)
4. The resident must **complete** the following **activities** as part of the program:

Competency Area R1: Patient Care

- Engaged in direct patient care related activities an average of 65% of the residency
- Engaged in patient centered dispensing activities a minimum of 8 hours/week
- Participate in patient transitions of care services
- Collaborative Practice Agreement (CPA) or other medication use protocol: prepare or revise documentation.

Competency Area R2: Practice Advancement

- Research - Institutional review board approved or exempt project- completion and presentation at local/regional, state and national meetings. Submit publishable manuscript following the timeline and guidelines provided.
- Business Plan- implement a new or enhance an existing service based on the needs of population served or quality metrics.
- Quality Improvement- identification of a clinical outcome or patient safety issue, implementation of a change using QI tools and written summary of findings

Competency Area R3: Leadership

- Leadership:
 - Complete leadership development activities as determined by program
- Be engaged in one of the following (based on practice site):
 - Professional Involvement: join and actively participate in local, state or national pharmacy organization of your choice
OR
 - Community Service: – see provided information for details
- Professional Activities Within Residency
 - Resident Activity Reports- completed in accordance with guidelines provided and in a timely manner
 - Meetings- attend scheduled RPD/preceptor meetings
 - Complete Pharmacademic Evaluations +/- 7 days of due date and by the end of JUNE prior to the end of the residency year.
 - Attend recruitment activities as dictated by program
 - Participate in Ohio Pharmacists Association (OPA) Advocacy event (dependent upon based experiences)

Competency Area R4: Teaching and Education

- Participate in teaching activities for a variety of learners
- Precept APPE and potentially IPPE students- with guidance from site designee
- Teaching certificate program events and maintenance/submission of teaching portfolio

Other Requirements

- Completion of practice site training requirements and uploading of critical residency related documentation.
- Quarterly- complete the Requirements to Complete the Residency document and present at the beginning of each RAC meeting.
- End of residency year: review requirements to complete the residency document with RPD, verify Appendix B/One Drive and sign form (s).

Documentation related to the above activities will be maintained in an electronic portfolio (see Appendix B) - with all draft and final documents completed during the residency year uploaded. This portfolio will be available for review by the site preceptor/RPD on an as needed basis.

Failure to maintain OneDrive in accordance with the above directions will result in disciplinary action as described in the Remediation/Disciplinary/Performance policy above.

Appendix B: The resident must keep a portfolio on OneDrive which contains the following documents as proof of engagement and completion of required residency related activities.

This folder will be reviewed at each development planning meeting. It is the expectation of the program that the resident will upload key documentation at appropriate times during the residency year.

Folder Name	Description	Associated Learning Experience or Activity
Competency Area R1: Patient Care		
1: Patient Care: Prepare or Review a CPA	Collaborative practice agreement, treatment protocol/guideline and/or order set. To meet Objective 1.4.2 (Creating): Prepare or revise a drug class review, monograph, treatment guideline or protocol, utilization management criteria and/or order set. Upload any documents related to this deliverable if they were part of a research project or business plan	Patient Care OR, Practice Advancement
Competency Area R2: Project Management		
2: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final) Completed Research Worksheet	Practice Advancement: Research
3. Research project evaluation	Evaluation of the practice-related project: Data collection tools (HIPAA compliant)	Practice Advancement: Research
4. Research project report	Completed final written project report; 1. Publishable manuscript and ALL presentations (posters, slides etc- drafts and final) AND 2. Email documentation of preceptor’s final approval of manuscript AND 3. Signed (by preceptor) Research Project Check List (based on practice site) 4. IRB Closure Document or email	Practice Advancement: Research
5: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Practice Advancement: Business Plan

Folder Name	Description	Associated Learning Experience or Activity
6: Business Plan - Implementation	Evidence of the implementation of a new or enhanced service. 1. Upload any documentation related to implementation such as excel documents, financial analysis etc.. AND 2. March Business Plan Progress PPT presentation	Practice Advancement: Business Plan
7: Business Plan-Evaluation	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. 1. Shark Tank Presentation (drafts + final) \AND 2. Email documentation of preceptor's final approval	Practice Advancement: Business Plan
8. QI Project	Upload all material from the QI project including: 1. Background information that identifies QI or safety concerns 2. Tools used to design and implement QI plan 3. One page written summary of QI project	Leadership or Patient Care
Competency Area R3: Leadership		
8. Leadership Development	Leadership development activities (all reflections from leadership series) + Leadership Assessment.	Residency Professional Development
9: Community and/or Professional Involvement	List of residents' professional association activities (national, state and/or local) and/or community service completed during the residency. Please upload the reflections from weekly log (Community or Professional Service Report) as one file- you can use screen shots to create. In addition, for professional association- upload meeting minutes/agenda's etc.	Leadership
10: Resident Evaluations and Professional Activities	1. Self-Assessment (beginning and end of residency) 2. Weekly Logs 3. Requirements to complete the residency- updated quarterly 4. Development plans- updated quarterly 5. Advocacy Events (ie OPA Advocacy Day) – reflection (s)	Residency Professional Responsibilities
Competency Area R4: Teaching and Education		
11: Teaching-Presentations	Presentation for a learners (slides and/or handouts need to be uploaded Please include summary document of evaluations from participants and preceptors as available	Academic I and II or Leadership

Folder Name	Description	Associated Learning Experience or Activity
12: Teaching-Written materials	Written materials related to education of an audience. Can include: brochure, newsletter, guideline updates.	Academic I and II or Leadership
13. Teaching Certificate Program	Electronic TCP portfolio Entire portfolio needs to be uploaded/maintained here	Academic I and II

Other Requirements

14. Practice Site Requirements	<ol style="list-style-type: none"> 1. Blood Borne Pathogen Certificate 2. HIPAA training documentation 3. Health Maintenance Records: PPD/Flu Shot etc. 4. Policy and Procedure signature page 5. UC Onboarding requirements- Successfactors learnings 6. Any other site specific training documents- see learning experience documents (in particular- Orientation Learning Experience) 	Practice Site Training
15: Resident Credentials	<ol style="list-style-type: none"> 1. Pharmacy intern/technician license 2. Pharmacist license 3. APhA Immunization certificate 4. BLS certification- in date. This is required to be maintained during the residency year. 5. APhA and other training completion certificates <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes Certificate Program <input type="checkbox"/> Others 6. CITI training certificate 7. Completed Readiness for Independent Practice checklist(s) (signed by preceptors and resident) 	Professional Documentation

Appendix B: The resident must keep a portfolio on OneDrive which contains the following documents as proof of engagement and completion of required residency related activities.

This folder will be reviewed at each development planning meeting. It is the expectation of the program that the resident will upload key documentation at appropriate times during the residency year.

Folder Name	Description	Associated Learning Experience or Activity
Competency Area R1: Patient Care		
1: Patient Care: Prepare or Review a CPA	Collaborative practice agreement, treatment protocol/guideline and/or order set. To meet Objective 1.4.2 (Creating): Prepare or revise a drug class review, monograph, treatment guideline or protocol, utilization management criteria and/or order set.	Patient Care OR, Practice Advancement
	Upload any documents related to this deliverable if they were part of a research project or business plan	
Competency Area R2: Project Management		
2: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final) Completed Research Worksheet	Practice Advancement: Research
3. Research project evaluation	Evaluation of the practice-related project: Data collection tools (HIPAA compliant)	Practice Advancement: Research
4. Research project report	Completed final written project report; 1. Publishable manuscript and ALL presentations (posters, slides etc- drafts and final including outlines for abstract and manuscript) AND 2. Email documentation of preceptor’s final approval of manuscript AND 3. Signed (by preceptor) Research Project Check List (based on practice site) 4. IRB Closure Document or email	Practice Advancement: Research
5: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Practice Advancement: Business Plan

Folder Name	Description	Associated Learning Experience or Activity
6: Business Plan - Implementation	Evidence of the implementation of a new or enhanced service. 1. Upload any documentation related to implementation such as excel documents, financial analysis etc.. AND 2. March Business Plan Progress PPT presentation	Practice Advancement: Business Plan
7: Business Plan- Evaluation	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. 1. Shark Tank Presentation (drafts + final) \AND 2. Email documentation of preceptor's final approval	Practice Advancement: Business Plan
8. QI Project	Upload all material from the QI project including: 1. Background information that identifies QI or safety concerns 2. Tools used to design and implement QI plan 3. One page written summary of QI project	Leadership or Patient Care
Competency Area R3: Leadership		
9. Leadership Development	Leadership development Activities Including: Leadership Assessment, Vulnerability Reflection, Rumble Starters, Learning to Rise Workbook Exercise, Braving Trust and Engaged Feedback Reflection	Resident Professional Development
10: Community and/or Professional Involvement	List of residents' professional association activities (national, state and/or local) and/or community service completed during the residency. Please upload the reflections from weekly log (Community or Professional Service Report) as one file- you can use screen shots to create. In addition, for professional association- upload meeting minutes/agenda's etc.	Leadership
11: Resident Evaluations and Professional Activities	1. Self-Assessment (beginning and end of residency) 2. Weekly Logs 3. Requirements to complete the residency- updated quarterly 4. Advocacy Events (ie OPA Advocacy Day) – reflection	Residency Professional Responsibilities
Competency Area R4: Teaching and Education		
12: Teaching-Presentations	Presentation for a learners (slides and/or handouts need to be uploaded Please include summary document of evaluations from participants and preceptors as available	Academic I and II or Leadership
13: Teaching-Written materials	Written materials related to education of an audience. Can include: brochure, newsletter, guideline updates.	Academic I and II or Leadership

Folder Name	Description	Associated Learning Experience or Activity
14. Teaching Certificate Program	Electronic TCP portfolio Entire portfolio needs to be uploaded/maintained here	Academic I and II
Other Requirements		
15. Practice Site Requirements	<ol style="list-style-type: none"> 1. Blood Borne Pathogen Certificate 2. HIPAA training documentation 3. Health Maintenance Records: PPD/Flu Shot etc. 4. Policy and Procedure signature page 5. UC Onboarding requirements- Successfactors learnings 6. Any other site specific training documents- see learning experience documents (in particular- Orientation Learning Experience) 7. Upload CE certificates as required to engage in CPA (CHD and Equitas only) 8. Drug Testing Results (CHD Only) 	Practice Site Training
16: Resident Credentials	<ol style="list-style-type: none"> 1. Pharmacy intern/technician license 2. Pharmacist license 3. APhA Immunization certificate 4. BLS certification- in date. This is required to be maintained during the residency year. 5. APhA and other training completion certificates <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes Certificate Program <input type="checkbox"/> Others 6. CITI training certificate 7. Completed Readiness for Independent Practice checklist(s) (signed by preceptors and resident) 	Professional Documentation

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Program Requirements to Complete Residency Checklist

Quarterly: Resident to complete prior to and present at each development plan meeting

Quarter	Date completed by resident	Initials	Date Reviewed by RAC	Initials of RPD
1				
2				
3				

Final: complete prior to end of year meeting and review with RPD

Final Review	Date	Resident Signature	Date	RPD Signature

	Requirement: Residency Program Competency Areas (In order to graduate: 85% ACHR, 15% SP) Found in eDevelopment Plan	Progress to Date Percentage Objectives Achieved (ACH)	Timeline for Completion/Completion Date
Tracking goals and objectives	Outcome R1: Patient Care		
	Outcome R2: Practice Advancement		
	Outcome R3: Leadership		
	Outcome R4: Teaching and Education		

Requirement/Documentation Location on OneDrive	Progress to Date Include brief description here	Timeline for Completion/Completion Date
Competency Area R1: Patient Care		

Patient Care Activities (both patient care and dispensing- needs to be >65% of time overall) Cumulative calculated <u>average and percentage</u> from weekly logs (include all quarters here): ____ h/ ____% Per quarter: ____ h/ %__ Q1, __ h/ __ % Q2, ____ h/ __ %Q3, ____ h/ __ %Q4		
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Collaborative Practice Agreement or other protocol Evidence of resident creating or implementing CPA or other medication use protocol		
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Competency Area R2 : Practice Advancement

Research- completion of IRB approved/exempt project Presentations at: APhA/ASCP, OPA and OPRC Cumulative <u>total hours</u> to date (all quarters): __ hrs Per quarter: __ Q1, __ Q2, __ Q3, __ Q4 Submission of Research Checklist (signed by preceptor/resident) __		
Submission of Manuscript by meeting the following deadlines: By the time frames listed- submit the following _____ By 10/1: Journal selection, manuscript outline to team _____ By 10/31: Background and Methods _____ By 4/30: Results and tables/figures _____ By 5/15: Discussion, Conclusion, Abstract _____ By 6/23: Final manuscript approved by research team _____ By 6/23: Close out of IRB In RAP Portal		
Business Plan- Creation, Implementation, Evaluation and Presentation (Shark Tank) Cumulative <u>total hours</u> to date (all quarters): ____ hrs Per quarter: __ Q1, __ Q2, __ Q3, __ Q4		
QI project documentation: _____ Background information that identifies QI or safety concerns _____ Tools used to design and implement QI plan _____ 1-page written summary of QI project		

Competency Area 3: Leadership

Completion of leadership training activities at orientation and throughout residency year		
Community or Professional Involvement: Join and participate in local, state or national pharmacy organization and/or complete community service (based on practice partner) Community: (goal: 4h per quarter, 16h for year starting in July) Cumulative <u>total hours</u> to date(all quarters): ____ hrs Per quarter: __ Q1, __ Q2, __ Q3, __ Q4 Professional: Cumulative total hours to date (all quarters) ____hrs Per quarter: ____ Q1, ____ Q2, ____ Q3 ____ Q4		

Residency Professional Responsibilities:			
	Weekly electronic activity log- timely submission		
	Participation in RPD/Preceptor meetings		
	Completion of Pharmacademic evaluations within +/- 7days and completion of final evaluation by 6/30 of residency year.		
	Attendance at all required residency recruiting events including: UC and OSHP showcases		
	Attendance and participation at Ohio Pharmacists Association advocacy day (either fall or spring)- if applicable and dependent on practice site/residents past experiences		
Competency Area R4: Teaching and Education			
Teaching Activities:			
Appropriate documentation (both presentations and written materials found in OneDrive)			
	Pharmacy Students (see teaching schedule).		
	Pharmacists/Technicians (minimum = 1)		
	Interprofessional Education Experiences (IPE) (Complete 2 in Spring Semester- see teaching schedule)		
	Other Learners: 1. _____ 2. _____		
Precepting APPE/IPPE students Insert number of students precepted this quarter here: _____			
Completion of all teaching certificate program events and submission of teaching portfolio			

Resident Activity Report

Resident Name: _____

Week Number: _____ Total Hours Worked: (Max 80) _____ % Hours PC: _____ (Goal 65%)

Day	Date	Site	Patient Care	Practice Advancement	Leadership	Teaching and Education	Other
Su							
M							
T							
W							
Th							
F							
Sa							
Totals							

_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

Community or Professional Service Report

	Date/Location/Hours/Contact	Activities/Community Served	Learning

Continuous Professional Development
Reflections: every other week alternating with drug information question

	Successes	Struggles
What?		
So What?		
Now What?		

Continuous Professional Development
Drug Information Question: every other week alternating with reflection

Background:	
Question:	
Answer:	
References:	

Practice Advancement Weekly Update (Major and Minor Projects)

	Progress to Date	Plan for upcoming week	Did you meet the SMART goal set? If not, why
Research Project	Monthly research report sent to team on _____	SMART goal: Progress:	
Business Plan			
QI Project			
Other Projects			

Table 1

Well-Being Index (WHO5): Complete the following (carry forward)

July only- complete each week

August every other week

September -June- complete monthly

Date	WHO5 Score	Overall Mood	Score Change	Title of the TAO Course/Session chosen

Table 2: Complete the following (carry forward)

July only- complete each week

August only -complete every other week

September- June- complete monthly

Date Completed	Title of the TAO Course/Session	Describe ideas you will use to improve your wellbeing

Weekly RPD Review

Site	Preceptor Electronic Signature	Date Reviewed

Resident Activity Report

Resident Name: _____

Week Number: _____ Total Hours Worked: (Max 80) _____ % Hours PC: _____ (Goal >65%)

Day	Date	Site	Patient Care	Practice Advancement	Leadership	Teaching and Education	Other
Su							
M							
T							
W							
Th							
F							
Sa							
Totals							

_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

Community or Professional Service Report

	Date/Location/Hours/Contact	Activities Completed	Learning

Continuous Professional Development
Reflections: every other week alternating with drug information question

	Successes	Struggles
What?		
So What?		
Now What?		

Continuous Professional Development
Drug Information Question: every other week alternating with reflection

Background:	
Question:	
Answer:	
References:	

Practice Advancement Weekly Update (Major and Minor Projects)

	Progress to Date	Plan for upcoming week
Research Project		
Business Plan		
QI Project		
Other Projects		

Table 1: Complete the Well-Being Index (WHO5) and carry forward your scores
 July only- complete each week
 August - complete every other week
 September -June- complete monthly

Date	WHO5 Score	Overall Mood	Score Change	Title of the TAO Course/Session chosen

Table 2: Complete the following (carry forward):

July only- complete each week

August only -complete every other week

September- June- complete monthly

Date Completed	Title of the TAO Course/Session	Describe ideas you will use to improve your wellbeing

Weekly RPD Review

Site	Preceptor Electronic Signature	Date Reviewed



Common Learning Experiences for all programs



Become a PharmCat!!

University of Cincinnati Community –Based Pharmacy Practice Residency Program ACADEMIC LEARNING EXPERIENCE I

General Description: The academic and teaching component of the residency is an experience that takes place over Fall and Spring semesters. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach health professionals and health professions students while translating the concepts to teaching patients and members of the community.

Residents will be assigned teaching responsibilities in a variety of courses during the fall Semester from Mid-August to Mid- November

Role of the Pharmacist: The pharmacist in this setting is involved in creating and delivering educational programming to health care providers and health professional students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized using the teaching certificate program sessions and direct observation/discussion on best teaching practices. Then as the resident gains experience and confidence, the preceptor moves into the coaching role with faculty/preceptors facilitating teaching experiences.

Type: Longitudinal Learning Experience, required

Duration: 3 months

The resident will spend an average of 4 hours per week engaged in activities related to this learning experience during the months of Aug-Nov

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (site coordinator, TCP director) and UC faculty depending on teaching assignments.

for example: Medication Managers- primary preceptor is Stephanie Fenwick

Orientation Activities:

The resident will attend the teaching certificate program seminars throughout the residency year. The didactic seminars will prepare the resident to teach within the college of pharmacy and are held in August. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident.

Expectations of the Resident:

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
 - a. Approval by the course coordinator;
 - b. Approval by the Academic Learning Experience Coordinator
 - c. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Attend seminar topic presentations as outlined in the academic track of the teaching certificate program.

Minimum Specific Teaching Requirements:

Assigned in both Academic Learning Experience I and II

1. Skills Lab Module Teaching- each week as applicable based on practice site
2. Non-Skills Lab recitations: 1 or 2 as applicable to teaching

Assigned in either Academic Learning Experience I or II

3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participation in an elective course- based on resident's interest.

Progression of the Resident:

The resident will learn over the course of the semester how to create, modify based on feedback and deliver material presented to different levels of learners – from technicians to health professions students to health care professionals. The skills developed will be based on the type of teaching experience completed by the individual residents. Academic learning experience I is designed to help the resident acclimate to the educational environment.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of

feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:

Achieved (ACH) after all rounds of teaching materials have been created and deployed;

Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

Needs Improvement (NI): if the resident fails to make progress or take the feedback and incorporate it into teaching materials, OR if the teaching materials never reach a point where they can be used.

Competency Area/Goals/Objective Related to Learning Experience:

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement..				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Quarter to be Evaluated
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	See expectations of resident listed above, In addition: Effectively manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	EQ1/2
Competency Area R4: Teaching and Education				
Goal R4.1: Provide effective medication and practice-related education.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Quarter to be Evaluated
R4.1.1: Construct educational activities for the target audience	Creating	Based on target audience: Conduct background literature search and appropriately cite all content Create a minimum of 3 learning objectives for each presentation at appropriate Bloom's level for each audience Outline content based on learning objectives and submit for feedback	Faculty teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to	E Q1/2

		<p>from appropriate mentor</p> <p>Create appropriate assessments for each objective.</p> <p>References all content appropriately</p>	<p>create a useful final product.</p>	
<p>Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</p>	<p>Applying</p>	<p>Based on target audience:</p> <p>Create appropriate visual aids/handouts based on content</p> <p>References all content appropriately</p> <p>Incorporate various active learning strategies to engage audience</p> <p>Uses level of language based on target audience.</p> <p>Create handouts that concisely and effectively display key points of presentation using guidelines provided with summarizations of key points.</p>	<p>The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills</p>	<p>E Q1/2</p>
<p>Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</p>	<p>Applying</p>	<p>Based on target audience:</p> <p>Chooses appropriate teaching method</p> <p>Practice presentation with appropriate mentor to incorporate transitions, non-verbal and</p> <p>Presents presentation at an appropriate level</p> <p>Adapts content based on audience response</p>	<p>Materials presented to the students/pharmacists is effective, up to date, and appropriate for the given course/CE and audience.</p>	<p>E Q1/2</p>

		Submit all documents for review and feedback to the appropriate mentor		
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.		<p>Based on target audience: Chooses appropriate audience evaluation at the end of each presentation based on learning objectives to assess content delivered.</p> <p>Provides evaluation at the end of each target audience presentation to complete and reviews comments for improvements</p> <p>Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method.</p> <p>Type of feedback will vary based on delivery of the material.</p>	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.				
R4.2.1: Employ appropriate preceptor role for a learning scenario	Evaluating	<p>Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method.</p> <p>Type of feedback will vary based on delivery of the material.</p> <p>Uses the 4 preceptor roles when</p>	Preceptor observation during training for teaching activities	E Q1/2

		appropriate during teaching activities based on learner. (direct instruction, modeling, coaching and facilitating.		
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Additional Information: none

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
ACADEMIC LEARNING EXPERIENCE II**

General Description: The academic and teaching component of the residency is an experience that takes place over Fall and Spring semesters. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach health professionals and health professions students while translating the concepts to teaching patients and members of the community.

Residents will be assigned teaching responsibilities in a variety of courses during the Spring Semester from Mid-Jan to Late-April

Role of the Pharmacist: The pharmacist in this setting is involved in creating and delivering educational programming to health care providers and health professional students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. For academic learning experience II, coaching and facilitation will be the primary role used to support continued growth of the resident. In some cases, preceptors may choose to employ direct instruction depending on the comfort level of the resident with the material and audience.

Type: Longitudinal Learning Experience, required

Duration: 3 months

The resident will spend an average of 4 hours per week engaged in activities related to this learning experience during the months of Mid-Jan to Mid-April

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Anne Metzger, PharmD, BCPS, BCACP (site coordinator, TCP director) and UC faculty depending on teaching assignments.

for example: Medication Managers- primary preceptor is Stephanie Fenwick

Orientation Activities:

See Academic Learning Experience I for details. In addition, read the UC COP Continuing Pharmacy Education Guidelines for Authors/Speakers found in your OneDrive (Learning Experience, Academic Learning Experience folder)

Expectations of the Resident:

Same as Academic Learning Experience I

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met:
 - a. Approval by the course coordinator;
 - b. Approval by the Academic Learning Experience Coordinator
 - c. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection (s) on each teaching requirement to be documented in the teaching portfolio
4. Attend topic presentations as outlined in the academic track of the teaching certificate program.

Minimum Specific Teaching Requirements:

Assigned in both Academic Learning Experience I and II

1. Skills Lab Module Teaching- each week as applicable based on practice site
2. Non-Skills Lab recitations: 1 or 2 as applicable to teaching

Assigned in either Academic Learning Experience I or II

3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participation in an elective course- based on resident's interest

New to Academic Learning Experience II

5. Participate in evaluation of poster presentations (PREP or Capstone)
6. Complete the teaching portfolio as required by the academic track teaching certificate program.
7. Participate in 2 Interprofessional Education (IPE) experiences as a facilitator
8. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and/or practice site coordinator for either pharmacists and/or technicians.
 - a. Complete the following:
 - i. Review the UC COP Continuing Pharmacy Education Guidelines for Authors/Speakers (see OneDrive)
 - ii. Reach out to your assigned faculty mentor 60 days prior to assigned date to meet to discuss topic, create timeline/plan for activity and review/complete the Resident CE activity request form

- iii. Complete literature review on your assigned topic by reviewing:
 - 1. Primary Literature
 - 2. Guidelines
 - 3. Updates on practice since last guidelines released
- iv. Create a CE program at the level of a pharmacist that is at least 40 minutes in length and contains active learning activities.
- v. Meet all deadlines as set by the UC-COP CE office.

Expectations of Preceptors:

- 1. Review Resident Continuing Pharmacy Education Preceptor Quick Guide.
- 2. Meet with resident to determine timelines for activity.
- 3. Review literature search/guideline choice submitted by resident to ensure appropriateness of baseline materials chosen.
- 4. Work with resident on all drafts of materials (see quick guide for details) providing feedback within 7 days
 - a. learning objectives- page 3-4
 - b. instructional materials- based on lit search/guidelines
 - c. active learning- page 5
 - d. assessment of learning based on targeted audience- page 6
 - e. audience (either pharmacist only or pharmacists and technicians)- page 7-9
- 5. Provide resident feedback on CE practice sessions.
- 6. If possible, attend the CE session to provide final feedback.
 - a. 3rd Monday of the month assigned from 8 to 9pm

Progression of the Resident:

The resident will learn over the course of the semester how to create, modify based on feedback and deliver material presented to different levels of learners – from technicians to health professions students to health care professionals. The skills developed will be based on the type of teaching experience completed by the individual residents. Academic learning experience II is designed to build on the experiences from Academic Learning Experience 1 and move the resident to move independently creating, designing and delivering content to health professions students and health professionals.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly

Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

For the academic learning experience specifically, the following will be used to evaluate progress:

Achieved (ACH) after all rounds of teaching materials have been created and deployed;
Satisfactory Progress (SP): if the resident has made successful progress throughout the learning process.

Needs Improvement (NI): if the resident fails to make progress or take the feedback and incorporate it into teaching materials, OR if the teaching materials never reach a point where they can be used.

Competency Area/Goals/Objective Related to Learning Experience:

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement..				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Quarter to be Evaluated: E
R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement	Applying	Resident is able to adjust teaching style based on learner and verbal non-verbal feedback from learner and faculty facilitator	Feedback from faculty mentor(s) on quality of teaching and areas for improvement	EQ3/4
Objective R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	See expectations of resident listed above, In addition: Effectively manage teaching workload.	Due dates for all teaching materials maintained; no missed teaching dates;	EQ3/4
Competency Area R4: Teaching and Education				
Goal R4.1: Provide effective medication and practice-related education.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Quarter to be Evaluated: E
R4.1.1: Construct educational activities for the target audience	Creating	Based on target audience: Conduct background literature search and appropriately cite all content Create a minimum of 3 learning objectives for each presentation	Faculty teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the	E Q3/4

		<p>at appropriate Bloom's level for each audience</p> <p>Outline content based on learning objectives and submit for feedback from appropriate mentor</p> <p>Create appropriate assessments for each objective.</p> <p>References all content appropriately</p>	<p>creation/updating process. Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.</p>	
<p>Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</p>	<p>Applying</p>	<p>Based on target audience:</p> <p>Create appropriate visual aids/handouts based on content</p> <p>References all content appropriately</p> <p>Incorporate various active learning strategies to engage audience</p> <p>Uses level of language based on target audience.</p> <p>Create handouts that concisely and effectively display key points of presentation using guidelines provided with summarizations of key points.</p>	<p>The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills</p>	<p>EQ3/4</p>
<p>Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</p>	<p>Applying</p>	<p>Based on target audience:</p> <p>Chooses appropriate teaching method</p> <p>Practice presentation with appropriate mentor to incorporate transitions, non-</p>	<p>Materials presented to the students/pharmacists is effective, up to date, and appropriate for the given course/CE and audience.</p>	<p>EQ3/4</p>

		<p>verbal and</p> <p>Presents presentation at an appropriate level</p> <p>Adapts content based on audience response</p> <p>Submit all documents for review and feedback to the appropriate mentor</p>		
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.		<p>Based on target audience:</p> <p>Chooses appropriate audience evaluation at the end of each presentation based on learning objectives to assess content delivered.</p> <p>Provides evaluation at the end of each target audience presentation to complete and reviews comments for improvements</p> <p>Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using "sandwich" method.</p> <p>Type of feedback will vary based on delivery of the material.</p>	The course coordinator/primary preceptor/assigned faculty will evaluate the residents teaching skills	EQ3/4
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.				
R4.2.1: Employ appropriate preceptor role for a learning scenario	Evaluating	Provide appropriate and timely feedback to students and/or other health care professionals	Preceptor observation during training for teaching activities	EQ3/4

		<p>during teaching activities using “sandwich” method.</p> <p>Type of feedback will vary based on delivery of the material.</p> <p>Uses the 4 preceptor roles when appropriate during teaching activities based on learner. (direct instruction, modeling, coaching and facilitating.</p>		
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Additional Information: none

University of Cincinnati Community –Based Pharmacy Practice Residency

PRACTICE ADVANCEMENT- BUSINESS PLAN

General Description:

To move community practice forward, it is essential to identify gaps in care of the population served and create or improve a service to address the identified areas. Having a clear road map to reach the stated goals is critical. This program will use business plan concepts to create or revise a patient care related service.

1. Executive Summary: This concise overview, located at the beginning of the plan, which provides the key elements of the business plan and why you feel this plan will be successful
2. Product/Service: Detailed description of the new service the community-based pharmacy is offering.
3. Market Analysis: Evaluating area market and competition.
4. Company Description: A look at the overall operations of the pharmacy
5. Organization and Management: Provides an overview on the management structure of the pharmacy
6. Marketing and Sales Management: How is the public/providers going to know about your new community-pharmacy based service
7. Financial Analysis: How the service will add to the profitability of the pharmacy. What is the ROI (need to include supplies, labor, supply chain, cost savings, revenue generation, capital requirements etc).
8. Implementation plan: how will you implement this plan including timeline, key individuals and resources needed
9. Evaluation plan: How are you going to evaluate success, what data are you going to collect in terms of quality, safety, cost effectiveness, significance
10. Sustainability- how are you going to sustain the new service over time?
11. Funding Request: Startup funds required.
12. References: using AMA style formatting.
13. Appendices: Any information that can value to the proposed plan

Role of the Pharmacist:

The role of the pharmacist at this practice location that is directly related to this learning experience is as follows: utilization of improvements, assessments to monitor and improve workflow, discovery of new business opportunities, development of new services to advance the profession, and conducting research to enhance practice literature.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to

support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required

Duration: 9 months (October to June)

Weekly time commitment: 2 hours per week. Schedule to be determined by preceptor and resident.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors:

SVdP: Lydia Bailey and Treston Warren

MedManagers: Jodi Hoffman LL/Lyndsay Howell CFP

+ UC faculty based on area of expertise.

Cincinnati Health Department: Dave Miller+ UC faculty based on area of expertise

Equitas Health: JoMarie Richardson + Lauren Johnson +/- Jackie Kissel-Risner

In addition: Todd Mueller- Walgreens DM- resource for residents

Orientation Activities:

Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. ACCP White Paper Developing a Business- Practice Model for Pharmacy Services in Ambulatory Settings and Writing a business plan for a new service (by APhA)- found in One Drive
2. Complete business plan survey- to assess entering comfort level and experience
3. Participated in a 2.5-hour refresher lecture on Business Plan creation in October
4. Review ideas for business plan creation with site coordinator and/or preceptor by the end of Q1
5. March Business Plan Progress PPT: Create and present PPT presentation describing progress and receive feedback from peers and panel of experts (March of residency year). Upload to OneDrive: Folder 6 Implementation.
6. Review QI concepts to help institute or improve business plan (if appropriate).

Expectations of the Resident:

Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to implementation of plan (full or pilot). The resident is the team lead and will manage all aspects of the project with guidance from the preceptors.

Progression of the Resident:

Based on the timeline below- the resident will gain skills over the course of the year related to identification of a topic to presentation of their business plan to a panel of judges (Sharks).

	Oct (end of Q1)	Nov (Q2)	Dec- Mar (Q2/3)	Mar (Q3)	April- May (Q3/4)	June (Q4)
Gain baseline knowledge	XX					
Work with preceptor to Identify project, review literature	XX	XX				
Draft business plan and send to preceptors for edit/review.		XX	XX			
Create PPT presentation to peers/expert panel to obtain feedback on plan to date				XX		
Institute new service on a limited basis to test business plan			XX	XX	XX	
Evaluate the success of the new service using multiple measures such as: quality, safety, cost-effectiveness, significance and sustainability					XX	
Present results in resident competition and create plan for sustainability. (Shark Tank- date TBD)						XX
Final Business Plan completed and uploaded to OneDrive						XX

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience

Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Reflection** is defined as thinking about one’s self, including one’s behavior, values, knowledge and growth opportunities.
- **Self-Evaluation** is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident’s performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident’s performance to defined goals/objectives using established criteria of the residency.
- **Learning Experience/Preceptor/RPD:** Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal 1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be evaluated: E
Objective R1.4.1: Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	Applying	<p>Connect with individual/department in your organization responsible for quality metrics (ie Population Health Team)</p> <p>Determine areas of improvement based on benchmark data available</p> <p>Identify the scope of the project</p> <p>Conduct literature search and review,</p> <p>Design draft of business plan</p>	Feedback from business plan team	EQ2
Objective R1.4.2: Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Creating	Create appropriate documentation that meets goals (ie CPA or guideline) if appropriate.	Feedback from business plan team	EQ3

Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects

Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be evaluated: E
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	<ol style="list-style-type: none"> 1. Connect with individual/department in your organization responsible in for quality metrics (ie Population Health Team) 2. Determine areas of improvement based on benchmark data available 3. Identify the scope of the project 4. Conduct literature search and review 	Formative and Summative Feedback from Project team	EQ1
R2.1.2: Develop a project plan.	Creating	<ol style="list-style-type: none"> 1.Prepare project outline and develop methods and evaluation strategy . 2. Determine time-table for development, implementation and evaluation 3. Effectively organize and lead meetings with project team to ensure established deadlines are met 		EQ1
R2.1.3: Implement project plan.	Applying	<ol style="list-style-type: none"> 1.Work closely with project team to implement project 2.Effectively organize and lead meetings with project team to ensure established deadlines are met 		EQ2

		3. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis		
R2.1.4: Analyze project results.	Analyzing	Analyze data collected appropriately based on project team input and using relevant statistical analysis		EQ3
R2.1.5: Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	Evaluating	1. Evaluates data collected in relation to project implementation 2. Create sustainability plan (if applicable)		EQ3/4
R2.1.6: Develop and present a final report.	Creating	1. Write Business plan 2. Present implementation in March 3. Present final in SharkTank format	Review by peers, faculty and project team others	EQ4

Competency Area: R3 Leadership

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

Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be evaluated: E
Objective R3.1.2: Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Understanding	Complete lit review to determine external factors that influence how pharmacy responds to care gaps identified. Work with key stakeholders to implement business plan- both within and external to practice	Feedback as part of business plan review	EQ2

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

Objective R3.2.1: Apply a process of ongoing self-assessment and personal performance improvement.	Applying	Receive and apply feedback given from precptors during process in order to improve	Feedback	EQ3
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Additional Information: None



Learning Experiences by Practice Partner

Cincinnati Health Department

Equitas Health

Medication Managers/LifeLine24

St Vincent De Paul



Become a PharmCat!!

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Orientation -Cincinnati Health Department

General Description:

Orientation is a required 4 to 8 week learning experience beginning at the date of hire. This learning experience will allow the resident to become familiar with the organization and the staff. Orientation includes the following: overview of the residency program, pharmacy/practice site operations, introduction to pharmacy systems (QS1/EPIC), overview of 340B policies and procedures, and completion of the certificate training program/skills review and other required trainings.

Role of the Pharmacist:

Pharmacists in this position are primarily responsible for patient-centered dispensing, supervising technicians, patient and provider education, collaborating with providers, medication therapy management, disease state management, inventory management, and quality improvement.

Based on residents self-evaluation and observations of the incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:

Weeks 1-4 + Seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site.

Type: Concentrated, required

Duration: 4 to 8 weeks, Resident will spend 40+ hours per week in this experience

Mentors:

Residency Program Director: Bethanne Brown, PharmD, BCACP

Site Coordinator: Jonathan Burns, PharmD

Preceptors: David Miller, RPh and Alaina Camblin, PharmD

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to folder 16: Resident Credentials.

1. Read the following articles (emailed in April):
 - a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
 - b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. Read and Complete Strength Finders, participate in review during orientation week.
4. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following:
 - a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
 - b. Assessment Structure: Self-assessment and self-evaluation
 - c. Professional development: Communication skills review (MI and conflict management) and well-being/support.
 - d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case-based skills review (Sept/Oct).
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
 - c. Upload certificate to OneDrive (16. Residency Credentials)-once completed both on-line and live skills review.
3. Participate in business plan
 - a. Complete required pre-work
 - b. Attend business plan seminar- fall (October) and spring (March)
4. Participate in research training (see research project timeline)
 - a. Research seminars provided by the College
 - b. Complete SPSS training (as applicable)
 - c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of orientation to practice site:

1. Learn operations of daily pharmacy workflow
2. Complete EPIC/QS1 training
3. Introduction to clinic staff
4. Complete 1 hour(s) of ACPE approved continuing education on medication errors/patient safety.
5. Completion of orientation activities as detailed below.
6. Begin shadowing pharmacist direct patient care appointments.
7. Shadow other providers and staff from clinic (doctor, medical assistant, nurse navigator, health center manager, social worker, dietician, , CRR,)

Independent activities to be completed by end of Orientation (unless otherwise noted)

1. UC Employment related:
 - a. Attend UC Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.
 - b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 14. Practice Site Requirements
 - c. Complete blood borne pathogen training by going to <https://ehs.uc.edu/itc/compliance.aspx>.
 - i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
 - ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training. **Complete by 7/15**
 - d. Complete Concur training- watch the video posted to your OneDrive, Administrative Document, Travel Related to the Residency. The video and associated documents walk you through the process of submitting for both Travel authorization (TA) and residency related expenses. **Complete by 7/31.**

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 10-11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

- e. Complete UCSuccess Factors required training. You should have received an email indicating the training needed (Orientation Essentials, Get Connected, Further Resources). This includes the following (**by 7/31 unless otherwise noted**):

1. Compliance (non-supervisors)
2. FERPA Basics

In addition, you must complete the following:

3. EverFI; HIPAA- **must be done by 7/15**
4. Required Alcohol and Drug Information
5. Everfi: Checkpoint Data Security

2. Practice Site Related:

- a. Collaborative Practice Agreements:
 - i. Review CPA policies and procedures for CHD
 - ii. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#)
 - iii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws.](#)

- b. Review ACIP guidelines for chronic disease state immunizations.
 - i. CDC website: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/.
- c. Upload the following to OneDrive (16. Resident Credentials):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate
- d. Policy and Procedures: Practice Site- Upload signed copies of the below documents to OneDrive 15. Practice Site Requirements Folder no later than **7/15**.
 - i. Review CHD Pharmacy Policy and Procedures and sign document of understanding
 - ii. Review CCPC FQHC Sliding Fee and Billing Policy and current pharmacy medication formulary.
 - iii. Complete online trainings for HIPAA, bloodborne pathogens, FWA and active shooter.
 - iv. Complete CHD on-boarding process with administrative assistant.
 - v. Complete Just Cause CE
 - vi. Obtain CHD badge from HR
 - vii. Start CAQH Registration to begin credentialing process. See site coordinator for credentialing check list.
 - viii. Shadow provider to learn how to navigate Epic.
 - ix. Optional based on past experiences: Complete select Ella training in Epic. See site coordinator for specific requirements.
- e. OutcomesMTM and MedPath: add all CHD pharmacy locations to your account.
 - i. Complete required OutcomesMTM modules (necessary for account registration) if not previously completed.
- f. Complete 340B on demand Apexus training; save completion certificate and upload to OneDrive 15. Practice Site Requirements Folder when complete. **Due 7/31**
 - i. Register and access the modules here: [340B University | Online Learning \(340bpvp.com\)](https://340BUniversity.com), Click on PVP Login, click Need help signing in? Request a Login, register as a covered entity, FQHC
 - ii. Complete all modules:
 1. Intro to 340b drug pricing
 2. 340b pricing
 3. Compliance cornerstones
 4. 340b and Medicaid
 5. HRSA Medicaid exclusion file
 6. Contract pharmacy
 7. Entity owned pharmacy
 8. Audit process and preparedness

g. Communication Skill Review:

Motivational Interviewing

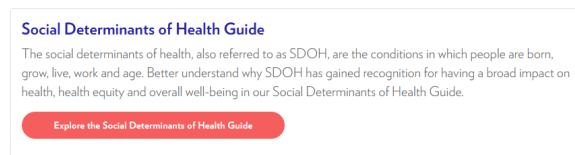
1. To review this essential communication technique, see information found on this web site: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8200683/>. This document covers the skills needed.
2. Once complete, watch the video on YouTube located at: <https://www.youtube.com/watch?v=s3MCIZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.

Health Literacy:

Review how health literacy can affect communication: https://www.cdc.gov/health-literacy/php/about/understanding.html?CDC_AAref_Val=https://www.cdc.gov/healthliteracy/learn/understanding.html

Social Determinants of Health:

Understanding barriers to healthcare and how to overcome them is essential to providing patient care. Review article: Review how health literacy can affect communication: [Overcoming Obstacles to Social Determinants of Health | HIMSS](#)
Click on “Explore the Social Determinants of Health Guide” located at end of article and review.



h. Pharmacists' Patient Care Process

- i. To review watch the video on YouTube located at: <https://www.youtube.com/watch?v=WN8KJ2EsMbc>.
 - ii. Once complete, read article: [The Pharmacists' Patient Care Process - JCPP](#)
- i. Review updates to guidelines covered under the CPA:
 - i. Hypertension: [2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Hypertension \(ahajournals.org\)](#).
 - ii. Hyperlipidemia: [2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Circulation \(ahajournals.org\)](#)

- iii. Diabetes: [Volume 48 Issue Supplement 1 | Diabetes Care | American Diabetes Association](#) or https://diabetesjournals.org/care/issue/48/Supplement_1.
- iv. Asthma: Gina Guidelines: [Global Initiative for Asthma - Global Initiative for Asthma - GINA \(ginasthma.org\)](#)
- v. COPD: Gold guidelines: [2025 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD](#) or <https://goldcopd.org/2025-gold-report/>.
- vi. **Smoking Cessation: Due 7/31**
 - i. Purdue University Online - Tobacco Cessation / Behavioral Counseling & Pharmacotherapy or https://www.eventreg.purdue.edu/ec2k/courselisting.aspx?1=%20&master_ID=6318%20&course_area=1598%20&course_number=168%20&course_subtitle=00.
 - ii. Purdue University Online - Tobacco Cessation / Pharmacists' Prescribing for Tobacco Cessation or https://www.eventreg.purdue.edu/ec2k/courselisting.aspx?1=%20&master_ID=6318%20&course_area=1598%20&course_number=167%20&course_subtitle=00
 - iii. Upload CE certificates to OneDrive, Residency Portfolio, 15. Practice Site Requirements.

Expectations of the Resident:

During this learning experience, the resident will observe and manage the workflow of a community pharmacy while providing clinical services as a member of the healthcare team. Additionally, the resident will participate in leadership and administrative activities. The resident is expected to communicate effectively and professionally with the pharmacy and clinic staff. The resident must devise strategies for accomplishing required tasks during the allotted timeframe.

Progression of the Resident:

This orientation is designed to provide the training needed to assist the resident in the transition from student to licensed pharmacist. The resident should be able to work independently with minimal intervention at the end of the orientation period.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	At the end of this experience
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Reflection** is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time.
- **Self-Evaluation** is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- **Learning Experience/Preceptor/RPD:** Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Collaborate and communicate effectively with other health care team members.	Valuing and Applying	Meets with providers, discusses each patient and concerns. Learns the process to share all documentation electronically after each completed visit.	Preceptor will observe patient visits and other patient interactions. Preceptor will read and evaluate patient notes.	TO
R1.2.2: Communicate effectively with patients, family members, and caregivers.	Valuing and Applying	Interacts with patients in a friendly manner. Educates patients and caregivers and attempts to ensure understanding of information provided. Utilizes available translation services when necessary and a variety of counseling methods (verbal communication, product demonstration, educational handouts).	Preceptor will read and evaluate patient notes.	TO
R1.2.3: Document patient care activities in medical record where appropriate.	Applying	Utilizes EPIC to write notes and document patient interventions. Utilizes QS1, Outcomes, and MedPath platforms as well.	Preceptor will read and evaluate patient notes.	TO
Goal R1.3: Promote safe and effective access to medication therapy.				

Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Analyzing	Identifies and assesses drug related issues. Addresses issues by counseling patients or communicating with provider depending on the severity of the issue. Understands how to access and utilizes alternate sources of information when necessary (Ex. Facts and Comparisons)	Preceptor will observe and provide feedback	TO
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Evaluating	Ensures technicians complete required accuracy scans throughout dispensing process. Follows best practices by verifying patient date of birth during pharmacy workflow to ensure accurate dispensing of medications. Updates all patient health information.	Preceptor will observe and provide feedback	TO

Competency Area: R2: Practice Advancement				
Goal: R2.1: Conduct practice advancement projects				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Completes Just Cause CE. Identifies and begins topic for practice advancement project.	CE certificate of completion uploaded to One Drive	TO

Competency Area: R3: Leadership				
Goal: R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method	Timing: Orientation
R.3.2.1: Apply a process of on-going self-evaluation and personal performance improvement	Applying	Demonstrates ability to meet deadlines set by preceptor. Completes all orientation activities by due date.	Formative feedback by preceptor. Written reflection by resident at end	TO
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Accepts feedback from preceptor and incorporates into daily activities.	Formative feedback by preceptor	TO
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.				
R3.2.3: Demonstrate responsibility and professional behaviors.	Responding and Applying	Arrives at employment on time. Communicates and interacts with all members of healthcare team in a professional and responsible manner. Prioritizes responsibilities.	Preceptor will observe and provide feedback.	TE

Additional Information: None

University of Cincinnati PGY1 Community-Based Pharmacy Practice Residency

Cincinnati Health Department –Patient Care

General Description:

The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients of diverse backgrounds. The clinical experience is intended to provide advanced training and practice in direct patient care.

Direct patient care services at The Cincinnati Health Department (CHD) include: collaborative pharmacotherapy management (under a collaborative practice agreement (CPA) with the primary care physician), primary care (working with physicians, medical students, and mid-level providers) and MTM (medication therapy management).

The resident will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the site. The residents will gain experience managing a variety of disease states.

Role of the Pharmacist:

The clinical pharmacists at CHD provide direct patient care through a collaborative practice agreement. The CPA allows for disease state management of diabetes, hypertension, hyperlipidemia, asthma, COPD, and smoking cessation. The pharmacists are part of a multi-disciplinary team and assist by answering questions, researching and other disease states at the providers discretion, drug information, coordinating medications, and aiding in patient education and use of diabetes technology.

Based on the resident's self-evaluation and preceptor's observations of incoming skill set, the four preceptor roles are deployed at various stages of the learning experience. Initially, instructing and modeling are the primary roles utilized. Then, as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3, or in some cases Q4, facilitation is the primary role used to support the continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident, and preceptor comfort levels.

Type: Longitudinal, required

Duration: 11 months

The resident will spend an average of 16 to 24 hours per week (M-F) engaged in activities related to this learning experience. The schedule will vary depending on the week – see calendar for details.

Mentors:

Residency Program Director: Bethanne Brown, PharmD, BCACP

Site Coordinator and Preceptor: Jonathan Burns, PharmD

Additional Preceptor: Tanara Ellis, PharmD

Orientation Activities:

1. Review clinic CPA and other direct patient care policies and procedures.
2. Meet CHD providers and staff and learn about clinic workflow.
3. Complete EPIC training with pharmacists
 - a. Schedule and document patient appointments with pharmacists.
 - b. Ella.ochin.org for Ella training: CLN098, CLN099 and CLN101.
4. Attend patient visits with preceptor. Preceptor will demonstrate direct patient care skills for the resident. Educational needs and patient care plans will occur at each visit the resident observes.
5. Document patient care activities in EPIC with preceptor supervision.
6. Attend monthly pharmacy and clinic meetings to stay up to date with policies and procedures that may affect direct patient care.
7. Join OPA (resident membership) to attend monthly lunch and learns to further review of disease states. Take a screen shot and upload to OneDrive (15. Practice Site Requirements)
8. Review Readiness for Independent practice checklist and complete with preceptors – once competency is achieved, upload signed document to OneDrive (16. Resident Credentials)
9. Review Azura with preceptors to learn the Dashboard.
10. Obtain Dexcom and Libreview access for CHD

Expectations of the Resident:

The primary preceptor will model, coach, and facilitate the learning experience as appropriate. Initially, beginning in orientation, the preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes. Based on preceptor assessment and resident readiness, the resident will move into the role of leading the direct patient care interaction with the preceptor observing. The resident will begin with the most basic patient interactions and gradually build to more complex cases. The resident will develop and present the patient care plan independently, and the preceptor will provide feedback. The resident will progress to independently seeing patients, with preceptor interaction resident-initiated or as needed for the preceptor to monitor care plans, documentation, and follow-up. Eventually, the resident will function independently, with the preceptor auditing visits for quality assurance and feedback. Resident progress will be based on the resident's knowledge, skills, and abilities. The resident will attend the monthly pharmacy and clinic meetings. The resident will provide a topic discussion to the clinic staff quarterly and is required to come prepared to present the chosen topic.

Progression of the Resident:

Q1: By the end of Quarter 1, the resident should be able to provide, assess, and document patient encounters for two basic patient appointments per half-day. The resident will progress to this goal by first shadowing clinical pharmacists. Next, the resident will gain experience with documentation and obtaining vitals. The resident will then conduct visits with direct observation and frequent feedback. The resident and preceptors will work together to aid the progression of becoming independent. Likewise, the resident will complete topic discussions with preceptors as needed first choosing topics included in collaborative practice agreements (diabetes, hypertension, hyperlipidemia, asthma, COPD, and smoking cessation). Review on a regular basis the Readiness for Independent Practice Checklist.

Q2: Resident will begin to broaden their pharmacy activities into more general primary care in the clinic and increase the number and complexity of patients seen within patient appointments. By the end of Quarter 2, the resident will be able to see at least four patients in a half day of mixed complexity. The resident should become independent in plan development, monitoring, and follow-up. The monthly topic discussions will continue with the previously mentioned disease states. Complete Readiness for Independent Practice Check list with preceptors and upload signed copy to OneDrive (16. Resident Credentials).

Q3: By the end of Quarter 3, the resident should be able to see all patients independently with facilitation from preceptors and be able to facilitate / answer drug information questions from providers and other staff. The resident will have more time in clinic during this quarter to help learn time / project management. The resident will also be able to precept students during this quarter which will include using all aspects of modeling, coaching, and facilitation. Monthly topic discussions will continue and should be based on other disease states that are applicable to the patient population at CHD.

Q4: The resident will see all levels of patients, with facilitation from preceptors as needed. The resident should be comfortable with all aspects of the pharmacists' patient care process.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor / Resident	Resident	Quarterly
Self-Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly, to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly / biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once / Twice at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

PharmAcademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** Provides ongoing feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include Frequent, Accurate, Specific and Timely.
- **Self-Reflection:** Thinking about oneself, including one's behavior, values, knowledge, and growth opportunities.

- **Self-Evaluation:** The ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity / objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experience(s) (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals / objectives using established criteria of the residency.
- **Learning Experience/Preceptor/RPD:** Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and the residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).				
Objective	Cognitive Domain	Activities	Assessment Method	Timing (quarter to be evaluated)
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	Analyzing	Review, extract, and document subjective and objective patient information in order to facilitate a patient visit.	Preceptor will observe and provide feedback	EQ1
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Evaluating	Assess and select patient's problem list in order of importance and severity.	Preceptor will observe and provide feedback	EQ1
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Creating	Constructs and documents individualized patient-care plan with recommendations. Shares plan with primary care provider and requests input as necessary.	Preceptor will observe and provide feedback	EQ2
R1.1.4: (Applying) Implement care plans.	Applying	Executes written orders in collaboration with the healthcare team. Explains social determinants of health and how they impact care. Provides solutions to improve access or minimize barriers to care.	Resident will present problem list to preceptor and preceptor will evaluate and provide feedback	EQ2

R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Creating	Investigate the effectiveness of patient-care plans through follow up with patient either in person or via telephone. Shares results with healthcare team.	Preceptor will review patient-care plan and provide feedback	EQ2
R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Analyzing	Identify CHD patients who need TOC services, advocate for patients or provide those services either face to face or telephonically, document appropriately in the chart.	Preceptor will review and provide feedback	EQ2
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing (quarter to be evaluated)
R1.2.1: (Applying) Collaborate and communicate with healthcare team members.	Applying	Discusses plan with PCP and shares all documentation electronically after each completed visit.	Preceptor will monitor and provide feedback	EQ4
R1.2.2: (Applying) Communicate effectively with patients and caregivers.	Applying	Interacts with patients in a friendly manner. Educates patients and caregivers and attempts to ensure understanding of information provided. Utilizes available translation services when necessary. For each new medication- teach patient using appropriate counseling techniques in patient friendly language:	Preceptor will observe and provide feedback	EQ4

		<ul style="list-style-type: none"> How to use, side effects, how it works, missed doses Articulate motivational interviewing for adherence issues and/or smoking cessation		
R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.	Applying	Write chart notes and orders for all patients seen within 24 hours of appointment.	Preceptor will read, evaluate patient notes, and provide feedback.	EQ3

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

Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing (quarter to be evaluated)
R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Understanding	Explain social determinants of health (SDOH) and how they impact care. Identify which SDOH are impacting the patients ability to care for themselves and provide education or referrals to mitigate.	Preceptor will evaluate and provide feedback	EQ1

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

R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Demonstrate effective leadership skills and behaviors.	Preceptor review and feedback	EQ1 / Q4
R3.2.3: (Applying) Demonstrate responsibility	Applying	Work as part of an interprofessional team	Preceptor will observe, inquire from	EQ1

and professional behaviors.			CHD Team, and provide feedback	
R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	Applying	Complete service activity by planning wellness activities at a clinic location as required and outlined in community service guidelines.	Preceptor review and feedback	EQ2 - 4

CONT. à

Goal R4.1: Provide effective medication and practice-related education.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing (quarter to be evaluated)
R4.1.1: (Creating) Construct educational activities for the target audience.	Creating	Design and deliver a presentation to CHD staff, teaching the group about diabetes management.	Preceptor will observe presentation and provide verbal feedback.	EQ2 / 4
R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Creating	Develop a topic discussion for a variety of forums (clinic staff) based on assigned topics.	Preceptor will attend and observe presentations and provide verbal and written feedback.	EQ2 / 4
R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.	Evaluating	Rate the aforementioned monthly presentation via survey.	Preceptor will observe the survey results and provide written and/or verbal feedback.	EQ2 / 4

Goal R4.2 Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g. students, pharmacy technicians, or other healthcare professionals.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	Timing (quarter to be evaluated)
R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.	Evaluating	<ul style="list-style-type: none"> Assess and select learning activities for pharmacy students based on the students' interests and the needs of the practice site. Uses the 4 preceptor roles: instructing, modeling, coaching, and facilitating. Provides regular feedback through verbal and written communication. Contributes to midpoint and final evaluations for students by discussing performance with preceptor. 	Preceptor will review and provide written and oral feedback.	EQ3 - 4

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Dispensing and Leadership Cincinnati Health Department

General Description:

This learning experience will occur between all health centers that serve patients who are primarily uninsured/underinsured residents of Cincinnati. These areas are considered healthcare deserts where there are few healthcare providers in proximity to these communities. Patients served here are of many different backgrounds, but often face similar social determinants of health; more concentrated commonalities are seen depending on the health center location (i.e. Price Hill serves many patients who are Latino/LatinX, and many immigrants). During this learning experience, the resident will work with other pharmacists, technicians, providers, nurse navigators, nurses, and medical assistants to provide quality, patient-centered care. The patient load is approximately 500 patients per week.

Role of the Pharmacist:

The pharmacists at these practice sites are responsible for:

prescription entering/labeling/verification

prescription transfers

prescription and other document filing

drug utilization and DDI reviews

prior authorization management

therapeutic substitutions

insurance billing resolution

OARRS review

counseling patient on new medications and medication problems

communicating with providers on medication issues

prescription initiation and refill requests

error and near miss reporting

inventory management (inventory ordering, outdated medication removal, live inventory updates, annual inventory review)

appropriate drug storage monitoring

required reporting (daily reports, VPOP, etc.)

OutcomesMTM and MedPath incorporation into workflow

expired inventory return to Inmar

technician management

crash cart review and management

patient drug disposal bin management

pharmacy supply ordering for daily workflow (vials, labels, bags, etc)

participate in NRT prescribing, billing and dispensing

Type: Longitudinal, required

Duration: Eleven months. An average of 8 hours per week will be spent staffing and dispensing medications. This time may be spread over the course of the week and is cumulative.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Site Coordinator: Jonathan Burns, PharmD
Leadership Primary Preceptor: David Miller
Medication Dispensing Primary Preceptor: Alaina Camblin, PharmD

Orientation Activities:

Residents will complete the following:

1. Attend a formal CHD Orientation Course
2. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
3. Review of all CHD pharmacy-related policies
4. EPIC and QS1 Computer training (not necessary if resident has previous experience)
 - a. If needed- complete Epic training at ella.ochin.org
 - i. Courses CLN098, CLN099 and CLN101.
 - ii. Upload certificate to OneDrive, Folder 15, Practice Site Requirements
5. Shadowing a pharmacy technician and staff pharmacist
6. Complete CE and review of supplementary training information on 340B rules/guidelines
 - a. Accessed via education.apexus.com and enroll as a new user:
<https://education.apexus.com/#/signup>. Complete the Apexus 340b University on demand program.
 - b. Upload certificate to OneDrive, Folder 15, Practice Site Requirements
7. Act in the role of pharmacy technician to learn roles/responsibilities
8. OutcomesMTM and MedPath training (if not already part of academic/APPE requirements)
9. Create accounts for different MTM platforms (ie OutcomesMTM, MTMPath)
10. Create OH/ID account (if not done previously) to access Ohio Medicaid PNM platform.
11. Obtain ordering access through QS1
12. Create a Covermymeds account

Expectations of the Resident:

The resident will ultimately be expected to act in the role of staff pharmacist and direct the daily workflow of the pharmacy in dispensing medications and handling patient and provider interactions. The resident will further be expected to coordinate with the pharmacy technician(s) assigned to that location and delegate appropriate tasks where necessary to ensure the smooth operation of the pharmacy. When managing the pharmacy alone, the resident will be responsible for ensuring the necessary daily tasks of the pharmacy are completed, including completion of prescription verification and labeling queues, resolution of dispensing errors, end-of-day reports, temperature checks for temperature-controlled medications, and preparing the pharmacy for the next business day. The resident will also be expected to be able to assess the need for and execute more intermittent or periodic tasks, such as identifying pharmacy supply needs, outdated medication returns, drug disposal bin returns, and inventory adjustments.

Progression of the Resident:

1st Quarter:

The resident will complete all orientation tasks as outlined. The resident will visit and become familiar with the all locations at which they will be completing the patient centered dispensing experience, including meeting members of the medical teams at those locations. At this stage of the learning experience, the resident will work as a team member within the pharmacy under the direct supervision of a CHD staff pharmacist preceptor and work toward independence in pharmacist-in-charge role. They will observe their preceptor providing patient care as well as the pharmacy technician(s). The resident will prioritize gaining familiarity in usage of the QS/1 software and Epic EHR systems and orient themselves to the workflow of each pharmacy location.

2nd Quarter:

As resident and preceptor comfort level increases, the resident will take on more responsibility for patient care. They will be expected to staff as pharmacist-in-charge, with the CHD preceptor available within the pharmacy for direction and questions. Such staffing tasks will include management of prescription refill and new order requests, verification of new orders, and ensuring dispensing to the patient in a timely fashion. The resident will work towards gaining speed and comfort in managing the pharmacy's workflow. They will be expected to provide patient counseling on medications at the time of dispensing. At this stage, the resident will also be expected to start identifying opportunities to optimize patient regimens and approaching the patient's healthcare team with such recommendations. If the medical team contacts the pharmacist with a medication question, the resident may be assigned the task of researching and responding to such questions.

3rd Quarter:

The resident will be expected to handle pharmacy operations with minimal assistance from the preceptor. The preceptor will be available to the resident within the health center, but may not be within the physical pharmacy environs at all times. The resident will be able to demonstrate appropriate time management in the completion of pharmacy workflow tasks, will generally be able to open and close the pharmacy, and increasingly engage in prioritization of needed tasks including incoming calls and interactions with the medical team. The resident will be able to further demonstrate appropriate delegation of tasks as PIC to technician staff as needed to ensure smooth pharmacy operations.

4th Quarter:

The resident will act as a fully integrated member of the CHD pharmacy team and is able to manage a pharmacy location independently. They will appropriately manage and direct the tasks, as PIC, of the technician(s) working with them. The resident will demonstrate safe and efficient medication dispensing and will be able to appropriately prioritize tasks in accordance with the needs of the pharmacy.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/ Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

PharmAcademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about oneself, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists Patient Care Process)				
Objective:	Cognitive Domain	Activities	Assessment Method	E: quarter to be evaluated
R1.1.4: Implement care plans	Applying	<ul style="list-style-type: none"> •Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers. • Prioritizes formulary medications, as appropriate. • Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests. • Considers appropriate formulary alternatives. 	Verbal feedback through direct preceptor observation	EQ2-3
Goal R1.3: Provide safe and effective access to medication therapy				
Objective:	Cognitive Domain	Activities	Assessment Method	E: quarter to be evaluated
R1.3.1: (Applying) Facilitate the medication-use process related to formulary management and medication access	Applying	<ul style="list-style-type: none"> •Cites where to find the health department pharmacy formulary and directs healthcare providers to the document when inquiring about available medication therapies (via verbal or upon a medication order) •Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers. •Review non-formulary requests for appropriateness and follows departmental/organizational policies and procedures related to bring requests to the formulary committee. • Considers appropriate formulary alternatives. • Ensures access to non-formulary products when formulary alternatives cannot be used. 	Verbal feedback through direct preceptor observation	EQ2-4

<p>R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.</p>	<p>Evaluation</p>	<ul style="list-style-type: none"> • Adheres to applicable laws, institutional policies, departmental policies, and best practice Standards of operation. • Identifies, detects, and addresses medication and health-related issues prior to verifying and dispensing medication upon an order. • Completes all steps of the medication preparation process with accuracy and efficiency, including selection of self-care products, as appropriate. • Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients. • Communicates to patients, where applicable, how to administer medications using appropriate techniques. • Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing, and administration of medications according to applicable laws and institutional policies. • Effectively prioritizes workload and organizes workflow for oneself and pharmacy support personnel. • Refers patients to other available healthcare services and/or care by other healthcare professionals, as appropriate. • Ensures appropriate storage of medications and resolves discrepancies if storage conditions fall out of range. • Identifies and determines barriers to patient medication adherence and makes appropriate patient-directed recommendations and adjustments to resolve or diminish those barriers 	<p>Verbal feedback through direct preceptor observation</p>	<p>EQ1-2</p>
<p>R1.3.2 (Applying) Participate in medication, incident and HIPAA related event reporting.</p>	<p>Applying</p>	<ul style="list-style-type: none"> • Annotate validated incidents according to the department's policies and procedures. • Compose and submit incident reporting in an appropriate amount of time to Pharmacy Director and Clinic Managers • Develop a feasible SMART action plan to alter the medication dispensing and administrating process to prevent future incidents. • Demonstrate adverse drug event reporting process to other appropriate Health Department staff members. 		<p>EQ1-2</p>

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects				
Objective:	Cognitive Domain	Activities	Assessment Method	E: quarter to be evaluated
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Review and update current dispensary QI plan and add in policies as it relates to clinical services- use appropriate ISMP tools to determine gaps	Formative and Summative feedback from preceptor	Q2-3
R2.1.2: Develop a project plan.	Creating	Update policy and procedure for clinical services QI based on ISMP guidelines Discuss QI options with preceptors to determine what reports are feasible and benchmarks to use.		Q2-3
R2.1.6: Develop and present a final report.	Creating	Present QI plan to CCPC board	Preceptors to review presentation and provide feedback	Q3-4

Competency Area R3: Leadership				
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services				
Objective:	Cognitive Domain	Activities	Assessment Method	E: quarter to be evaluated
R3.1.1: Explain factors that influence current pharmacy needs and future planning.	Understanding	•Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).	Verbal feedback through direct preceptor observation	EQ2-3

		<ul style="list-style-type: none"> • Describes resolution of medication access or availability concerns. • Identifies various effective leadership philosophies and principles. • Explains how the pharmacy planning relates to the organization and/or department's mission and vision. • Explains the department and/or organization's decision-making structure. • Explains the department and/or organization's strategic planning process. • Identifies human resources and personnel management pertinent policies and procedures including but not limited to workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources. • Explains current credentialing and privileging processes of the organization and potential changes for the future, if applicable. • Explains the quality improvement plan(s) of the department and/or organization. • Correctly assesses internal pharmacy quality, effectiveness, and safety data against benchmarks 		
<p>R3.1.2: Describe External factors that influence the pharmacy and its role in the larger health care environment.</p>		<p>Attend OPA advocacy day either fall or spring of residency year. Write separate reflection on the experience and upload to OneDrive (leadership/management folder)</p>	<p>Identifies CHD Pharmacy strategies relevant to meeting and includes these in reflection</p>	<p>EQ2</p>

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement				
Objective:	Cognitive Domain	Activities	Assessment Method	E: quarter to be evaluated
R3.2.3: (Applying) Demonstrate responsibility and professional behaviors	Applying	<ul style="list-style-type: none"> • Represents pharmacy as an integral member of the healthcare team. • Demonstrates professionalism through appearance and personal conduct. • Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team. • Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct. • Prioritizes patient healthcare needs. • Accepts consequences for his or her actions without redirecting blame to others. • Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice. • Advocates effectively on behalf of patients to other members of the healthcare team. • Delegates appropriate work to technical and clerical personnel. • Understands and respects the perspective and responsibilities of all healthcare team members. • Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable 	<p>Verbal feedback through direct preceptor observation</p> <p>Verbal feedback from members of the Health Department</p>	EQ4

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Cincinnati Health Department- ONLY**

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patient’s self-management behaviors outside of a structured system.¹ The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- a. Identifying a topic based on the needs of the practice site and the interest of the resident
- b. Establishing a timeline based on the residency year
- c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- d. Developing a research question in collaboration with the research team
- e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. Designing a solid research project which protects the rights of the participants
- g. Evaluating the project using appropriate statistical analyses
- h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.

Please go to: <http://www.equator-network.org/> for additional details.

Type: Longitudinal, Required

Role of Pharmacists: To develop, implement, and manage pharmacy based clinical services. To understand the benefit of new initiatives and programs as it relates to patient care and grant funding. To ensure sustainability of ongoing services.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: 11 months, resident will spend an average of 2 to 4 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Jon Burns + UC faculty based on area of expertise

Orientation Activities: Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Complete Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed.
2. Attend research seminar (s) during residency orientation sponsored by the University of Cincinnati.
3. Complete the Research Worksheet and upload to OneDrive, Folder 2: Research project design and implementation.
4. Read the following chapters from AccessPharmacy: Student Handbook for Pharmacy Practice Research: A Companion Book to Conduct Practice-Based Research in Pharmacy.
 - a. Chapter 4: Formulating Practice-Based Research Questions and Hypotheses
 - b. Chapter 5: Research Design and Methodology for Practice-Based Research
 - c. Chapter 7: Research Data Management and Statistical Analysis
 - d. Section 2: Read the chapters that correspond to your type of research
5. Meet with representatives from College's internal IRB review committee on as needed basis.
6. Connect with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project. Prior to this meeting, your statistical analysis plan within the IRB should be approved by research team. This meeting is to potentially revise and validate the plan.

Expectations of the Resident:

Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:

1. Gain access to UC Research Administration Portal and determine the appropriate IRB templates for your proposal:

It is important to use the current templates for protocol submission – you can find these in the RAP system under tabs *IRB > Library > Templates* or in your OneDrive, Learning Experience Documents, Practice Advancement- Research Folder.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating with the entire project team
 1. Requests for feedback from team needs to include turn around date
 2. All final drafts of presentations/posters need to be sent for approval 72 hours prior to submission deadline.

7. Completing manuscript based on the following schedule:
 - a. By 10/1: Select journal and review instructions to the authors, set up Word document as instructed. Complete full manuscript outline using template provided
 - b. By 10/31: Write Background and Methods sections and send to research team for edits.
 - c. By 4/30: Complete Results, Tables and Figures and sent to research team
 - d. By 5/15: Complete Discussion, Conclusion and Abstract sections and submit final draft of the manuscript to research team for review.
 - e. By 6/23: Submit final manuscript
 - f. By 6/23: Close out IRB protocol in RAP portal by submitting the following document HRP-503 C TEMPLATE Continuing Review (see OneDrive, Learning Experience Folder, Practice Advancement- Research, IRB Templates).
Failure to close out IRB protocol will result in the withholding of your residency graduation certificate.
 - g. By 6/30: Upload signed Research Check List to OneDrive.

Please note, the use of any type of technology (ie ChatGPT) to create the manuscript or any presentations will result in an automatic dismissal from the residency program for serious misconduct.

8. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive.
9. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)
10. Use the Research Checklist as a guide for your projects:
 - a. Preceptors must initial completion of activities and a final signed document must be uploaded to OneDrive (4. Research Project- Report) at the end of the residency year.
11. Presenting research at the following (as dictated by practice site):
 - a. American Pharmacists Association: poster presentation
 - b. Ohio Pharmacists Association: research round table or poster presentation
 - c. Ohio Pharmacy Residency Conference (ALL): podium presentation
12. Transfer ownership of IRB protocol within UC RAP portal

Expectations of Project Team:

Members of the project team are responsible for the following:

1. Providing direct guidance/instruction during all stages of the research project
2. Giving verbal and written feedback in a timely manner in order for the resident to improve.
3. Attendance at research team meetings as called by resident
4. Meeting deadlines as set by RPD or resident
5. Support resident during poster or podium presentation (s)

Submission of research protocol to IRB:

IRB#1- this protocol was submitted by previous resident and approved by UC- IRB.

- A. Obtain UC RAP portal access (see checklist)
- B. Update IRB protocol and any related documents to new PI
- C. Submit Revised Principal or Co-Principal Investigator to Research Protocol (see OneDrive, Learning Experience Documents, Practice Advancement- Research- IRB Templates)
- D. Once PI change is approved, institute protocol and follow Practice Advancement- Research Project Checklist for IRB #1.

IRB #2- this is the new research project to be created and submitted to UC-IRB by 4/1.

Once IRB #2 protocol has been approved by research team, follow the guidelines below

A: Submit to UC COP IRB internal review board for scientific pre-review

- a. Email finalized IRB proposal to Drs. Shawn Xiong or Rowena Schwartz
- b. Attach the COP Scientific Pre-Review Template document found on OneDrive
- c. Include a reasonable due date (i.e. 1 full week) in the email indicating when you would like the proposal review completed
- d. Once you receive feedback, complete all changes requested. Resubmit final version for approval (if applicable).
- e. Once approved, you MUST upload a signed copy of the COP Scientific Pre-Review Document to the RAP portal.

Please note: Scientific pre-review is NOT required if your study would be exempt from IRB (IE chart review, anonymous surveys etc.). Please consult with your research team for any questions/concerns.

B: At the same time as completing Step A above, submit the SAME IRB protocol to CHD Institutional Review Board (CHD-IRB). Email the protocol and all associated documents to Dr. Maryse Amin and Dr. Brent Mussman

Dr. Amin: Maryse.amin@cincinnati-oh.gov

Dr. Mussman: grant.mussman@cincinnati-oh.gov.

CC: Research Team

Within the email, provide availability for the next 3 weeks in-case a virtual meeting is needed to discuss the protocol.

After approval of your protocol from UC COP IRB Internal review board and CHD-IRB, complete the following:

- A. Make the CHD-IRB requested changes. if significant (talk with research team), email an updated version to UC-COP internal review committee.
- B. Submit the finalized document to University Institutional Review Board through the RAP system; [Institutional Review Board | Human Research Protection Program \(uc.edu\)](#) OR <https://research.uc.edu/support/offices/hrpp/irb>.

Please follow these guidelines when submitting and monitoring the protocol in UC IRB RAP Portal. This will ensure timely approval of your research project:

1. IRB protocols MUST be named for both the **Title of Study AND Short Title** using the following format: UCPHARMRES- XXXX.
2. Once the protocol is submitted via the RAP portal- email the following individuals:
 - a. irb@ucmail.uc.edu (our general office email)
 - b. littletb@ucmail.uc.edu (Tara Littleberry – Committee Lead)
 - c. prestoca@ucmail.uc.edu (Christa Preston – Non-committee Lead)

This is to alert them to the time sensitive nature of your submission.

You must include the following information in the email:

- a. Title
- b. Protocol number and a reminder that you are a UC Pharmacy Resident and you have 1 year to complete your research.
3. Review the IRB process flow diagram (on the RAP portal) on a regular basis to determine and keep track of the status of your protocol
4. Submit any requested changes within 2 days (48h) to the IRB. Once the updated protocol is submitted via the RAP portal, email the above again alerting everyone to the changes.
5. If you do not receive a response from IRB within 5 business days, please email a professional reminder to all inquiring an updated on the status of your proposal. Please include the Title and ID number (assigned by IRB) of your submission.

Please alert Dr. Brown (Bethanne.brown@uc.edu) to any issues or concerns. We are working diligently to reduce any system barriers in this process.

Poster Printing: For all poster printing requests related to your research, please email a PDF of the poster file to Gabe Schneckner at Gabe.Schneckner@uc.edu. This must be completed 5 days prior to when you need the poster to facilitate printing and allow for 1 re-print if needed. You may have a total of 2 poster prints.

Progression of the Resident:

Residents will learn the process of conducting clinical research over the course of the residency year. Timeline and Checklist for activities will be dictated by the practice site. See document provided on One-Drive (Learning Experiences, Practice Advancement- Research Folder, Research Checklist).

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly

Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/ Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one’s self, including one’s behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident’s performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident’s performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated:
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	<ol style="list-style-type: none"> 1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Picks a research topic and develops research question and primary and secondary outcomes 	Formative and Summative Feedback from Project team	EQ1
R2.1.2: Develop a project plan.	Creating	<ol style="list-style-type: none"> 1. Prepare project outline and develop methods and evaluation strategy 2. Determine time-table for development, implementation and evaluation 3. Prepare IRB protocol, refine drafts with feedback, and gain consensus around protocol from project team 4. Effectively organize and lead meetings 		EQ1
R2.1.3: Implement project plan.	Applying	<ol style="list-style-type: none"> 1. Work closely with project team to implement project 2. Effectively organize and lead meetings with project team to 		EQ2

		<p>ensure established deadlines are met</p> <ol style="list-style-type: none"> 3. Prepare and submit APhA or other grant application (if applicable) 4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis 		
R2.1.4: Analyze project results.	Analyzing	Analyze data collected appropriately based on project team input and using relevant statistical analysis		EQ3
R2.1.5: Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	Evaluating	<ol style="list-style-type: none"> 1. Evaluate data collected in relation to current literature and practice 2. Create sustainability plan (if applicable) 		EQ3/4
R2.1.6: Develop and present a final report.	Creating	<ol style="list-style-type: none"> 1. Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC 2. Write a manuscript based on instructions to the authors from an appropriate journal (target audience) using the time-line provided and meet the following deadlines: <ul style="list-style-type: none"> 10/1: Journal selection, manuscript outline to team. 10/31: background and methods* <p>* You MUST use a reference manager for your manuscript. Research team members have been instructed to send back your manuscript if you fail to maintain your</p>	Review by peers, faculty and others	EQ4

		<p>references within the body of your document.</p> <p>4/30: results, tables and figures</p> <p>5/15: discussion, conclusion and abstract* (see above)</p> <p>6/23: Final manuscript submitted.</p> <p>6/23: UC IRB closed out</p> <p>Complete 3 rounds of edits (2- preceptor team, 1- peer) on the manuscript</p> <p>Submit final version to preceptor team for approval. Upload email to OneDrive, Residency Portfolio, Folder 4: Research Project Report</p>		
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Competency Area R3: Leadership				
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated
Objective R3.2.3: Demonstrate responsibility and professional behaviors	Applying	<ol style="list-style-type: none"> 1. Communicates frequently and effectively with all team members 2. Completes drafts in a timely manner 3. Submits final end product 48 hour prior to submission deadlines 	Formative and Summative Feedback from Project team	ALL quarters

Additional Information:

Resident to utilize resources found in OneDrive.

ⁱ Schommer JC. Establishing pharmacist practicebased research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/ContentDisplay.

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model - Cincinnati Health Department

Residency Project Timetable (as of 7/1/2025):		
Date	Requirement	Preceptor Initials
Completion of IRB training mandatory prior to start of the residency year. See Orientation Learning Experience Documentation		
Orientation/Teaching Certificate Program	<p>Research Seminar part 1: Complete worksheet as part of Research Seminar</p> <p>After seminar: sign up for Research Administration Portal or RAP access. Review IRB protocol templates found on OneDrive.</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Click on this link. If you are unable to access, email UC IRB at IRB@ucmail.uc.edu to obtain access.</p> <p>We have provided the more common IRB templates (Medical Template and Consent as well as conflict of interest) in your OneDrive. However, based on your research project- you may need to use a different template. To access these, log into RAP portal and click the Library Tab (left), then Templates tab (right).</p> <p>Inform research team once achieved</p>	
after 7/31	After RAP portal access obtained – submit appropriate paperwork to transition current IRB protocol (change PI)	Complete
By 8/25	Complete research worksheet- based on IRB #1 Attend research seminar part 2 during residency orientation- virtual. Upload to OneDrive. Folder 2	Complete
By 9/16	Write and submit APhA Abstract draft to project team for review.	complete
By 10/1	Journal selection, download instructions to authors, complete manuscript outline and send to research team	

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model - Cincinnati Health Department

10/4- tentative	Submit APhA Abstracts for resident poster presentation. APhA Abstract Submission due 10/4 (resident to confirm tentative date)	
By 10/31	Manuscript: Determine journal for submission of project, review instructions to the authors. Write and submit <i>Background and Methods sections</i> of manuscript to project team for review	
By 1/31 (tentative)	<u>Update abstract</u> and submit to project team for review Submit abstract to OPA for poster/podium presentation as approved by project team (resident to confirm tentative date) This abstract MUST be updated from the previously submitted documents. You must include preliminary results gathered to date (both primary and secondary outcomes)	
By 2/1 HARD DEADLINE	Identify retrospective research project idea #2. Create hypothesis, research question and start drafting IRB #2. It is important to use the current templates for protocol submission – you can find these in the eRAP system under tabs <i>IRB > Library > Templates</i> or in your OneDrive, Learning Experience Documents, Practice Advancement- Research Folder.	
By 2/15	Draft of IRB #2 to research team for review	
By 2/20	Submit research team approved IRB #2 to Dr. Guo for review of statistical analysis	
By 3/1	Submit IRB #2 to CHD IRB and UC COP Pre-Review Committee. Email protocol to Drs Brent Mussman and Maryse Amin. See Practice Advancement- Research Learning Experience for details	
By 3/3	Due to Project Team for review: Draft 1 of APhA/OPA Poster (UPDATED)	
3/15	Draft #1 Ohio Pharmacy Residency Conference (OPRC): abstract, learning objectives and assessment questions	
3/20	Receive final poster approval from research team and print poster for APhA and/or OPA Conference	
3/26 to 3/29	Attend and participate in APhA Poster Session (resident to confirm date of presentation)	

University of Cincinnati Community –Based Pharmacy
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 Check List -Flipped Model - Cincinnati Health Department

3/31(tentative)	Submit OPRC abstract, learning objectives and assessment questions (resident to confirm tentative date)	
By 4/1	Submit final IRB #2 to UC- IRB RAP Portal. See Practice Advancement- Research Learning Experience for details. Ensure approval no later than 6/15	
OPA Poster Presentation: TBD	Attend and participate in OPA poster/round table presentation	
Week of 4/21	Attend OPRC practice session with residents/preceptors	
4/25 (tentative)	OPRC presentation upload due (resident to confirm tentative date)	
By 4/30	Manuscript: Write and submit <i>Results, Tables and Figures</i> sections of manuscript to project team for review	
By 5/15	Manuscript: Write and submit <i>Discussion, Conclusion and Abstract</i> sections of manuscript. Submit full manuscript to project team for review	
5/17 (tentative)	Attend and present at OPRC (resident to confirm tentative date)	
By week of 5/22	Manuscript: Attend monthly residents meeting- edit peer manuscript and provide feedback by set due dates with completed draft (ie edits from research team incorporated into draft)	
By 6/15	Manuscript: Receive and review/incorporate suggested edits from peer reviewer IRB#2: Upload IRB approval letter to OneDrive, Folder 2- Design and Implementation	
6/15-6/22	Manuscript: Complete 1 additional round of edits with project team	
By 6/30	Manuscript: Final manuscript due to project team. Email must be sent to Dr. Brown by project team indicating approval of final manuscript and achievement of this residency objective.	

**University of Cincinnati Community –Based Pharmacy
 Practice Residency Program
 Practice Advancement- Research Project
 Check List -Flipped Model - Cincinnati Health Department**

By 6/30	Close out IBR protocol #1 with both UC and CHD IRB – this is a very important step that must be done or you will not receive your residency certificate...	
By 6/30	Submit signed Research Checklist to OneDrive	

Both Resident and Primary Research Preceptor must sign below verifying the above was completed over the course of the residency year. Upload document to OneDrive 16. Research Report.

Resident/Preceptor Signatures	Date

Cincinnati Health Department: Clinical Pharmacist Competency Checklist and Standard Operating Procedures

Overall Competency Checklist	Date Achieved	Clinical Pharmacist Initials
Documentation		
Collaborative Practice Agreement (read and review with preceptor)		
Patient Interaction		
Provider Interaction		
Diabetes Service		
Hypertension Service		
Tobacco Cessation Service		
Additional Clinical Pharmacy Services (asthma, COPD, heart failure, etc)		
Polypharmacy / Transitions of Care		
Staffing		

Documentation	Date Achieved	Clinical Pharmacist Initials
Navigates EMR to find patient information (appointments, vitals, labs, notes, procedures, referrals etc.)		
Navigates schedule to open encounter		
Documents visit purpose in <i>Rooming, Visit Info</i>		
Documents vitals in <i>Rooming, Vital Signs</i>		
Performs medication reconciliation using <i>Rooming, Allergies and Medications</i>		
Orders POC tests, labs, medications in <i>Add Order</i>		
<i>Release Order</i> once POC tests ordered		
Enter Diagnosis for visit in <i>Add DX</i>		
Documents patient visit in <i>Notes</i>		
Uses appropriate SMARTPHRASE		
Documents patient instructions in <i>Pt Instructions</i>		
Can add patient education handouts using <i>Wrap-Up, Patient Instructions</i>		
Adds billing code in <i>Level of Service</i>		
Schedules follow-up visit		
Prints <i>After Visit Summary</i>		
Sends chart to patient's primary care provider in <i>Wrap-up, Follow-up</i> with any appropriate <i>comments</i>		
Closes encounter by <i>Sign Visit</i>		
Submits prior authorizations appropriately (i.e. cover-my-meds, fax, Medicare DME)		
Appropriately links the referral to the visit		

Commented [TE1]: Access to cover my meds?

Collaborative Practice Agreement	Date Achieved	Clinical Pharmacist Initial
Attains all information required to enter into a consult agreement with a provider and patient (i.e. review referral within EMR)		
Documents inactivation of referral when appropriate		
Refers to CDTM Policy and Procedures for information as necessary		

Commented [MB2]: Need SOP developed on this procedure.

Commented [MB3]: What is this?

Patient Interaction	Date Achieved	Clinical Pharmacist Initial
Conducts patient appointment in allotted time		
Asks appropriate questions to attain pertinent health information		
Counsel patients on all pertinent disease- and medication-related information pertaining to referral (diabetes, hypertension, etc.)		

Provider Interaction	Date Achieved	Clinical Pharmacist Initial
Resident to complete 5 collaborative patient visits with provider. Provider to sign off on these co-visits.		
Resident to send 5 interventions to be signed off by provider at the health center		
Appropriately refers patient to provider when necessary		
Communicates with referring provider when necessary		
Reviews if patient is seeing a specialist (i.e. cardiology). Will not adjust medications being managed by this provider unless discussed and documented with referring provider.		

Commented [TE4]: What do we mean by co-visits - will the resident sit in with provider on one of their visits or will the provider be on a clinical pharmacy visit? I think the former would be a better option because it may be difficult for the provider to come into a CP visit.

Commented [TE5]: For the interventions, it would depend on where the resident will ultimately be dispensing.

Do you think it would be confusing for the providers to have to sign off on some interventions and not others given our current processes?

Staffing	Date Achieved	Staff Pharmacist Initials
Navigate QS1: Search for patient & navigate patient chart		
Navigate QS1 medication fill process: Search → Rx Profile → Queue Refills		
Navigate QS1 medication fill process: Mail → New Rx		
Navigate QS1 medication fill process: Verify New Orders		
Navigate QS1 medication fill process: Label / Dispensing		
Navigate QS1 medication fill process: Quality Assurance		
Navigate QS1 medication fill process: Prescription Status		
Navigate QS1 medication fill process: Delivery / Will Call		
Pharmacy Check-Out: Medication Counseling		
Navigate EPIC: View Only Registration, Media and Appointment Tabs (i.e., determining Federal Poverty Level (FPL), patient insurance nuances, etc.)		

CONT. →

Diabetes Clinical Service	Date Achieved	Clinical Pharmacist Initial
Shadows 2 point-of-care (POC) Hgb A1c draws		
Appropriately orders pertinent laboratory tests		
Provides comprehensive diabetes education <ul style="list-style-type: none"> • Counsels on disease • Counsels on lifestyle modifications (diet, exercise) • Counsels on smoking cessation (if applicable) • Counsels on medications (oral agents, insulin, GLP) • Counsels on hypoglycemia and acute complications (DKA, HHS) • Counsels on micro and macrovascular complications • Counsels on point-of-care (POC) blood glucose • Counsels on point-of-care H_bA1c • Counsels on continuous glucose monitors (i.e. Dexcom, Freestyle Libre) 		
Performs patient assessment <ul style="list-style-type: none"> • Evaluation of vital signs, including blood pressure and pulse • Evaluation of medication regimen and potential for drug interactions • Evaluation of labs for medication safety and efficacy • Evaluation of patient understanding and adherence • Evaluation of diet and lifestyle • Evaluation of signs and symptoms of hyper- and hypoglycemia • Evaluation of signs /symptoms and appropriate follow-up of complications of diabetes • Evaluation of self-monitoring of blood glucose (SMBG) • Evaluation of smoking status • Evaluation of statin indication • Evaluation of aspirin indication • Evaluation of vaccination history 		
Appropriately titrates diabetes medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist or provider and patient for 20 patient appointments and pharmacist / provider feels competent		

Revised 6/2025

Hypertension Clinical Service	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive hypertension education <ul style="list-style-type: none"> • Counsels on disease • Counsels on lifestyle modifications (diet, exercise) • Counsels on smoking cessation (if applicable) • Counsels on medications • Counsels on hypotension and acute complications (hypertensive emergency) • Counsels on chronic complications • Counsels on self-monitoring of blood pressure 		
Performs patient assessment <ul style="list-style-type: none"> • Evaluation of vital signs, including blood pressure and pulse • Evaluation of medication regimen and potential for drug interactions • Evaluation of labs for medication safety and efficacy • Evaluation of patient understanding and adherence • Evaluation of diet and lifestyle • Evaluation of signs and symptoms of hyper- and hypotension • Evaluation of smoking status • Evaluation of vaccination history 		
Appropriately titrates hypertension medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider		
Designs an evidence-based hypertension medication therapy plan in coordination with clinical pharmacist or provider and patient for 20 patient appointments and pharmacist / provider feels competent		

Smoking Cessation Clinical Service	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive smoking cessation education <ul style="list-style-type: none"> • Counsels on disease • Counsels on lifestyle modifications (triggers) • Counsels on medications • Counsels on chronic complications/ benefits of cessation 		
Performs patient assessment <ul style="list-style-type: none"> • Evaluation of vital signs, including blood pressure and pulse • Evaluation of medication regimen and potential for drug interactions 		

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<ul style="list-style-type: none"> • Evaluation of patient understanding and adherence • Evaluation of triggers • Evaluation of vaccination history 		
Appropriately utilizes smoking cessation medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider		
Designs an evidence-based smoking cessation medication therapy plan in coordination with clinical pharmacist or provider and patient for 20 patient appointments and pharmacist / provider feels competent		

Additional Clinical Pharmacy Services	Date Achieved	Clinical Pharmacist Initial
Resident will be assessed using similar structure as above for any forthcoming disease state management services where patients will regularly be referred to the clinical pharmacy team (i.e., asthma, COPD, heart failure, etc.)		
Provides comprehensive disease state specific education <ul style="list-style-type: none"> • Counsels on disease • Counsels on lifestyle modifications (diet, exercise) • Counsels on medications • Counsels on acute complications (if applicable) • Counsels on chronic complications (if applicable) • Counsels on self-monitoring (if applicable) 		
Performs patient assessment <ul style="list-style-type: none"> • Evaluation of vital signs, including blood pressure, pulse, and weight (or any other pertinent values needed) • Evaluation of medication regimen and potential for drug interactions • Evaluation of labs for medication safety and efficacy • Evaluation of patient understanding and adherence • Evaluation of diet and lifestyle • Evaluation of signs and symptoms of specific disease state • Evaluation of smoking status • Evaluation of vaccination history 		
Appropriately titrates disease state specific medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider		
Designs an evidence-based medication therapy plan in coordination with clinical pharmacist or provider and patient until pharmacist feels resident has reached competency (this will be		

Revised 6/2025

dependent on how many times the resident encounters each unique disease state)		
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Commented [TE6]: Signatures - Dave and Dr. Gonzales?
Beth?

Completion Signatures:

_____, Resident
_____, Medical Director
_____, Pharmacy Director
_____, Site Coordinator

University of Cincinnati Community –Based Pharmacy Practice Residency Program ORIENTATION- EQUITAS

General Description:

Orientation is a required 1 to 2 month learning experience which will provide the resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, research and business plan background knowledge, teaching certificate program initial training in addition to other required trainings.

Role of the Pharmacist:

The role of the pharmacist within this learning experience includes: patient-centered dispensing, patient and provider education, immunizations, medication therapy management, disease state monitoring, coordination of care with providers, precepting students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:

Weeks 1 to 8: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site with a focus on the community setting.

Type: Concentrated

Duration: 1 to 2 months- schedule is determined by site coordinator in collaboration with preceptors

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Site Coordinator: Joelle Ahlrichs

Preceptors: Bethanne Brown, Lauren Johnson and JoMarie Richardson

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to folder 16: Resident Credentials.

1. Read the following articles (emailed in April):
 - a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
 - b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. Read and Complete Strength Finders, participate in review during orientation week.
4. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following:
 - a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
 - b. Assessment Structure: Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation.
 - c. Professional development: communication skills review (MI and conflict management) and well-being/support.
 - d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case-based skills review.
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
 - c. Upload certificate to OneDrive (15. Resident Credentials)-once completed both on-line and live skills review.
3. Participate in business plan
 - a. Complete required pre-work
 - b. Attend business plan seminar- fall (October) and spring (March)
4. Participate in research training (see research project time-line)
 - a. Research seminars provided by College
 - b. Complete SPSS training (as applicable)
 - c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of Orientation to Practice Site:

1. Learn the operations of daily pharmacy workflow
 - a. Audit corrections
 - b. Opening and closing of pharmacy
2. Complete Epic training
3. Complete Equitas New Employee On-Boarding
4. Complete Pioneer Training
5. Introduction to clinic staff
 - a. Shadow clinic staff to understand workflow
6. Complete of orientation activities as detailed below
7. Shadow provider appointments
8. Specialty Training – see lead specialty pharmacist (Erica Wuebold) for details
9. HIV and Gender Affirming Care trainings- See Phil Pauvlinch and Teagan Vaughn for details

Independent activities to be completed by end of Orientation (unless otherwise noted)

1. UC Employment related:
 - a. Attend UC Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.
 - b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 15. Practice Site Requirements
 - c. Complete blood borne pathogen training by going to <https://ehs.uc.edu/itc/compliance.aspx>.
 - i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
 - ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training.
Complete by 7/15
 - d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted)**:
 - I. Compliance (non-supervisors)
 - II. FERPA BasicsIn addition, you must complete the following:
 - III. EverFI; HIPAA- **must be done by 7/15**
 - IV. Required Alcohol and Drug Information
 - V. Everfi: Checkpoint Data Security
 - e. Complete Concur training- watch the video posted to your OneDrive, Administrative Document, Travel Related to the Residency. The video and associated documents walk you through the process of submitting for both Travel authorization (TA) and residency related expenses. **Complete by 7/31.**

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in

BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 10 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:

- a. Collaborative Practice Agreements:
 - a. Review CPA (both clinical and community) Policy and Procedures for Equitas
 - b. Participate in topic discussions around disease states in CPA documents.
 - c. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#) Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).
 - d. Review any updated guidelines for disease states covered by the CPA
 - e. Attend training with Jackie for Community CPA
- b. Review ACIP guidelines for chronic disease state immunizations.
CDC website: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/
Focus on Hep A and HepB, Flu, Covid, Singles, Pneumonia, TDAP/Td , HPV, Meningitis, MMR, RSV, Orthopox and others as appropriate
- c. Be sure to review the most current guidelines on the following disease states: HTN, HLD, Diabetes, and Asthma/COPD.
In addition:
 - a. Review DoxyPEP information found <https://www.cdc.gov/sti/hcp/doxy-pep/index.html>.
 - b. Attend UC-COM GAC training lecture fall (see Dr. Stryker)
 - c. Attend GAC training offered by Dr. Stryker (if available)
 - d. Attend Transforming Care Conference (as appropriate)
 - e. Attend GAC new provider training offered by Teagan Vaughn (if available)
- d. Upload the following to OneDrive (16. Resident Credentials):
 - a. APhA immunization certificate
 - b. Basic Life Support (BLS) Certificate
- e. Make an appointment with your PCP for fitness of duty form for credentialing between 9/1 and 10/31
- f. Patient Centered Dispensing: Complete tailored Pharmacists training Checklist as assigned by preceptors and found in Mission Central. See Mission Central, Forms, Pharmacy, Pharmacists Training guide week 1 through 7. Upload signed copy to OneDrive, Folder 16, Practice Site Requirements.
- g. Complete Compliance Manager assigned training found in Mission Central

- h. Complete 340B Training
 - a. Complete 340B on demand Apexus training; save completion certificate and upload to OneDrive 14. Practice Site Requirements Folder when complete. **Due 7/31**
Register and access: [340B University | Online Learning \(340bpvp.com\)](https://340b.universityofwashington.edu/online-learning/340bpvp.com), Click on PVP Login, click Need help signing in? Request a Login, register as a covered entity, FQHC
Complete all modules:
 - 1. Intro to 340b drug pricing
 - 2. 340b pricing
 - 3. Compliance cornerstones
 - 4. 340b and Medicaid
 - 5. HRSA Medicaid exclusion file
 - 6. Contract pharmacy
 - 7. Entity owned pharmacy
 - 8. Audit process and preparedness
 - b. Attend 340B meeting with Drew Gallimore 340B manager (with Columbus Residents)
- i. Complete select University of Washington National HIV Curriculum modules by 8/31/2025. Upload certificates to OneDrive, Folder 15, Practice Site Requirements
 - a. Basic HIV Primary Care (8 lessons)
 - b. Antiretroviral Therapy (5 lessons)
 - c. Prevention of HIV Overview (2 lessons only: Preventing HIV Transmission in persons with HIV and HIV Pre-Exposure Prophylaxis (PrEP))
- j. Epic training: Attend formal Epic training for providers- by 8/31/2025 (See Jackie for details)
- k. Complete Pioneer Training with Preceptors
- l. Review PTO calendar with Joelle and place all teaching and other residency related activities on the calendar.
 - a. Ensure all non-dispensing activities are on the calendar.
 - b. Submit all requests 6 weeks in advance.
 - c. Review vacation policy and procedures
- m. Communication Skill Review (prior to 7/14- MI review at COP):Motivational Interviewing
 - a. To review this essential communication technique, see information found on this web site: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8200683/>.This document covers the skills needed
 - b. Once complete, watch the video on YouTube located at: <https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
 - c. Participate in the MI- COP orientation activities.

n. Smoking Cessation: **Due 7/31**

- i. Purdue University Online - Tobacco Cessation / Behavioral Counseling & Pharmacotherapy or
https://www.eventreg.purdue.edu/ec2k/courselisting.aspx?1=%20&master_ID=6318%20&course_area=1598%20&course_number=168%20&course_subtitle=00.
- ii. Purdue University Online - Tobacco Cessation / Pharmacists' Prescribing for Tobacco Cessation or
https://www.eventreg.purdue.edu/ec2k/courselisting.aspx?1=%20&master_ID=6318%20&course_area=1598%20&course_number=167%20&course_subtitle=00
- iii. Upload CE certificates to OneDrive, Residency Portfolio, 15. Practice Site Requirements.

Expectations of the Resident:

This experience will help prepare the resident to practice as a member of the healthcare team and learn to manage the workflow of a community pharmacy while gaining confidence in patient services and counseling. It is our expectation that the resident will be engaged with the pharmacists and pharmacy staff when the pharmacy is open and operating. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident's own time.

Progression of the Resident:

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance. Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Taught and Evaluated Quarters
R1.1.1: Collect relevant subjective and objective information about the patient.	Analyzing	EPIC and Pioneer Training- then work with pharmacy team to begin collecting relevant information from 2 systems for individual patients	Preceptor observation, then review of charts prior to independence.	TO
R1.1.2: Assess clinical information collected and analyze its impact on the patient's overall health goals.	Evaluating	Create priority lists for each patient based on patient verbalized and provider identified concerns		TO
R1.1.3: Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Creating	After interviewing patient, determine best care plan		TO
R1.1.4: Implement care plans.	Applying	Working with the patient- determine best implementation based on patient ability and needs		TO

R1.1.5: Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Creating	Schedule time with Tia to achieve patient outcomes and modify care plans.		TO
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.2.1: Collaborate and communicate with healthcare team members.	Applying	Meet and shadow all providers at Cincinnati location. Create working relationship with providers by answering all DI questions in a timely manner.	Formative feedback from Preceptor/training pharmacist	TO
R1.2.2: Communicate effectively with patients and caregivers.	Applying	Work to help patients feel safe and at home within the pharmacy setting. Counsel patients at the counter using inclusive language, , complete injection trainings using appropriate language.		TO/EO
R1.2.3: Document patient care activities in the medical record or where appropriate.	Applying	Using Pioneer and Epic, document as appropriate based on community P&P including disease		TO

		states under the Community CPA.		
Goal R1.3: Promote safe and effective access to medication therapy.				
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Applying	Complete all orientation activities in Community Pharmacy. Staff weekends to gain experience as the PIC. Train with and learn all technician roles.	Formative feedback provided by each preceptor/training pharmacist	TO
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Evaluating			

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Complete CITI training and actively participate in research seminars	Participation in research seminar and engagement in research project	TO

Competency Area: R3 Leadership				
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.2.1: Apply a process of on-going self-evaluation and personal performance improvement.	Applying	Meeting preceptor/RPD expectations for written reflections	Formative feedback by preceptor	TO/EO
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Meeting all deadlines for activities as set by preceptor/RPD	Formative feedback by preceptor Written feedback on weekly reflections	TO
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Complete tasks without prompting Uphold professional appearance and behaviors at all times Foster professional relationships with pharmacy and interprofessional team Review attendance policies and documenting attendance when PIC	Formative verbal feedback provided by each training pharmacist and preceptor. Written reflections	TO

Additional Information:

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
PRIMARY CARE - PATIENT CARE
EQUITAS HEALTH**

General Description:

The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients of diverse backgrounds and beliefs. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care.

Direct patient care service at Equitas Health include working under a collaborative practice agreement with the primary care providers both physicians and nurse practitioners.

The resident will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the site. The residents will gain experience with a number of health conditions due to the variety of patient interactions available.

Role of the pharmacist: The clinical pharmacists at Equitas Health provide patient care in several ways: A collaborative practice agreement is in place to provide care of patients with HIV PrEP, Diabetes and Pre-Diabetes, Smoking Cessation, Gender Affirming Care, Hyperlipidemia, Hypertension, Depression, Anxiety, Asthma/COPD, GERD, Migraines, Hepatitis C (HCV), Oral Contraception, Erectile Dysfunction, Seasonal Allergies and Polypharmacy . The pharmacists provide pharmacotherapy support by aiding providers in answering a variety of questions, coordinating medications, and aiding in caring for complex patients.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then, as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required

Duration: 10 months

Resident will spend an average of 16 to 20 hours/week engaged in activities related to this learning experience starting in September of the residency year.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Site Coordinator: Joelle Ahlrichs PharmD, AAHIVP
Preceptors: Bethanne Brown PharmD, BCACP

Orientation Activities:

1. Attend patient visits with preceptor. Preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes.
2. Review clinic collaborative practice agreements and other direct patient care policies/procedures. Lead and participate in scheduled topic discussions in order to qualify to work under the CPA
3. Shadow providers and nurses. Orient to clinic site and provider clinic workflow.
4. Participate in EPIC training for documentation and scheduling patient appointments with pharmacists.
5. Document patient care activities in EPIC with preceptor supervision.
6. Learn how to interpret, document and make needed medication or other changes based on the results from previously ordered laboratory values.
7. Review policy and procedures for samples of Biktarvy and Apretude.

Expectations of the Resident:

The preceptors will model, coach and facilitate the learning experience as appropriate. Initially, beginning in orientation, the preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes. Based on preceptor assessment and resident readiness, the resident will move into a role of leading the direct patient care interaction with the preceptor observing. The resident will begin with the most basic patient interactions and build to more complex cases gradually. The resident will develop and present the patient care plan independently, and the preceptor will provide feedback. The resident will progress to independently seeing patients, with preceptor interaction resident-initiated or as needed for the preceptor to monitor care plans, documentation, and follow-up. Eventually, the resident will function independently, with the preceptor auditing visits for quality assurance and feedback. Resident progress will be based on the resident's knowledge, skills, and abilities. The resident is required to come prepared to all topic discussions.

Progression of the Resident:

Q1: By the end of quarter 1, the resident should be able to collect, assess and document patient encounters for 4 basic appointments per full day clinic schedule. The resident will progress to this goal by: first shadowing clinical pharmacists. Next, the resident will gain experience with documentation and obtaining vitals (BP, Weight, DM foot exams, Pulse, Temp). The resident will then conduct visits with direct observation and frequent feedback. The resident and preceptors will utilize the readiness for independence checklist to aid progression to becoming independent with the goal by the end of the quarter. Likewise, the resident will complete topic discussions for select disease states included in collaborative practice agreements.

Required topic discussions include Hep C, HIV, PrEP, GAC, DM, HTN, HLD. Other topic discussions based on remaining CPA disease states are optional. Resident must also complete 12 hours of CE credits in order to be added to the Clinical CPA. CE certificates need to be added to Residency Portfolio, Folder 15- Practice Site Requirements. Topic and patient case discussions will occur on Thursdays 7:30 to 8am.

Q2: Resident will be credentialed by 11/1/2025. Resident will begin to broaden pharmacy coverage into more general primary care and increase the number and complexity of patients seen. By the end of quarter 2, the resident will be able to see at least 8 patients per full clinic day schedule of mixed complexity. The resident should become independent in plan development, monitoring and follow-up. The topic discussions accomplished during this quarter will broaden to include other common primary care disease states. Resident will lead all topic discussions for APPE students.

Q3: By the end of quarter 3, the resident should be able to see all patients independently with facilitation from preceptors and be able to facilitate/answer drug information questions from providers and other staff. The resident will have their own clinic schedule at the Cincinnati location and continue patient care activities at the Dayton location. . The resident will also precept students during this quarter which would include using all aspects of modeling, coaching, and facilitation.

Q4: Resident will see all levels of patients, with facilitation from preceptors. Resident should be comfortable with all aspects of the PPCP.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.1: : Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	E: Timing of Evaluation
R1.1.1: Collect relevant subjective and objective information about the patient.	Analyzing	Collects relevant subjective and objective data from Epic (and Pioneer if needed). Presents patients to the primary preceptor with relevant subjective and objective information. Documents subjective and objective information appropriately in Epic using both SMART phrases and free text.	Preceptor will listen to presentations of patients and review patient care notes in Epic.	EQ1
R1.1.2: Assess clinical information collected and analyze its impact on the patient's overall health goals.	Evaluating	Create a prioritized problem list prior to patient appointments for the 3-5 main patient complaints based on disease states in chart. Identify preventative care needed which can include immunizations, nicotine cessation and screenings etc.		EQ2

<p>R1.1.3: Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</p>	<p>Creating</p>	<p>Creates and documents an individualized and comprehensive plan in collaboration with the patient based on their health related goals. Helps the patient develop SMART goals to reach desired health outcomes.</p>		<p>EQ2</p>
<p>R1.1.4: Implement care plans.</p>	<p>Applying</p>	<p>Write orders (labs, prescriptions, vaccines, referrals etc) as appropriate for patient under CPA. Route notes to appropriate providers and ensure follow-up on recommendations both in-person and/or electronically.</p>	<p>Preceptor will follow-up on resident's open encounters regularly and ask about certain provider interactions.</p>	<p>EQ2/EQ3</p>
<p>R1.1.5: Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</p>	<p>Creating</p>	<p>Document wrap up in Epic with appropriate scheduling notes for MA to schedule patients based on patient status and changes made during appointments. F/U on all lab work ordered and adjust medications as needed, assess side effects from therapy additions/changes, and any other pertinent information and make appropriate adjustments based on information.</p>	<p>Preceptor will observe patient visit, read and evaluate patient notes.</p>	<p>EQ2</p>

<p>R1.1.6: Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</p>	<p>Analyzing</p>	<p>Refer patients to outside providers as appropriate. Work with outside pharmacies to institute compliance packaging. Reach out to specialist as needed to ensure patients receiving appropriate care. Work with Pop Health team to identify patients appropriate for additional TOC and DM management services.</p>	<p>Preceptor will observe and provide feedback.</p>	<p>EQ2/EQ3</p>
<p>Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</p>				
<p>R1.2.1: Collaborate and communicate with healthcare team members.</p>	<p>Applying</p>	<p>Communicates and interact with all members of the healthcare team in a professional and responsible manner. Maintains residency portfolio based on Appendix B from residency policy and procedure manual. Discusses patient plan with preceptor and/or PCP and completes appropriate documentation after completed patient visit. Answers DI questions in an appropriate format based on provider</p>	<p>Preceptor will read and evaluate patient notes. Primary preceptor will observe and provide feedback.</p>	<p>EQ3</p>
<p>R1.2.2: Communicate effectively with patients and caregivers.</p>	<p>Applying</p>	<p>Interacts with patients in a professional manner. Educate patient and caregivers regarding plan and monitoring recognizing</p>	<p>Preceptor will observe patient visits, read and evaluate patient notes.</p>	<p>EQ3</p>

		the need for inclusive language		
R1.2.3: Document patient care activities in the medical record or where appropriate	Applying	Write chart notes in both Epic and Pioneer using appropriate SMART phrases, Order labs and medications based on CPA and patient needs, document follow-up in Epic, route chart as appropriate. =	Preceptor will read and evaluate patient notes.	EQ3
Goal R1.3: Promote safe and effective access to medication therapy.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	E; Evaluation Quarters
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Applying	Work with financial counselor(s) to facilitate sliding scale application to provide access to affordable medications. Work with Community to determine most effective medication based on patient individual factors.	Preceptor will observe and provide feedback.	EQ2-3
R1.3.2: Participate in medication event reporting.	Applying	Working with collaborating provider(s) and preceptor(s) to identify and report medication events either internally and/or externally when appropriate.	Preceptor will observe and provide feedback.	EQ2-3
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Evaluating	Work with provider and preceptor to appropriately dispense samples when appropriate- Biktarvy. Cabenuva and Apretude only.	Preceptor will observe and provide feedback.	EQ2-3
Goal R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).				

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: T and TE
R1.4.1: Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	Applying	Based on clinical pharmacy team goals: 1. Review patient charts for needed preventative treatments (ie immunizations) 2. Perform foot exams for patient with diabetes as identified in Epic. 3. Review Epic Gaps in Care for items that can be completed by pharmacy under CPA.	Preceptor will observe and provide feedback.	EQ2-3
R1.4.2: Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Creating	Work with preceptor to identify and create necessary order sets OR create new CPA for clinical pharmacy team	Preceptor will provide topic guidance and review prior to presentation. Preceptor will listen and assist in creation of order sets.	EQ2-3

Competency Area R3: Leadership				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	E; Evaluation Quarters
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
R3.2.1: Apply a process of ongoing self-assessment and personal performance improvement.	Applying	Weekly and biweekly reflections. Must contain positive self language for all items listed.	Reflections reviewed by preceptor. Verbal and written feedback provided.	EQ4
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying		Reflections reviewed by preceptor. Verbal and	EQ4

			written feedback provided.	
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Arrive to work on time, appropriately participate and engage in activities listed in job description.	Verbal and written feedback provided.	EQ4

Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective medication and practice-related education.				
Objective	Cognitive or Affective Domain	Activities	Assessment Method	E; Evaluation Quarters
R4.1.1: Construct educational activities for the target audience.	Creating	Provide at least 1 talk to providers/nursing during residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	EQ2-4
R4.1.2: Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Creating	Provide at least 1 talk with written materials (powerpoint, bullet point info sheet etc) to providers/nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	EQ2-4
R4.1.3: Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Creating	Provide at least 1 talk to providers/nurses throughout the residency year on a pharmacy related topic.	Direct observation by preceptor. Verbal and written feedback provided.	EQ2-4

R4.1.4: Assess effectiveness of educational activities for the intended audience.	Evaluating	Using available technology, provide mechanism for audience to provide feedback based on presentation given.	Direct observation by preceptor. Verbal and written feedback provided.	EQ2-4
Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	E; Evaluation Quarters
R4.2.1: Employ appropriate preceptor role for a learning scenario.	Evaluating	Create APPE student calendar based on student interests and needs of the practice site. Review with preceptors. Using the 4 preceptor roles: instructing, modeling, coaching and facilitating, modify activities as needed based on the student performance. Provide constructive and appropriate feedback to student(s).	Preceptor review and feedback provided based on activities created and modified	EQ4

Additional Information: None

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Dispensing and Leadership-Equitas Health Pharmacy #4

General Description:

Equitas Health is a nonprofit community healthcare system founded in 1984. We are one of the nation's largest LGBTQ+ and HIV/AIDS-serving organizations, serving tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia. Equitas Health is a federally designated Community Health Center. The practice site hosts APPE interns each month in the community pharmacy for community rotations and in the clinic with pharmacist providers for ambulatory care rotations. The PGY1 Community-based resident will practice at our location in the Walnut Hills neighborhood of Cincinnati, OH. The resident will become proficient in the workflow of the dispensing process in the pharmacy keeping the care of the patient as a primary focus. Routine responsibilities include following policies and procedures, managing workflow, preparing and dispensing medications, assisting with selection of nonprescription medications, resolving problems, counseling patients and caregivers, proactively making interventions, documenting care, using technology, and integrating patient care into workflow and dispensing of medications.

Role of the Pharmacist:

The pharmacists at these practice sites are responsible for:

- Prescription entering/labeling/verification
- Prescription transfers
- Prescription and other document filing
- Drug utilization and DDI reviews
- Prior authorization management
- Therapeutic substitutions
- Insurance billing resolution
- Simple compounding
- OARRS review
- Counseling patient on new medications and medication problems
- Communicating with providers on medication issues
- Prescription initiation and refill requests
- Error and near miss reporting
- Inventory management (inventory ordering, outdated medication removal, live inventory updates, annual inventory review, 340B inventory management)
- Appropriate drug storage monitoring
- Specialty accreditation requirements
- Required reporting (daily reports, VPOP, etc.)
- MTM TIPS and CMR incorporation into workflow
- Expired inventory return
- Technician management
- Crash cart review and management
- Patient drug disposal bin management
- Pharmacy supply ordering

Type: Longitudinal, required

Duration: 11 months. Patient Centered Dispensing and Patient Care together are an average of 2/3 of the resident's time or 32-36 hours per week. The resident will be engaged in patient centered dispensing approximately 20 hours per week.

Mentors:

- Residency Preceptor Director: Bethanne Brown PharmD, BCACP
- Site Coordinator: Joelle Ahlrichs PharmD, AAHIVP
- Preceptors: JoMarie Richardson and Lauren Johnson
- Supporting Preceptors Flavio Ajdinaj PharmD

Orientation Activities (some of these activities were completed during orientation LE):

Residents will complete the following:

1. Attend a formal Equitas Health Orientation Course
2. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
3. Review of all Equitas Health pharmacy-related policies
4. EPIC and Pioneer Computer training (not necessary if resident has previous experience)
5. Specialty Pharmacy Training reviewing procedures for specialty accreditation.
6. Shadowing a pharmacy technician and staff pharmacist
7. Act in the role of pharmacy technician to learn roles/responsibilities
8. OutcomesMTM training
9. Create accounts for different MTM platforms
10. Create OH/ID account (if not done previously) to access Ohio Medicaid PNM platform.
11. Introduction to HSI platform for error reporting
12. How to complete near miss report in Excel
13. Introduction to Cardinal Order Express
14. Sign up for Controlled Substance Ordering System -SCOS system

Expectations of the Resident:

The resident will communicate professionally and effectively with their primary preceptor of the learning experience and other pharmacist preceptors involved with the experiential education of students at the primary practice site. The resident will self-reflect and provide a self-assessment of their performance quarterly. The resident will provide an evaluation of the preceptor and the learning experience at the midpoint and end of the learning experience in Pharmacademic.

Progression of the Resident:

The resident will gain efficiency over the course of the year. At the beginning of the year the preceptor and resident will set expectations for gaining proficiency in patient centered dispensing taking into account the variety of complementary activities happening daily (drug utilization review, interacting with staff/technicians, communication with prescribers, working with students) in addition to working directly with patients. Metrics which demonstrate proficiency will be set by the primary preceptor. Verbal formative, daily or weekly feedback will be provided regarding progressive mastery of the patient centered dispensing process. Verbal formative self-reflections (end of day) will also inform assessment of progression.

General Progression of the Resident:

Quarter 1: Resident becomes licensed pharmacist and is trained in drug utilization review and the role of the pharmacist on the dispensing team.

Quarter 2: Resident gains proficiency. The drug-related problem-solving efficiency increases and is at approximately 75% of the precepting pharmacist. Resident is learning to manage daily workflow.

Quarter 3: Resident can manage workflow efficiently in the pharmacy including staff, is proficient with opening and closing procedures by the end of this quarter.

Quarter 4: Resident is operating at the proficiency of the precepting pharmacist and can open and close the pharmacy, manage the staff in daily operations, and resolve drug related problems and patient related challenges.

Evaluations:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about oneself, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning

experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R1: Patient Care				
Goal R1.3 Promote Safe and Effective Access to Medication Therapy				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	TE: quarter to be evaluated
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Applying	Shadow primary preceptor in their DUR process and demonstrate ability to actively explain each step-in process. Develop a personal process of performing effective DUR using clinical judgement, patient assessment, and appropriate resources. The preceptor will review and approve the process for completeness.	Verbal feedback through direct preceptor observation	Q1
R1.3.2 Participate in medication event reporting	Applying	Resident will document near misses on HIS platform and work with Market Director on Med Error reports.	Verbal feedback through direct preceptor observation	Q2-4
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications	Evaluating	Demonstrate the ability to accurately and efficiently dispense medications. Efficiency should increase throughout the year, with a focus on scripts checked throughout a shift as an indicator. Resident will prepare and give t vaccines throughout the year. .	Verbal feedback through direct preceptor observation	Q2

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated:
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Review medication error reports with Market Director to identify patient safety concerns	Formative and Summative feedback from preceptor	EQ3

R2.1.2: Develop a project plan.	Creating	Discuss with Market Director areas identified for intervention Discuss potential QI tools that would aid in the development of a project plan		EQ3
R2.1.3: Implement project plan.	Applying	Work with Market Director to create a Medication Error Communication Policy and Procedure		EQ4
R2.1.6: Develop and present a final report.	Creating	Write a 1-page summary analyzing the results of the completed QI project. Upload document to Folder 8	Review by preceptor	EQ4

Competency Area R3: Leadership				
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.				
R3.1.1: Explain factors that influence current pharmacy needs and future planning.	Understanding	<ul style="list-style-type: none"> • Participate and present at select staff, Clinic Staff Meetings, and Pharmacy staff meetings • Participate in inventory control • Shadow and participate in student scheduling • Shadow staff evaluation process • Shadow and participate in strategic planning (as appropriate) • Participate and present at manager and leadership meetings 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	EQ3

R3.1.2: Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Understanding	<ul style="list-style-type: none"> • Participate in strategic planning meetings for Toledo pharmacy • Participate and present at manager and leadership meetings • Conduct quality audits evaluating pharmacy workflow 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	EQ3/4
R 3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
R3.2.1: Apply a process of ongoing self-assessment and personal performance improvement.	Applying	<ul style="list-style-type: none"> • Complete all reflections and preceptor meetings • Identify and work towards identified areas of improvement within management 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	EQ3
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	<ul style="list-style-type: none"> • Complete tasks in reasonable timeframe • Demonstrate personal commitment to vision of organization 	Well-prepared for preceptor meetings, clear efforts shown in improving in identified management areas	EQ4
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	<ul style="list-style-type: none"> • Show ownership over pharmacy functioning • Lead staffing team through delegation and time management • Prioritize patient care workload, student workload, and assignments 	Preceptor will observe and provide feedback	EQ3-4
R3.2.4: Demonstrate engagement in the pharmacy profession and/or the population served.	Applying	<ul style="list-style-type: none"> • See directions found within the community service activities and requirements (folder 10 OneDrive). 	Reflections and feedback from preceptor	EQ4

Additional Information:

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Equitas Health**

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patient’s self-management behaviors outside of a structured system.¹ The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- a. Identifying a topic based on the needs of the practice site and the interest of the resident
- b. Establishing a timeline based on the residency year
- c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- d. Developing a research question in collaboration with the research team
- e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. Designing a solid research project which protects the rights of the participants
- g. Evaluating the project using appropriate statistical analyses
- h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.

Please go to: <http://www.equator-network.org/> for additional details.

Type: Longitudinal, Required

Role of Pharmacists: To develop, implement, and manage pharmacy based clinical services. To understand the benefit of new initiatives and programs as it relates to patient care and grant funding. To ensure sustainability of ongoing services.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: 11 months, resident will spend an average of 2 to 4 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Bethanne Brown + Joelle Ahlrichs

Orientation Activities: Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Complete Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed.
2. Attend research seminar (s) during residency orientation sponsored by the University of Cincinnati.
3. Complete the Research Worksheet and upload to OneDrive, Folder 2: Research project design and implementation.
4. Read the following chapters from AccessPharmacy: Student Handbook for Pharmacy Practice Research: A Companion Book to Conduct Practice-Based Research in Pharmacy.
 - a. Chapter 4: Formulating Practice-Based Research Questions and Hypotheses
 - b. Chapter 5: Research Design and Methodology for Practice-Based Research
 - c. Chapter 7: Research Data Management and Statistical Analysis
 - d. Section 2: Read the chapters that correspond to your type of research
5. Meet with representatives from College's internal IRB review committee on as needed basis.
6. Connect with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project. Prior to this meeting, your statistical analysis plan within the IRB should be approved by research team. This meeting is to potentially revise and validate the plan.

Expectations of the Resident:

Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:

1. Gain access to UC Research Administration Portal and determine the appropriate IRB templates for your proposal:

It is important to use the current templates for protocol submission – you can find these in the RAP system under tabs *IRB > Library > Templates* or in your OneDrive, Learning Experience Documents, Practice Advancement- Research Folder.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Completing manuscript based on the following schedule:
 - a. By 10/1: Select journal and review instructions to the authors, set up Word document as instructed. Complete full manuscript outline using template provided
 - b. By 10/31: Write Background and Methods sections and send to research team for edits.
 - c. By 4/30: Complete Results, Tables and Figures and sent to research team

- d. By 5/15: Complete Discussion, Conclusion and Abstract sections and submit final draft of the manuscript to research team for review.
- e. By 6/23: Submit final manuscript
- f. By 6/23: Close out IRB protocol in RAP portal by submitting the following document HRP-503 C TEMPLATE Continuing Review (see OneDrive, Learning Experience Folder, Practice Advancement- Research, IRB Templates).
Failure to close out IRB protocol will result in the withholding of your residency graduation certificate.
- g. By 6/30: Upload signed Research Checklist to OneDrive

Please note, the use of any type of technology (ie ChatGPT) to create the manuscript or any presentations will result in an automatic dismissal from the residency program for serious misconduct.

- 7. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive.
- 8. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)
- 9. Use the Research Checklist as a guide for your projects:
 - a. Preceptors must initial completion of activities and a final signed document must be uploaded to OneDrive (4. Research Project- Report) at the end of the residency year.
- 10. Presenting research at the following (as dictated by practice site):
 - a. American Pharmacists Association: poster presentation
 - b. Ohio Pharmacists Association (ALL): research round table or poster presentation
 - c. Ohio Pharmacy Residency Conference (ALL): podium presentation
- 11. Transfer ownership of IRB protocol within UC RAP portal.

Expectations of Project Team:

Members of the project team are responsible for the following:

- 1. Providing direct guidance/instruction during all stages of the research project
- 2. Giving verbal and written feedback in a timely manner in order for the resident to improve.
- 3. Attendance at research team meetings as called by resident
- 4. Meeting deadlines as set by RPD or resident
- 5. Support resident during poster or podium presentation (s)

Submission of research protocol to IRB:

IRB#1- this protocol was submitted by previous resident and approved by UC- IRB (or in process).

- A. Obtain UC RAP portal access (see checklist)
- B. Update IRB protocol and any related documents to new PI
- C. Submit change of PI document (see OneDrive, Learning Experience Documents, Practice Advancement- Research-XXXX)

- D. Once PI change is approved, institute protocol and follow Practice Advancement-Research Project Checklist for IRB #1.

IRB #2- this is the new research project to be created and submitted to UC-IRB by 5/1. Once IRB #2 protocol has been approved by research team, follow the guidelines below.

A: Submit to UC COP IRB internal review board for scientific pre-review

- a. Email finalized IRB proposal to Drs. Shawn Xiong or Rowena Schwartz
- b. Attach the COP Scientific Pre-Review Template document found on OneDrive
- c. Include a reasonable due date (i.e. 1 full week) in the email indicating when you would like the proposal review completed
- d. Once you receive feedback, complete all changes requested. Resubmit final version for approval (if applicable).
- e. Once approved, you MUST upload a signed copy of the COP Scientific Pre-Review Document to the RAP portal.

Please note: Scientific pre-review is NOT required if your study would be exempt from IRB (IE chart review, anonymous surveys etc.). Please consult with your research team for any questions/concerns.

B: At the same time as completing Step A above, send protocol and the UC IRB Independent Ethics Committee (IEC) Authorization Agreement (found on OneDrive, Practice Advancement-Research, IRB Templates) to your site coordinator to facilitate signing of this documentation (Jacklyn Kissel-Risner).

You must upload a signed version of this document to the RAP portal, Local Site Documents, Other attachments:

C: Once you have the documents from step A and B in hand, submit the IRB protocol to University Institutional Review Board through the RAP system; [Institutional Review Board | Human Research Protection Program \(uc.edu\)](#) or <https://research.uc.edu/support/offices/hrpp/irb>.

Please follow these guidelines when submitting and monitoring the protocol in the UC RAP Portal (after Step A and B listed above). This will ensure timely approval of your research project:

1. IRB protocols MUST be named for both the **Title of Study AND Short Title** using the following format: UCPHARMRES- XXXX.
2. Once the protocol is submitted via the RAP portal- email the following individuals:
 - a. irb@ucmail.uc.edu (our general office email)
 - b. littletb@ucmail.uc.edu (Tara Littleberry – Committee Lead)
 - c. prestoca@ucmail.uc.edu (Christa Preston – Non-committee Lead)

This is to alert them to the time sensitive nature of your submission.

You must include the following information in the email:

- a. Title

- b. Protocol number and a reminder that you are a UC Pharmacy Resident and you have 1 year to complete your research.
3. Review the IRB process flow diagram (on the RAP portal) on a regular basis to determine and keep track of the status of your protocol
4. Submit any requested changes within 2 days (48h) to the IRB. Once the updated protocol is submitted via the RAP portal, email the above again alerting everyone to the changes.
5. If you do not receive a response from IRB within 5 business days, please email a professional reminder to all inquiring an updated on the status of your proposal. Please include the Title and ID number (assigned by IRB) of your submission.

Please alert Dr. Brown (Bethanne.brown@uc.edu) to any issues or concerns. We are working diligently to reduce any system barriers in this process.

Poster Printing: For all poster printing requests related to your research, please email a PDF of the poster file to Gabe Schneckler at Gabe.Schneckler@uc.edu. This must be completed 5 days prior to when you need the poster to facilitate printing and allow for 1 re-print if needed. You may have a total of 2 poster prints.

Progression of the Resident:

Residents will learn the process of conducting clinical research over the course of the residency year. Timeline and Checklist for activities will be dictated by the practice site. See document provided on One-Drive (Learning Experiences, Practice Advancement- Research Folder, Research Checklist).

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated: E
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	<ol style="list-style-type: none"> 1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Picks a research topic and develops research question and primary and secondary outcomes 	Formative and Summative Feedback from Project team	EQ1
R2.1.2: Develop a project plan.	Creating	<ol style="list-style-type: none"> 1. Prepare project outline and develop methods and evaluation strategy 2. Determine time-table for development, implementation and evaluation 3. Prepare IRB protocol, refine drafts with feedback, and gain consensus around protocol from project team 4. Effectively organize and lead meetings 		EQ1
R2.1.3: Implement project plan.	Applying	<ol style="list-style-type: none"> 1. Work closely with project team to implement project 2. Effectively organize and lead meetings with project team to 		EQ2

		<p>ensure established deadlines are met</p> <ol style="list-style-type: none"> 3. Prepare and submit APhA or other grant application (if applicable) 4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis 		
R2.1.4: Analyze project results.	Analyzing	Analyze data collected appropriately based on project team input and using relevant statistical analysis		EQ3
R2.1.5: Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	Evaluating	<ol style="list-style-type: none"> 1. Evaluate data collected in relation to current literature and practice 2. Create sustainability plan (if applicable) 		EQ3/4
R2.1.6: Develop and present a final report.	Creating	<ol style="list-style-type: none"> 1. Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC 2. Write a manuscript based on instructions to the authors from an appropriate journal (target audience) using the time-line provided and meet the following deadlines: <ul style="list-style-type: none"> 10/1: Journal selection, manuscript outline to team. 10/31: background and methods* <p>* You MUST use a reference manager for your manuscript. Research team members have been instructed to send back your manuscript if you fail to maintain your</p>	Review by peers, faculty and others	EQ4

		<p>references within the body of your document.</p> <p>4/30: results, tables and figures</p> <p>5/15: discussion, conclusion and abstract* (see above)</p> <p>6/23: Final manuscript submitted.</p> <p>6/23: UC IRB closed out</p> <p>Complete 3 rounds of edits (2- preceptor team, 1- peer) on the manuscript</p> <p>Submit final version to preceptor team for approval. Upload email to OneDrive, Residency Portfolio, Folder 4: Research Project Report</p>		
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Competency Area R3: Leadership				
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated: E
Objective R3.2.3: Demonstrate responsibility and professional behaviors	Applying	<ol style="list-style-type: none"> 1. communicates frequently and effectively with all team members 2. Completes drafts in a timely manner 3. Submits final end product 48 hour prior to submission deadlines 	Formative and Summative Feedback from Project team	ALL quarters

Additional Information:

Resident to utilize resources found in OneDrive.

ⁱ Schommer JC. Establishing pharmacist practicebased research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/ContentDisplay.

Equitas Health Resident Competency Checklist

For disease states with limited referrals, competency can be completed with case discussions with preceptors*

Documentation	Date Achieved	Clinical Pharmacist Initial
Navigates EMR to find patient information (appointments, vitals, labs, notes, procedures, referrals etc.)		
Navigates schedule to open encounter		
Documents visit purpose in <i>Rooming, Visit Info</i>		
Documents vitals in <i>Rooming, Vital Signs</i>		
Performs medication reconciliation using <i>Rooming, Allergies and Medications</i>		
Orders POC tests, labs, medications in <i>Add Order</i>		
Enters POC results in <i>Enter/Edit Results</i>		
Enter Diagnosis for visit in <i>Add DX</i>		
Documents patient visit in <i>Notes</i>		
Uses appropriate SMARTPHRASE (S)		
Documents patient instructions in <i>Pt Instructions</i>		
Can add patient education handouts using <i>Wrap-Up, Patient Instructions</i>		
Adds billing code in <i>Level of Service</i>		
Schedules follow-up visit		
Prints <i>After Visit Summary (if requested)</i>		
Sends chart to patient's primary care provider in <i>Wrap-up, Follow-up</i> with any appropriate <i>comments (if appropriate)</i>		
Closes encounter by <i>Sign Visit</i>		

Collaborative Practice Agreement	Date Achieved	Clinical Pharmacist Initial
Attains all information required to enter into a consult agreement with a physician and patient (i.e. review referral within EMR)		
Documents inactivation of referral when appropriate		
Refers to CPA Policy and Procedures for information as necessary		
Completes 12 hours of CE credit reflecting the disease states within the CPA. Uploads the CE documentation to OneDrive, Residency Portfolio, #15 Practice Site Documentation		

Patient Interaction	Date Achieved	Clinical Pharmacist Initial
Conducts patient appointment in allotted time		
Asks appropriate questions to attain pertinent health information		
Counsels patients on all pertinent disease- and medication-related information pertaining to referral.		

Initials: Preceptor _____/Resident_____

Provider Interaction	Date Achieved	Clinical Pharmacist Initial
Appropriately refers patient to physician when necessary		
Communicates with referring physician when necessary		
Reviews if patient is seeing a specialist (i.e. cardiology). Will not adjust medications being managed by this provider unless discussed and documented with referring provider.		

Physical Assessment Skills	Date Achieved	Clinical Pharmacist Initial
Resident appropriately documents weight in EMR		
Resident is competent in completing diabetes foot exam when this care gap is identified		
Resident is able to check blood pressure using appropriately sized cuff in the room at the beginning or end of a patient visit.		

Diabetes	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive diabetes education		
Performs patient assessment		
Appropriately titrates diabetes medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist/ patient until resident feels competent		
Completes CE and uploads certificate to OneDrive.		

Hypertension/Hyperlipidemia	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive hypertension education		
Performs patient assessment		
Appropriately titrates medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician or cardiology		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist/ patient until resident feels competent		

Initials: Preceptor _____/Resident_____

Smoking Cessation	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive smoking cessation education using motivational interviewing		
Performs patient assessment		
Appropriately utilizes smoking cessation medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist/ patient until resident feels competent		

HIV Pre-Exposure Prophylaxis (PrEP)- Oral or Injectable	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive HIV PrEP education (both)		
Apretude		
Performs patient assessment		
Appropriately initiates and monitors HIV PrEP medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist/ patient until resident feels competent (both injectable and oral)		

Hepatitis C	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive hepatitis C education		
Performs patient assessment		
Appropriately initiates and monitors hepatitis C medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician		
Presents HepC patient to preceptor for review and discussion		

Initials: Preceptor _____/Resident_____

Polypharmacy Service	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive medication education		
Performs patient assessment		
Appropriately completes thorough medication reconciliation and initiates/titrates/discontinues medication included in collaborative practice agreement		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician		
Present patient case to preceptors for review.		

Gender Affirming Care	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive education		
Performs patient assessment		
Appropriately titrates medications to meet patient treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their physician		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist/ patient until resident feels competent		

Depression/Anxiety	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive depression/anxiety education		
Performs patient assessment		
Appropriately titrates medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider		
Present patient case to preceptors for review		

Asthma/COPD	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive COPD/Asthma education		
Performs patient assessment		
Appropriately titrates medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider/pulmonology		
Present patient case to preceptors for review		

Initials: Preceptor _____/Resident_____

HIV	Date Achieved	Clinical Pharmacist Initial
Appropriately orders pertinent laboratory tests		
Provides comprehensive HIV education		
Performs patient assessment		
Appropriately titrates medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider/infectious disease specialist		
Designs an evidence-based diabetes medication therapy plan in coordination with clinical pharmacist/ patient until resident feels competent		

Seasonal Allergies	Date Achieved	Clinical Pharmacist Initial
Provides comprehensive Allergy Symptom reduction		
Performs patient assessment		
Appropriately titrates medications to meet treatment goals		
Develops appropriate plan for follow-up		
Determines when to refer a patient to their provider or allergist		
Present patient case to preceptors for review		

Completion Signatures:

_____ Site Coordinator/ _____ Date

_____ Patient Care Preceptor _____ Date

_____ Resident/ _____ Date

Initials: Preceptor _____/Resident _____

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model – Equitas Health

Residency Project Timetable (as of 7/1/2025):		
Date	Requirement	Preceptor Initials
Completion of IRB training mandatory prior to start of the residency year. See Orientation Learning Experience Documentation		
Orientation/Teaching Certificate Program	<p>Research Seminar part 1: Complete worksheet as part of Research Seminar</p> <p>After seminar: sign up for Research Administration Portal or RAP access. Review IRB protocol templates found on OneDrive.</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Click on this link. If you are unable to access, email UC IRB at IRB@ucmail.uc.edu to obtain access.</p> <p>Inform research team once achieved</p>	
after 7/31	After RAP portal access obtained – submit appropriate paperwork to transition current IRB protocol (change PI)	
By 8/25	Complete research worksheet- based on IRB #1 Attend research seminar part 2 during residency orientation- virtual. Upload to OneDrive. Folder 2	
By 9/16	Write and submit APhA Abstract draft to project team for review.	
By 10/1	Manuscript: Journal selection, download instructions to authors, complete manuscript outline and send to research team	
10/4- tentative	Submit APhA Abstracts for resident poster presentation. APhA Abstract Submission due 10/4 (resident to confirm tentative date)	
By 10/31	Manuscript: Write and submit <i>Background and Methods sections</i> of manuscript to project team for review	
By 2/2 (tentative)	<u>Update abstract</u> and submit to project team for review	

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model – Equitas Health

	<p>Submit abstract to OPA for poster/podium presentation as approved by project team (resident to confirm tentative date)</p> <p>This abstract MUST be updated from the previously submitted documents. You must include preliminary results gathered to date (both primary and secondary outcomes)</p>	
<p>By 3/1 HARD DEADLINE</p>	<p>Identify retrospective research project idea #2. Create hypothesis, research question and start drafting IRB #2. It is important to use the current templates for protocol submission – you can find these in the eRAP system under tabs <i>IRB > Library > Templates</i> or in your OneDrive, Learning Experience Documents, Practice Advancement- Research Folder.</p>	
<p>By 3/3 to 3/20</p>	<p>Due to Project Team for review: Draft 1 of APhA/OPA Poster (UPDATED)</p>	
<p>3/15</p>	<p>Draft #1 Ohio Pharmacy Residency Conference (OPRC): abstract, learning objectives and assessment questions AND IRB #2 draft 1 to team for review</p> <p>Draft of IRB #2 due to research team for review</p>	
<p>3/20</p>	<p>Receive final poster approval from research team and print poster for APhA and/or OPA Conference</p>	
<p>3/21 to 3/24</p>	<p>Attend and participate in APhA Poster Session (resident to confirm date of presentation)</p>	
<p>By 3/31</p>	<p>Submit research team approved IRB #2 to Dr. Guo for review of statistical analysis</p>	
<p>3/31(tentative)</p>	<p>Submit OPRC abstract, learning objectives and assessment questions (resident to confirm tentative date)</p>	
<p>OPA Poster Presentation: TBD</p>	<p>Attend and participate in OPA poster/research round table presentation</p>	
<p>Week of 4/21</p>	<p>Attend OPRC practice session with residents/preceptors</p>	
<p>4/25 (tentative)</p>	<p>OPRC presentation upload due (resident to confirm tentative date)</p>	

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model – Equitas Health

By 4/30	Manuscript: Write and submit <i>Results, Tables and Figures</i> sections of manuscript to project team for review	
No later than 5/1	Submit IRB #2 to UC COP Internal IRB Review Committee and then to UC IRB RAP Portal. See learning experience for additional information. Ensure approval no later than 6/15	
By 5/15	Manuscript: Write and submit <i>Discussion, Conclusion and Abstract</i> sections of manuscript. Submit full manuscript to project team for review	
5/17 (tentative)	Attend and present at OPRC (resident to confirm tentative date)	
By week of 5/22	Manuscript: Attend monthly residents meeting- edit peer manuscript and provide feedback by set due dates with completed draft (ie edits from research team incorporated into draft)	
By 6/15	Manuscript: Receive and review/incorporate suggested edits from peer reviewer IRB#2: Upload IRB approval letter to OneDrive, Folder 2- Design and Implementation	
6/15-6/22	Manuscript: Complete 1 additional round of edits with project team	
By 6/30	Manuscript: Final manuscript due to project team. Email must be sent to Dr. Brown by project team indicating approval of final manuscript and achievement of this residency objective.	
By 6/30	Close out IBR protocol #1 with both UC and CHD IRB – this is a very important step that must be done or you will not receive your residency certificate...	
By 6/30	Submit signed Research Checklist to OneDrive	

**University of Cincinnati Community –Based Pharmacy
 Practice Residency Program
 Practice Advancement- Research Project
 Check List -Flipped Model – Equitas Health**

	Submit IRB protocol #2 see 24-25 Practice Advancement- Research (page 4- Submission of Research Protocol to IRB) for the <u>exact process</u> . Please follow these steps carefully – or there will be delays in the approval of your protocol.	
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Both Resident and Primary Research Preceptor must sign below verifying the above was completed over the course of the residency year. Upload document to OneDrive 16. Research Report.

Resident/Preceptor Signatures	Date

University of Cincinnati Community –Based Pharmacy Practice Residency Program

ORIENTATION- LIFELINE/MEDICATION MANAGERS

General Description:

Orientation is a required 1 to 2 month learning experience which will provide each resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, research and business plan background knowledge, teaching certificate program initial training, and other required training.

Role of the Pharmacist:

The roles of pharmacists at this practice site include a variety of activities and responsibilities. The activities and responsibilities are, but not limited to: patient centered dispensing, patient, caregiver, nursing, and provider education, medication regimen reviews, disease state monitoring, collaboration of care with providers, ensuring compliance of facilities with the Centers for Medicaid and Medicare Services, precepting of students, and technician and delivery personnel management.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:

College of Pharmacy:

Weeks 1-4 + Seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

LifeLine/Medication Managers:

Residents will be scheduled for orientation at both LifeLine and Medication Managers for weeks 1 to 8. Each resident will be provided a schedule for July/August. Please see site coordinators for details.

During orientation, residents will work to complete the activities listed on the readiness for independent practice check list as well as activities below for both practice sites.

Type: Concentrated, required.

Duration: up to 2 months, residents will spend 40+ hours per week in this experience

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors/Site Coordinator:

Joanne Lankford PharmD (site coordinator) and Andy Mann PharmD- LifeLine

Jodi Hoffman PharmD- (site coordinator) and Rick Hytree PharmD- Medication Managers

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to folder 16: Resident Credentials.

1. Read the following articles (emailed in May):
 - a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
 - b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. Read and Complete Strength Finders, participate in review during orientation week.
4. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)
5. Consultant Pharmacist Handbook
 - a. Read the following chapters.
 - i. Chapter 1: Overview of Consulting Pharmacy
 - ii. Chapter 2: Regulatory and Legislative Issues
 - iii. Section II:
 1. Chapter 4: The Medication Regimen Review Process
 2. Chapter 5: Medication Monitoring
 3. Chapter 6: Communication for the Consultant Pharmacist
 - iv. Chapter 9: Medication Errors
 - v. Chapter 12: Quality Initiatives

Activities to be completed as part of Orientation to Residency Structure/Projects :

1. Participate in review of the following:
 - a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
 - b. Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation
 - c. Professional development: communication skills review (MI and conflict management) and well-being/support.
 - d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review (Sept/Oct).
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
 - c. Upload certificate to OneDrive (15. Resident Credentials)-once completed both on-line and live skills review.
3. Participate in business plan
 - a. Complete required pre-work
 - b. Attend business plan seminar- fall (October) and spring (March)
4. Participate in research training (see research project time-line)
 - a. Research seminars provided by the College
 - b. Complete SPSS training (as applicable)
 - c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of Orientation to Practice Site:

LifeLine Orientation:

1. Introduction to Pharmacy Staff
2. Learn operations and daily pharmacy workflow
 - a. Learn dispensing process for a prescription from checking to delivery
3. Review pharmacy policy and procedures
 - a. Review on-call policy/procedure
4. Sterile compounding training/assessment
5. Pharmacy dispensing software training: train with pharmacist
6. Controlled Substance Audits-perform with Marcie at LL
 - i. Review laws and regulations of controlled substances of the various facilities LifeLine services.
 - ii. Learn how to properly complete controlled substance prescriptions (i.e. documentation, packaging)
7. Completion of orientation activities as detailed below
8. Introduction to formulary and how to interchange
9. Shadow Bruce on MedPass audit
10. Review Pharmacist Training checklist

Medication Managers:

1. Work with site coordinator to orient to the following:
 - a. Beers/Start Stop/BCP high risk meds
 - b. Practice Site guidance discussion
 - i. State Operations Manual review
 - c. Point Click Care orientation
 - d. RXPertise (consulting software)
2. Introductions to consulting preceptors
3. Work with consultants on process of patient chart reviews and SBAR recommendations to providers
 - a. Work side by side or tandem with consultant preceptor for 2 to 3 weeks
 - b. Work in tandem with consultant preceptor for up to 2 months (gradually given more independence). Goal independently manage around 400 beds by December and 600 beds by end of the residency year.
4. Audit training
 - a. Attend mock audit or State inspection (if available)
 - b. Review MedPass/MedCart (if available)
5. QAPI meetings at assigned home(s) as well as join facility-based committee.
 - a. Review process and reports generated with consultants.
 - b. Attend meeting at home (if available)
6. Join and contribute to one facility specific care team (behavior, falls prevention, stewardship etc) at one of your assigned homes.
7. Maintain Psychotropic Medication Trackers at assigned home(s) and attend meetings at SNF home (if available). Watch screen recording related to tracking within RxPertise
8. Review readiness for independent practice check list with primary preceptor

Independent activities to be completed by end of Orientation (unless otherwise noted)

1. UC Employment related:
 - a. Attend UC Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.
 - b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, 15. Practice Site Requirements
 - c. Complete blood borne pathogen training by going to <https://ehs.uc.edu/itc/compliance.aspx>.
 - i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
 - ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training. **Complete by 7/15**
 - d. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted)**:
 1. Compliance (non-supervisors)
 2. FERPA Basics
 In addition, you must complete the following:
 3. EverFI; HIPAA- **must be done by 7/15**
 4. Required Alcohol and Drug Information
 5. Everfi: Checkpoint Data Security
 - e. Complete Concur training- watch the video posted to your OneDrive, Administrative Document, Travel Related to the Residency. The video and associated documents walk you through the process of submitting for both Travel authorization (TA) and residency related expenses. **Complete by 7/31.**

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UC Flex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

2. Practice Site Related:
 - i. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#).
 - ii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).
 - iii. Review ACIP guidelines for chronic disease state immunizations.
 - i. CDC website: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/
 - a. Focus on immunizations for the following targeted populations:
 1. Seniors: Shingrex, pneumococcal, influenza, Covid19, RSV
 2. Diabetes/Smokers: influenza, pneumococcal

- iii. Upload the following to OneDrive (16. Resident Credentials):
 - i. APhA immunization certificate
 - ii. Basic Life Support (BLS) Certificate- note expiration date and alert site coordinator/RPD.
- a. Policy and Procedures: Practice Sites
 - Review New Hire Policy and Procedure Manual (Melissa) for LifeLine found at the site. See site coordinator for documentation.

Resident must document completion of the above review and upload signed document to OneDrive **no later than 7/15**.

- b. Review most recent guidelines the following disease states (all found on OneDrive):
 - I. IDSA guidelines for
 - a. Pneumonia/COPD exacerbation
 - b. UTI complicated/uncomplicate
 - II. Heart Failure- see: [2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines \(ahajournals.org\)](https://www.ahajournals.org/doi/10.1161/CIR.0000000000001193#sec-9).
 - III. Anticoagulation –
 - a. Afib - <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001193#sec-9>
 - b. ACS - <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001309>
 - c. Stoke - <https://www.ahajournals.org/doi/pdf/10.1161/STR.0000000000000375>
 - IV. Aminoglycoside- see recorded CE provided by a previous resident- start at 27:57 as Vancomycin dosing changed this year.
 - V. Vancomycin AUC dosing- See Orientation folder for details
 - VI. Compliance with State Laws- prescriptions/orders
 - a. Prescriptions and Medication Orders – read sections 2.1 and 2.2.
 - b. Issuing a Valid Prescription, What Every Prescriber Needs to Know
- c. Communication Skill Review (**prior to 7/14**):
 - Complete Motivational interviewing review by
 - 1. Read the information found on this web site: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8200683/>. This document covers the skills needed.
 - 2. Once complete, watch the video on YouTube located at: <https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.

Expectations of the Resident:

This experience will help prepare each resident to practice as a member of the healthcare team and learn to manage the workflow of a community-based/ long term care pharmacy while gaining confidence in patient services and consulting. It is our expectation that the resident will be engaged with key staff at each assigned location- either the pharmacy or within skilled or assisted living nursing facility. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident's own time.

Progression of the Resident:

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

Please note: Prior to independent practice, 90% of competency skills will be checked off by preceptors...See Orientation, Readiness for Independence Checklist Folder for both LL and MedManagers.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/ Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Reflection** is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- **Self-Evaluation** is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal

learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Orientation
R1.1.1: Collect relevant subjective and objective information about the patient.	Analyzing	Begin to demonstrate the ability to Identify and access the appropriate sources of information using the Electronic Resources from each site; Begin to establish proficiency in collecting accurate and complete relevant patient information; Organizes and systematically records information thoroughly, efficiently and effectively; begin to gain the skills needed to analyze the information and assess the clinical effects of the patients therapy	Formative feedback from preceptors via direct observation.	TO
R1.1.2: Assess clinical information collected and analyze its impact on the patient's overall health goals.	Analyzing			
R1.1.3: Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Creating	Create evidence based and cost-effective therapeutic plan for an acute and long term stay patients in a SNF.	Feedback from preceptors via direct observation	
R1.1.4: Implement care plans.	Applying	Begin to operationalize the implementation of a patient specific care plan effectively engaging the patient/caregiver/nurse/practitioner through education, empowerment and self-management; Determine most effective means of communication with health care team member you will be		

		working with over the course of the next year.		
R1.1.5: Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Evaluating	Monitor patient progress and revise care plan appropriately in collaboration with other health care professionals; Communicate changes to care team; Determine follow-up schedule		TO
R1.1.6: Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Analyzing	Complete new admission intervention form on regular basis during LifeLine shifts to detect and resolve medication therapy errors during transitions of care experiences.		TO
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
R1.2.1: Collaborate and communicate with healthcare team members.	Applying	Makes recommendations clearly, concisely, persuasively and in a timely manner; Communicates assertively, but not aggressively; Advocates effectively on behalf of patients	Formative feedback from preceptors via direct observation	TO
R1.2.2: Communicate effectively with patients and caregivers.	Applying	Demonstrate the ability to use clear and concise language at the appropriate literacy level; Use most appropriate communication techniques to engage the patient/caregiver and elicit accurate and meaningful data and to provide education; Identify appropriate communication support services; Use appropriate interviewing techniques; Provides appropriate supplemental written communication materials.		TO

R1.2.3: Document patient care activities in the medical record or where appropriate.	Applying	Begin to: Select appropriate information to document in a clear and timely manner Follow documentation policies and procedures; Ensures security of protected health information (PHI)		
Goal R1.3: Promote safe and effective access to medication therapy.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Applying	Collect and assesses appropriate information to identify and detect actual/potential therapeutic problems. Create and implement a plan to make appropriate interventions to resolve potential or actual therapeutic problems	Formative feedback provided by each preceptor via direct observation	TO
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Evaluating	Completes with guidance all the steps required in the patient centered dispensing process by accurately and efficiently: receiving, interpreting, preparing, checking, storing and administering (if appropriate) based on state law and organizations policies and procedures.		

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.1.2: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Complete CITI training and actively participate in research seminars	Participation in research seminar and engagement in research project	TO

Competency Area: R3 Leadership				
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.2.1: Apply a process of on-going self-evaluation and personal performance improvement.	Applying	Begins to use principles of continuing professional development (CPD) (reflect, plan, act, evaluate, record, and review)	Formative feedback by preceptor	TO
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Adheres to organizational policies and procedures; Identifies organizations political and decision-making structure; Demonstrates personal commitment to the mission and	Formative feedback by preceptor Written feedback on weekly reflections	TO

		vision of the organization; Demonstrates effective workload and time management skills; Prioritizes and organizes all tasks; Selects appropriate daily activities		
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Demonstrates professionalism through appearance and personal conduct; Interacts cooperatively, collaboratively and respectfully with patients and staff; Holds oneself and colleagues to the highest principles of the profession's moral, ethical and legal conduct; Place patient needs above own needs and those of other healthcare professionals; Accepts consequences for his or her actions without redirecting blame to others	Formative verbal feedback provided by each training pharmacist and preceptor. Written reflections	TEO

Additional Information: none

**University of Cincinnati PGY1 Community –Based Pharmacy
Practice Residency Program
Patient Care- Consulting
Medication Managers**

General Description: Medication Managers/University of Cincinnati Long Term Care Residency – The resident will be incorporated into the clinical team at several Long-Term Care facilities that are also serviced by Lifeline Pharmacy. Residents will also practice dispensing functions at Lifeline Pharmacy. While working in the LTC facility the role can be as simple as the MRR requirements of CMS, but it is expected that each resident bring their personality to the facility with the secondary goal of service expansion. Additional service examples in the consultant pharmacist toolbox include a therapeutic interchange, formulary management, antibiotic stewardship, behavioral team assessment, interim reviews and miscellaneous reports.

Role of the Pharmacist

The role of the pharmacist in this practice location that is directly related to the resident learning experience is as follows: monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, dispensing of medications, direct interaction with other health care providers involved with the care of the patients, provider education, facility compliance, and facility specific teams involvement.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required

Duration: 11 months

The resident will spend an average of 24 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP

Preceptors: Jodi Hoffman (Site Designee) Rick Hytree (Primary Preceptor), and Cas Kleven

Orientation Activities:

Medication Managers orientation will be directed by Jodi Hoffman and Rick Hytree. See RxPertise Training and Point Click Care Training checklists as well as the orientation learning experience to determine activities related to DPC orientation. All documents can be found on OneDrive (Learning Experience, Patient Care, Consulting- Medication Managers). Review and understand your individually assigned facility responsibilities list.

Expectations of the Resident:

After the first month of training within Q1 the resident should be working toward becoming an independent clinical consultant pharmacist. Managing the schedule and networking will be key toward that progression. The resident's clinical skills will be refined as they determine the areas for improvement and interest as well as longitudinal patient management. Self-motivation will be very important to make sure each resident stays on task and reaches their respective goals. The residents will learn new resources and will be expected to leverage them to ensure their success.

It is the expectation of the program that the resident will thoroughly complete all consulting activities and sign all charts as instructed during orientation. Failure to comply due to either quality or process concerns, will lead to the initiation of a Performance Improvement Plan (PIP) with the first occurrence (see page 5 23-24 UC Residency Program Policies).

Progression of the Resident:

Checklists for Independent Practice: Will be completed in collaboration with preceptors. Residents will be evaluated over the course over the first 5 months of the residency for skills/ability. Independence will be granted as preceptors and resident's gain skills and confidence. All checklist items must be completed prior to full independent practice.

Residents are expected to progress in their skills over time by completing additional assignments each quarter:

Q1: Residents will begin with common geriatric disease states orientation and learn to write prescriber directed recommendations within consulting software. Residents will be introduced to Antimicrobial Stewardship Programs, psychotropic tracking, narcotic destruction, and facility QA meeting preparation activities. Residents will be asked to assess a minimum of 50 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Attend facility meetings as appropriate and present topic discussions during monthly clinical meetings

Q2: Residents will be able to recognize common geriatric disease states and initiate guidelines appropriate therapy. Resident should consistently implement patient-centered therapy when writing recommendations. Residents will participate in writing antimicrobial stewardship recommendations, creating a psychotropic tracker, participate in narcotic destruction, and attend a minimum of one QA meeting per quarter. Residents will be asked to assess a minimum

of 100 to 150 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews.). Additionally, residents will be introduced to precepting APPE students and expectations for hosting APPE and IPPE students. Attend facility meetings as appropriate and present topic discussions during monthly clinical meetings.

Q3: Residents will be able to recognize common geriatric disease states, initiate guidelines therapy, and longitudinally manage these disease states. Resident should continue to prioritize patient-centered care. Residents will be able to create facility antibiotic reports with assistance and address antimicrobial stewardship appropriateness. Residents will complete a psychotropic tracker for one facility. Resident will participate in narcotic destruction and review documentation standards. Residents will be asked to attend 1 QA meeting per quarter and complete. Residents will be asked to assess a minimum of 400 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Residents will be asked to assist in precepting activities related to APPE students and provide a project idea for APPE students to complete. Attend facility meetings as appropriate and present topic discussions during monthly clinical meetings.

Q4: Residents will be able to recognize common geriatric disease states, initiate guidelines therapy, longitudinally manage these disease states, and give special consideration to comorbidities and patient-centered care. Residents will independently create facility antibiotic reports and address antimicrobial stewardship appropriateness. Residents will complete and maintain a psychotropic tracker for two facilities. Resident will lead narcotic destruction and complete documentation standards. Residents will be asked to attend 1 QA meeting,, and lead one consultant pharmacist clinical topic discussion. Residents will be asked to assess between 600 patients per month (excluding dispensing activities, vaccinations, and change of condition or transition of care reviews). Residents will be responsible for APPE student precepting, scheduling, project provision, and APPE rotational assessments. Attend facility meetings as appropriate and present topic discussions during monthly clinical meetings.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational

Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress if corrective action is needed (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Reflection** is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time.
- **Self-Evaluation** is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)				
Objective:	Cognitive Domain	Activities:	Assessment Method:	Evaluation: E
R1.1.1: Collect relevant subjective and objective information for the provision of individualized patient care.	Analyzing	Utilize PCC or EHR for assessment of vitals, labs, MD/RN notes, MDS assessments. Interact with house NP/PA when present to discuss patients	Preceptor to provide feedback during consulting training and as needed once independent. See PCC and RxPertise training checklists Once independent:	EQ1
R1.1.2: Assess clinical information collected and analyze its impact on the patient's overall health goals.	Analyzing	Analyze information collected to make decisions (labs, background, medical history, provider and care team notes). Based on acuity/severity of disease state – address concerns identified. Analyze for CMS compliance with State Operations Manual	Report the average number of recommendations made, accepted, rejected and pending based on the facility (in collaboration with other consultants)	EQ1
R1.1.3: Develop evidence-based, cost effective, and comprehensive patient-centered care plans	Creating	Collaborate (using data collected from above) in the design of the individualized therapeutic plan with nurse,		EQ2

		<p>patient, and caregivers as needed.</p> <p>Design therapeutic plan within PCC for longitudinal disease state management disease state</p>	
R1.1.4: Implement care plans.	Applying	<p>Write recommendation in RXPertise (consultant software).</p> <p>Submit to MD/DON for review/action</p> <p>Utilize follow-up process to track outcomes to ensure the recommendations have been implemented.</p> <p>Participate in monthly disease state topic discussions as directed by site coordinator</p>	EQ2
R1.1.5: Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Creating	<p>In 30 days – review past recommendations</p> <p>Log outcome based on prescriber response (ie accepted, denied)</p> <p><u>If accepted</u>, review appropriate safety, efficacy, and needed therapy changes.</p>	EQ2

		<p><u>If denied:</u> review assessment of denial rationale for action needed (re-write, contact provider, accept).</p> <p><u>If no response:</u> determine next course of action by reviewing with preceptor</p>		
R1.1.6: Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Analyzing	<p>As part of MRR for all patients who have transitioned from hospital to LTC using available documentation, ensure appropriate indications for all meds prescribed and write recommendations for changes</p> <p>Communicate issues to appropriate staff and follow-up to ensure resolution</p>		EQ2-3
R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
R1.2.1: Collaborate and communicate effectively with other health care team members.	Applying	Advocate effectively on behalf of patient with providers and care facility staff in person.	Discuss challenges to recommendation acceptance/outcomes with preceptors.	EQ3
R1.2.2: (Applying) Communicate effectively with patients and caregivers.	Applying	Demonstrate the ability to communicate recommendations appropriately (written, forwarded to correct individual, timely) for irregularities found during MRR.	<p>Discussing approach to difficult providers.</p> <p>See readiness for independence checklist.</p>	
R1.2.3: Document patient care activities in the medical record or where appropriate	Applying	Demonstrate the ability to document appropriately in	Preceptor to review recommendations made in	EQ3

		RXPertise using data from above and applying skills learned from orientation.	RXPertise and provide feedback as appropriate based on training schedule and level of independence.	
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Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects

Objective:	Cognitive Domain	Activities	Assessment Method	Timing: T and TE
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Attend CareSprings Hospital Admission review meetings with preceptors. Take notes during meeting to document potential areas for improvement	Formative and Summative feedback from preceptor	Q2
R2.1.2: Develop a project plan.	Creating	Discuss with preceptors potential patterns/patient safety concerns identified during the meeting Discuss potential QI tools that would aid in the development of a project plan		Q2
R2.1.3: Implement project plan.	Applying	Working with stakeholders implement change using QI tools identified to improve patient safety/outcomes.		Q3
R2.1.6: Develop and present a final report.	Creating	Write a 1-page summary analyzing the results of the completed QI project. Upload document to Folder 8	Review by preceptor	Q4

Competency Area: R3 Leadership				
Goal R3.1: Demonstrate leadership skills that contributes to department/ organizational excellence to advance pharmacy services				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Evaluation: E
R3.1.1: Explain factors that influence current pharmacy needs and future planning	Understanding	Participate in review and implementation of CMS High Risk Medication MDS Indication Compliance.	Discuss with preceptor at least one law/regulation that will impact the practice and understand the ramifications. Upload LTC Operations manual discussion sections to OneDrive for review and discussion with preceptor.	EQ2
R3.1.2: Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Understanding	Lifeline P&P review – to assess current long-term care relevant laws and regulations for OH, KY, IN as well as CMS compliance		EQ2
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Evaluation: E
R3.2.1: Apply a process of ongoing self-assessment and personal performance improvement.	Applying	Demonstrate ability to complete weekly logs(self-reflection) appropriately and to verbally self-evaluate during DPC experiences. Self- reflect on skills/abilities during monthly clinical meetings with preceptors	Preceptor/RPD review of weekly logs and discussions with preceptors.	EQ4

R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Effectively managing the monthly work load (ie. interim, MRR and longitudinal projects) Review monthly facilities responsibility list for assigned homes	Assigned management tasks completed with high quality and efficiency as determined by preceptors and review of weekly logs.	EQ1
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Attend CQI/QAPI meeting at one assigned home (as available). Actively participate at meetings. Demonstrates professionalism through appearance and personal conduct; Interacts cooperatively, collaboratively and respectfully with patients and staff; Holds oneself and colleagues to the highest principles of the profession's moral, ethical and legal conduct; Place patient needs above own needs and those of other healthcare professionals; Accepts consequences for his or her actions without redirecting blame to others	Review experience with preceptor. Maintain reports required for quality meetings as well as facility teams .	EQ3

		Maintains residency portfolio based on Appendix B from residency policy and procedure manual.		
R3.2.4: Demonstrate engagement in the pharmacy profession and/or the population served	Applying	<p>Become the UC-ASCP student chapter co-Advisor with mentoring from site coordinator. See responsibilities/activities list posted on OneDrive.</p> <p>Participate in national and Ohio ASCP initiatives and Chapter Participation, assist with writing of quarterly newsletter and attend 2 to 4 meetings per year</p>	Reflection as part of weekly activity log. Upload all documentation related to participation to OneDrive	EQ4

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Evaluation: E
R4.1.1: Construct educational activities for the target audience.	Creating	<p>APPE Students: Develop training plan/schedule for APPE students based on their skills/interest. Precept and co-precept up to 2 students per year.</p> <p>Other Health Care Professionals (HCP): Working with site coordinator- determine topic and delivery method for NP educational programming.</p> <p>TCPA Live CE presentations</p>	<p>1. Preceptors/APPE student feedback 2/3. Preceptors to provide feedback on community/group education materials</p>	EQ4
R4.1.2: Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Creating	<p>APPE Students: Use current Medication Managers protocol for APPE onboarding.</p> <p>Other HCP: Deliver educational programming to NP's</p> <p>Deliver TCPA CE programming</p>	<p>Preceptor to oversee the onboarding process. 1 student to be evaluated during the residency.</p> <p>Preceptor to evaluate delivery of community programming.</p>	EQ4
R4.1.3: Develop and demonstrate appropriate verbal communication to	Creating	Create handouts for target audiences: community members, pharmacists and	Preceptor to review all written communication provided to learners and	EQ4

disseminate knowledge related to specific content, medication therapy, and/or practice area.		other HCP for educational activities.	provide feedback to resident using either written or verbal comments.	
R4.1.4: Assess effectiveness of educational activities for the intended audience	Evaluating	Based on learning objectives create assessments to ensure audience has met goals and learning activity was effective	Review results and discuss with preceptor	EQ4
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Evaluation: E
R4.2.1: Employ appropriate preceptor role for a learning scenario.	Evaluating	<p>APPE: Determine learning activities for APPE students as appropriate including topic discussions and DI questions</p> <p>Create calendar of activities for each month</p> <p>Determine ability to create and deliver midpoint and final evaluations for APPE students as appropriate</p> <p>Provide appropriate formative feedback during APPE student mentoring activities</p> <p>Precept up to 2 students per year.</p>	Resident to review the activities with preceptor before presenting to APPE students. Follow up with preceptor to evaluate effectiveness of activity.	EQ4

Additional Information: none

University of Cincinnati PGY1 Community –Based Pharmacy Practice Residency Program Patient Care- Community Community First Pharmacy

General Description: Community First Pharmacy (CFP) is a retail pharmacy offering personalized service of a corner drug store and affordable pricing without the high prices for those paying out of pocket. No matter if a patient is insured, underinsured, or uninsured Community First Pharmacy is a pharmacy for all. They are dedicated to fulfilling the needs of families and individuals in our community by providing access to affordable pharmacy services. The pharmacy fills 1000 prescriptions per week and serves both the general public and independent/assisted living residents of Westover, Berkeley, Patterson and Montage Mason Senior Living Communities. In addition, they provide immunizations, med sync, medication therapy management services and community clinical services. The resident will be providing advanced community clinical services to senior living community patients.

This learning experience is designed to complement the long-term care consulting activities while helping to advance community clinical practice. The resident will be engaged in the following activities ½ day per week: comprehensive medication reviews (CMR), solving medication related TIPS, providing adherence support, administering immunizations and transitions of care counseling/long term care at home (LTCAH) patients. The resident will gain experiences in OutcomesMTM, Scheduling platform, Pioneer, and Aquity. Monthly- the resident will provide health screenings and/or health related education to the senior living communities of Berkeley and Westover. In addition, the residents will counsel all discharge patients at James Towne on their medications.

Role of the Pharmacist: The pharmacist in this care setting provides care in a traditional community pharmacy. They monitor and follow-up on patients with complex disease states, utilize MTM platforms, administer immunizations, conduct adherence reviews, dispense medications and provide patient education as well as evaluate medications for alternative agents to enhance affordability.

Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, Required

Duration: 12 months

The resident will spend on average 4 hours per week for the entire residency year.

8:30am to 12:30pm on Wednesdays and 10 to 12 on Wednesdays (monthly – community service)

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Lyndsay Howell PharmD

Orientation Activities

The resident will spend 1 full day orienting to the senior living communities, community pharmacy, and technology platforms (Scheduling Platform/Outcomes/Pioneer). Refresh MI skills as part of overall residency orientation. Then spend ½ day every week for July and August. Set rotation will start in September.

Expectations of the Resident:

After orientation, the resident will be responsible for the above community clinical practice first focusing on the senior living communities and then the general community. The resident must provide patient centered care as well as communicate appropriately with patients, providers, and pharmacy staff.

Progression of the resident:

Orientation (1 week): Pioneer, Outcomes and Scheduling workflow orientation.

Q1: Participate in health screenings, immunizations, CMR's/TIPS for independent (IL) and assisted living (AL) residents of senior living community and transitions of care counseling/LTCAH reviews.

Q2: Continue with the above but expand clinical services into the general community pharmacy population incorporating medical billing.

Q3/4: Refine the above

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience

Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year
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Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Reflection** is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time.
- **Self-Evaluation** is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- **Learning Experience/Preceptor/RPD:** Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing: Evaluation
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	Analyzing	<p>Using Pioneer, OutcomesMTM and discussion with the patient- collect relevant subjective and objective information. Document subjective and objective information appropriately.</p> <p>Complete monthly health screenings for independent living senior communities. Participate in immunization clinics.</p> <p>Meet with DON/Care Manager weekly to review patients scheduled for discharge for TOC counseling. Identify patients in the LTCAH program for scheduled reviews</p>	Preceptor will review note until independent then as needed.	EQ1
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Evaluating	<p>Create a problem list and prioritize patient concerns</p> <p>Review patient specific data to prepare for TOC counseling session or LTCAH outreach</p>	Preceptor will review note until independent then as needed.	EQ2
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans	Creating	Creates and documents an individualized and comprehensive plan for patients. Help patient develop SMART goals.	Preceptor will review note until independent then as needed.	EQ2

		Identify any TOC related issues prior to patient discharge and any LTCAH concerns.		
Objective R1.1.4: (Applying) Implement care plans.	Applying	Implement plan with patient (and caregiver) based on targeted disease states in collaboration with providers or via CPA Contact providers as needed for both TOC and LTCAH patients based on completed reviews	Preceptor will follow-up on resident's open encounters regularly and ask about certain provider interactions.	EQ2/EQ3
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Evaluating	Monitor labs, side effects, and any other pertinent information once plan is implemented.	Preceptor will observe patient visit, read and evaluate patient notes.	EQ3
Objective R1.1.6 (Analyzing): Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Analyzing	Participate in TOC services for patients being discharged from James Towne and those in the LTCAH program	Preceptor will observe patient visit, read and evaluate patient notes.	EQ4
Goal R1.2: Provide patient-centered care through interacting and facilitating effective				
R1.2.2: Communicate effectively with patients and caregivers.	Applying	Counsels patient appropriately based on medications prescribed or changed as well as adherence issues discovered.	Preceptor will observed and provide feedback	EQ1
R1.2.1: Collaborate and communicate with healthcare team members.	Applying	Discuss plan with patient/provider and send all documents as appropriate after patient visit is completed for all patients including TOC and LTCAH	Preceptor will read and evaluate patient notes.	EQ1
R1.2.3: Document patient care activities in the medical record or where appropriate	Applying	Write notes and orders for all patients seen, as appropriate.	Preceptor will read and evaluate patient notes.	EQ3

		Complete required documentation for both TOC and LTCAH patients		
Goal R1.4: Participation in the identification and implementation of medication-related interventions for a patient population to improve medication- related quality measures				
R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Creating	Create CPA for identified disease states based on state or federal laws.	Verbal and written feedback from provided.	EQ4

Competency Area R3: Leadership				
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Evaluation
R3.2.1: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Meet all deadlines for activities as set by preceptor. Determine methods/strategy to improve services provided.	Formative feedback by preceptor Written feedback on weekly reflections	EQ1-2
R3.2.2: Apply a process of ongoing self-assessment and personal performance improvement	Applying	Meet all stakeholders expectations for activities		
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Show ownership over TOC and LTACH program by enhancing services over time. Create and implement medical billing for community clinical services. Create outreach activities.	Verbal and written feedback by preceptor.	EQ3-4

Additional Information: None

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
PATIENT CENTERED DISPENSING/LEADERSHIP AND MANAGEMENT- LIFELINE**

General Description:

Patient Centered Dispensing encompasses two components: leadership and management. These experiences are intended to provide advanced training and practice in traditional pharmacy dispensing and counseling services in the long-term care setting. The resident will manage the overall operation and services of the practice while gaining skills related to professional leadership.

Role of the Pharmacist:

The role of the pharmacist in this practice location that are directly related to this learning experience are as follows: monitoring and follow-up on patients with complex disease states, completion of disease state reviews when transitioning from hospital to facility, dispensing of medications, compounding of both sterile and non-sterile medications, direct interaction with other health care providers involved with the care of the patients, provider education, technician supervision and overall management of operations during shift.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Type: Longitudinal, required.

Duration: 12 months

The resident will spend an average of 15 hours per week engaged in activities related to this learning experience. The schedule for 2023-24 is every other Friday, Saturday and Monday.

Please note: All scheduling changes/residency travel will be communicated to Jodi Hoffman at the beginning of the residency year AND 7 days prior to the posting of the next work schedule. Changes made after this are the responsibility of the resident to find coverage.

Mentors:

Residency Preceptor Director: Bethanne Brown PharmD, BCACP
Site Designee: Jodi Hoffman PharmD
Preceptors: Joanne Lankford, PharmD and Andy Mann, PharmD

Orientation Activities:

LifeLine orientation:

- a. Residents will be trained on both day (9-5) and evening (4:00 to 11) shift at LifeLine during weeks 1 to 3 of the start of the residency year.
 - i. This will be a full-time orientation of 32 to 40 hours/week.

- ii. All policies and procedures related to activities at LifeLine will be read and reviewed with preceptors including on-call list.
 - iii. Identification of areas for improvement will be documented in weekly activity log.
 - iv. Additional Lifeline experiences may be scheduled based on resident necessity for additional contact hours prior to independent weekend requirements
- b. Preceptors will train residents using the 3 of the 4 preceptor roles of: direct instruction, modeling and coaching during orientation.
 - c. Residents will be engaged in patient centered dispensing in collaboration with another preceptor until preceptors determine the resident is ready to be fully independent. At that time, preceptors move into a facilitation role supporting the resident as they manage all aspects of operations during their scheduled shifts (by end of September).
 - d. Topics covered- refer to Orientation Learning Experience

Training will be tracked using the LL Pharmacists Readiness Assessment Document- a signed copy (both resident and preceptor) of this document must be uploaded to OneDrive (Folder 15, Practice Site Requirements)

Expectations of the Resident:

It is the expectation that residents will learn collaboration, teamwork, management and leadership skills as well as counseling and consultation skills while providing patient centered care to all LifeLine patients. When independent, each resident will manage workflow and support staff while maintaining quality patient care. The ultimate goal is by the end of the year, the resident will gain skills needed to be an effective and efficient patient care manager/pharmacy manager practicing at a level that can serve as a role model to other pharmacists and pharmacy students.

Progression of the Resident:

Prior to independent practice, the LifeLine Training and Readiness for Independent practice checklist will be reviewed by preceptors and residents. Competencies must be obtained prior to independent practice.

Q1(direct instruction/modeling): Resident will be staffing with other pharmacists until end of August. Starting at the beginning of September, resident will close alone on Fridays and Staffing independently on Saturdays (3pm to 3rd shift pharmacist arrives). Expectation is to close at a reasonable time (11pm to 12am) by completing all necessary orders by collecting and assessing pertinent information (po, partial fills and IVs), make sure final run is completed, and secure pharmacy. Order verification expectation by September is a minimum of 200 completed patient orders. Pharmacists Readiness Assessment checklist should be completed by end of October.

Q2 (modeling and coaching) By end of Q2 resident should be comfortable with the dispensing role by verifying a minimum of 250 orders based on appropriate disease state recommendations per shift. Complete independence in staffing and managing pharmacy operations(runs/technician issues) and handling situations using problem solving skills (Stat vs back up).

Q3/4 (coaching and facilitating): Continuation of expectations set in Q2 for dispensing roles and responsibilities. Additional leadership activities (outside of running the pharmacy) within LifeLine will occur primarily during these quarters.

Preceptors will be on call and can remotely verify/answer questions as needed during the duration of the residency program.

Attendance at regularly scheduled meetings with site designee will be expected to ensure residents are supported and progressing satisfactorily.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is an exercise in self-examination and introspection. It is a global view of the residents' learning in which the resident reflects on professional growth over time.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently

meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.

- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Evaluation: E
R1.1.6: Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Analyzing	Complete new admit pharmacy intervention form on LL shifts to detect and resolve medication therapy errors during transitions of care experiences	Preceptor to provide guidance during training, then review completed intervention forms (see check list)	EQ2
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Evaluation: E
R1.2.1: Collaborate and communicate with healthcare team members.	Applying	<p>Putting the patient first (and using PCC): Communicate with providers (RN, MD) to advocate for patient</p> <p>Effectively voice concerns related to patient care to providers</p> <p>Determine correct provider to discuss patient care issues</p> <p>Review clarification que to resolve medication related concerns</p> <p>Resolve medication supply chain issues</p>	Direct observation by preceptors.	EQ1

R1.2.2: Community effectively with patients and caregivers	Applying	<p>Answer phone calls from patients, caregivers, nursing regarding patient specific medication questions – ie inhalers, do not crush meds.</p> <p>Recommend appropriate monitoring as needed based on patient needs (INR, Abx levels)</p> <p>Facilitate IV line placement as well as IV nutrition support (IE TPN)</p>	Direct observation by preceptors.	E Q2
R1.2.3: Document patient care activities in the medical record or where appropriate.	Applying	<p>Using dispensing system (FrameWork LTC and ECM) to document and verify patient orders</p> <p>Use alternative documentation (ie fax) to resolve patient care issues</p> <p>Document non-sterile and compounding activities in designated folders</p> <p>Document appropriately activities that occur in controlled substance cage.</p>	Completion of the Pharmacists Training Checklist as needed touch points once independent	EQ2
Goal R1.3: Promote safe and effective access to medication therapy.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Evaluation: E
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Analyzing	Collect and evaluate all pertinent patient specific data and assess this information to detect any potential DDI's, therapeutic duplications, dosing concerns, etc... prior to dispensing the medication.	Direct observation by preceptors.	E Q1
R1.3.2: Participate in medication event reporting.	Applying	Using error reports- work with pharmacy manager/order entry manager to review	Direct observation by preceptors.	EQ4

		<p>error frequency, and determine next steps.</p> <p>Working with site coordinator and compliance officer- develop and deliver technician training and tracking maintenance of certification.</p> <p>Attend manager meetings (as available)</p>		
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Applying	<p>Interpret, prepare and dispense medications in accordance with State Laws and the organizations policies and procedures.</p> <p>Demonstrate the ability to provide pertinent information necessary for the safe and effective use of medications to the caregiver or patient as needed.</p> <p>Identify the need for additional supplies for disease state management (ie spacers, testing supplies)</p> <p>Work with nursing to ensure medication levels are obtained at appropriate times (ie antibiotics)</p> <p>Utilize adherence packaging for specific patient populations (MRDD homes)</p>	Direct observation by preceptors.	E Q1
Goal R1.4: Participation in the identification and implementation of medication-related interventions for a patient population to improve medication- related quality measures				
R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Creating	Create CPA for identified disease states based on state or federal laws.	Verbal and written feedback from provided.	EQ4

Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects

Objective:	Cognitive Domain	Activities	Assessment Method	Timing: T and TE
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Review medication error reports with preceptor to identify patient safety concerns OR Conduct ISMP targeted medication best practices review.	Formative and Summative feedback from preceptor	Q3
R2.1.2: Develop a project plan.	Creating	Discuss with preceptors areas identified for intervention Discuss potential QI tools that would aid in the development of a project plan		Q3
R2.1.3: Implement project plan.	Applying	Working with stakeholders implement change using QI tools identified to improve patient safety/outcomes.		Q4
R2.1.6: Develop and present a final report.	Creating	Write a 1-page summary analyzing the results of the completed QI project. Upload document to Folder 8	Review by preceptor	Q4

Competency Area: R3 Leadership

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

Objective:	Cognitive Domain	Activities	Assessment Method	Evaluation: E
R3.1.1: Explain factors that influence current pharmacy needs and future planning	Understanding	Review one policy and procedure and provide necessary updates	Preceptor observation and feedback	EQ3
R3.2.1: Describe external factors that influence the pharmacy and its role in the larger health care environment	Understanding	Complete the ISMP Hospital Assessment as a form of self-assessment of medication use practices to allow pharmacy to meet Standard 5.1.b	Preceptor observation and feedback	EQ3

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

Objective:	Cognitive Domain	Activities	Assessment Method	Evaluation: E
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities. .	Applying	Efficiently lead daily operations of the pharmacy by applying policies and procedures, State Law and available technology	Preceptor discussion and feedback as needed.	EQ3
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Use problem solving skills to resolve situations that arise Be assertive to direct operations of pharmacy Resolve conflict as it arises between staff Advocate for the patient - be willing to look at multiple possible solutions to provide care. Determine key stakeholder on your team to take care of patient related issues.	Feedback provided by preceptor.	EQ3

		Discuss personnel issues with current individual within management (ie lead technician)		
Competency Area R4: Teaching and Education				
Goal R4.1: Provide effective education and/or training.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Evaluation: E
R4.1.1: Construct educational activities for the target audience.	Creating	Create and deliver 1-2 nursing/staff educational newsletters	Preceptor observation and feedback	EQ2-4- timing will depend on when educational programming is designed
R4.1.2: Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Creating	Create and deliver 1-2 nursing/staff educational newsletters	Preceptor observation and feedback	EQ2-4 timing will depend on when educational programming is delivered
R4.1.4: Assess effectiveness of educational activities for the intended audience.	Applying	Working with Joanne to create, write, edit articles for "Keeping Tabs" every quarter	Preceptor feedback on drafts	EQ2-4 timing will depend on when educational programming is delivered

Additional Information:

All scheduling changes/residency travel will be communicated to Jodi Hoffman at the beginning of the residency year AND 7 days prior to the posting of the next work schedule. Changes made after this are the responsibility of the resident to find coverage.

Pharmacist Training Checklist

Task	Initial Training		1 Month Follow Up		3 Months Follow Up		
	Res initials	Prec initials	Res initials	Prec initials	Res initials	Prec initials	
Opening/Closing Procedures	Security System Access						
	Finalizing runs before closing down						
	On-Call Procedures (phone, remote access)						
Verification	Work Queue						
	Delivery Dashboard/Status Monitor (Understanding/Utilizing sections)						
	Searching Different Batches						
	Moving Medications/Queues						
	STATs/Hospice						
	Making Changes to Prescripts						
	Non-Covered Medications/PA						
	Medication Managers Formulary/ Formulary Substitutions						
	Initial Verification	Checking Total Quantities					
		Refills in the Refill Box					
	Pre-Packing	Non-control					
		Controlled					
	Packaging Meds/Product Verification						
	Clozapine Orders/REMS Program						
	Logging Errors						
	Intervention Forms						
	Phone Orders						
	Printing Packing Slips						
	IVs	IV Training (Quiz, Test, Checklist)					
		Preparing IV's (Sterile Compounding)					
Repeater Pump to fill IV Balls							
IV Supplies							
Vascular Access							
IV Monitoring Queue/Dosing							
Controls	Checking Control Scripts						
	Hardcopy Exchange Setup						
	Printing an RX Blank						
	Using OARRS						
	Transferring Controls						
	Narcotic refills						
Backup Procedures	Statim RX Backup						
	Fulton Manor Outpatient Pharmacy Backup						
	Borrowing from a Hospital						

Parata	Checking Orders that go in Parata						
	Looking up Parata Pack Contents Online						
Inventory	Ordering from Surecost						
	Adding a Medication to Formulary						
	Looking up/Finding Alternatives for Non-Drug Items						
Compounds	Finding the Correct Compound in the Formulary						
	Adding a Compound to Formulary						
	Adding an IV to Formulary						
	Creating a Compound Sheet (Instructions)						
	Fixing Compound Ingredient Error						
	Checking Compounds Made by Techs						
	Making BDR/ABH/ABHR/Topical Morphine						
	Making Eye Drops						
EMMA	Checking Non-Control EMMA Refills						
	Checking Control EMMA Refills						
	Verifying EMMA Stock per Facility						
	Checking Billing Only Claims						
Cubex	Checking Non-Control Cubie Refills						
	Checking Control Cubie Refills						
	Checking Non- Cubie Fills						
	Verifying Cubex Stock per Facility						
	Checking Billing Only Claims						
TPN	Ordering TPN from OptionCare						
	Packaging TPN Before Sending to Facility						
Vancomycin	Completing Vancomycin AUC dosing education						
	Completing order set and workflow process with training pharmacist						
	Appropriately dosed 5 patients with Vancomycin without initial supervision						
Miscellaneous	Santyl Orders						
	Checking Proof of Delivery						
	Transferring Prescriptions/Profiles						
	Using the Packing Machine						
	Filling a CRH/CRHD STAT Order Start to Finish						
	Filling a Group Home Order Start to Finish						
	Filling Orders for a Nursing Home Admission Start to Finish						
	Attend Manager Meetings						
	Fill prescription orders on the line						
	Price Check for Medications						
Delivery Special Requests							

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model
MM/LL Residency 25-26

Residency Project Timetable (as of 7/1/2025):		
Date	Requirement	Preceptor Initials
Completion of IRB training mandatory prior to start of the residency year. See Orientation Learning Experience Documentation		
6/1 to 7/31	Work with current resident and research team on ASCP Abstract	
By 7/31	Submit research team approved ASCP abstract	
Orientation/Teaching Certificate Program	<p>Research Seminar part 1: Complete worksheet as part of Research Seminar</p> <p>After seminar: sign up for Research Administration Portal or RAP access. Review IRB protocol templates found on OneDrive.</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Click on this link. If you are unable to access, email UC IRB at IRB@ucmail.uc.edu to obtain access.</p> <p>We have provided the more common IRB templates (Medical Template and Consent as well as conflict of interest) in your OneDrive. However, based on your research project- you may need to use a different template. To access these, log into RAP portal and click the Library Tab (left), then Templates tab (right).</p> <p>Inform research team once achieved</p>	
after 7/31	After RAP portal access obtained – submit appropriate paperwork to transition current IRB protocol (change PI)	
By 8/25	Complete research worksheet- based on IRB #1 Attend research seminar part 2 during residency orientation- virtual. Upload to OneDrive. Folder 2	

University of Cincinnati Community –Based Pharmacy
 Practice Residency Program
 Practice Advancement- Research Project
 Check List -Flipped Model
 MM/LL Residency 25-26

By 10/1	Journal selected, Manuscript outline to team	
By 10/1	Draft of ASCP Poster due to project team for review	
By 10/20	Receive final poster approval from research team and print poster for conference. See Research Learning experience document for printing instructions.	
10/23 to 10/27	Attend and participate in ASCP Poster Session (resident to confirm date of presentation)	
By 10/31	Manuscript: Determine journal for submission of project, review instructions to the authors. Write and submit <i>Background and Methods sections</i> of manuscript to project team for review	
By 2/2 (tentative)	<p><u>Update abstract</u> and submit to project team for review Submit abstract to OPA for poster/podium presentation as approved by project team (resident to confirm tentative date)</p> <p>This abstract MUST be updated from the previously submitted documents. You must include preliminary results gathered to date (both primary and secondary outcomes)</p>	
By 3/1	<p>Begin draft IRB protocol #2. Create hypothesis, research question and draft of methodology. Engage research team as needed for feedback.</p> <p>Final IRB #2 should be completed by 5/1 to engage incoming residents to complete final steps to submit IRB and write ASCP abstract.</p>	
3/3	Due to Project Team for review: Draft 1 of OPA Poster (UPDATED)	
3/15	Draft #1 Ohio Pharmacy Residency Conference (OPRC): abstract, learning objectives and assessment questions	
3/20	Receive final poster approval from research team and print poster for OPA Conference	

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement- Research Project
Check List -Flipped Model
MM/LL Residency 25-26

3/31(tentative)	Submit OPRC abstract, learning objectives and assessment questions (resident to confirm tentative date)	
OPA Poster Presentation: TBD	Attend and participate in OPA poster/podium presentation	
Week of 4/21	Attend OPRC practice session with residents/preceptors	
4/25 (tentative)	OPRC presentation upload due (resident to confirm tentative date)	
By 4/30	Manuscript: Write and submit <i>Results, Tables and Figures sections</i> of manuscript to project team for review	
5/1	Finish IRB #2 and submit for COP Pre-Review Start Research Transition with incoming residents- include them in all meetings, have them complete research worksheet, share all documentation (including IRB). Begin drafting ASCP Abstract due 7/20	
By 5/15	Manuscript: Write and submit <i>Discussion, Conclusion and Abstract sections</i> of manuscript. Submit full manuscript to project team for review	
5/17 (tentative)	Attend and present at OPRC (resident to confirm tentative date)	
By week of 5/22	Manuscript: Attend monthly residents meeting- edit peer manuscript and provide feedback by set due dates with completed draft (ie edits from research team incorporated into draft)	
By 5/31	Work with incoming residents to submit research team approved ASCP abstract	
By 6/15	Manuscript: Receive and review/incorporate suggested edits from peer reviewer	

University of Cincinnati Community –Based Pharmacy
 Practice Residency Program
 Practice Advancement- Research Project
 Check List -Flipped Model
 MM/LL Residency 25-26

6/15-6/22	Manuscript: Complete 1 additional round of edits with project team	
By 6/30	Manuscript: Final manuscript due to project team. Email must be sent to Dr. Brown by project team indicating approval of final manuscript and achievement of this residency objective.	
By 6/30	Close out IRB protocol #1 – this is a very important step that must be done or you will not receive your residency certificate...	
By 6/30	Submit signed Research Checklist to OneDrive Submit IRB protocol #2 see 24-25 Practice Advancement- Research (page 4- Submission of Research Protocol to IRB) for the <u>exact process</u> . Please follow these steps carefully – or there will be delays in the approval of your protocol.	

Both Resident and Primary Research Preceptor must sign below verifying the above was completed over the course of the residency year. Upload document to OneDrive 16. Research Report.

Resident/Preceptor Signatures	Date

University of Cincinnati Community –Based Pharmacy Practice Residency Program

ORIENTATION- ST VINCENT DE PAUL CHARITABLE PHARMACY

General Description:

Orientation is a required 1 to 2 month learning experience which will provide the resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, research and business plan background knowledge, teaching certificate program initial training and required essential physical assessment skills training and check.

Role of the Pharmacist:

The roles of pharmacists at this practice site include a variety of activities and responsibilities. The activities and responsibilities are: patient-centered dispensing, patient and provider education, immunizations, medication therapy management, disease state monitoring, coordination of care with providers, precepting students.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Schedule:

Weeks 1-4 + seminars: COP- The resident will be scheduled for orientation activities at the College of Pharmacy- See Orientation Schedule provided for full details.

Week 1 to 8: The resident will be scheduled to orient at the practice site to complete the activities listed below.

Type: Concentrated, required

This is a full-time experience for the duration of Orientation or approximately 40 hours per week

Duration: 1 to 2 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptor/Site Coordinator: Lydia Baily PharmD (site coordinator)

Preceptor: Treston Warren

Training Pharmacists: Katie Owen

Orientation Activities:

Activities completed as part of Residency Orientation prior to 7/1:

Please upload all certificates/paperwork mentioned below to OneDrive once you have access (on 7/1) to folder 16: Resident Credentials.

1. Read the following articles (emailed in April):
 - a. Koshy et al: Reflective Practice in health care and how to reflect effectively by Koshy.
 - b. Potter et al: Addressing Burnout in Pharmacy Residency Programs
2. University of Cincinnati Institutional Review Board/CITI training certificate(s).
3. Read and Complete Strength Finders, participate in review during orientation week.
4. Upload e-verification from all Boards of Pharmacy in which you are licensed (ie for Ohio this is the License Look Up page)

Activities to be completed as part of Orientation to Residency Structure/Projects:

1. Participate in review of the following;
 - a. Residency Structure: policies and procedures, electronic portfolio, weekly logs, community service requirements and meetings
 - b. Assessment Structure: Self-assessment including Self-Reflection and Self-Evaluation
 - c. Professional development: Communication skills review (MI and conflict management), and well-being/support.
 - d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case based skills review.
 - a. Complete on-line work at home in preparation for skills review
 - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
 - c. Upload certificate to OneDrive (15. Resident Credentials)-once completed both on-line and live skills review.
3. Participate in business plan
 - a. Complete required pre-work
 - b. Attend business plan seminar- fall (October) and spring (March)
4. Participate in research training (see research project time-line)
 - a. Research seminars provided by College
 - b. Complete SPSS training (as applicable)
 - c. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to COP pre-review committee and full UC IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.

Activities to be completed as part of Orientation to Practice Site:

1. Introduction to Pharmacy and Bank Street Staff
 - a. Review history and mission of SVdP
2. Learn operations and daily pharmacy workflow
3. Attend all-staff and pharmacy staff meetings
4. QS1 training
5. Complete orientation with on-site nurse practitioner

6. Participate in orientation of other services including food pantry, social services, and conference assistance.
7. Complete orientation with administration and Executive Director.
8. Completion of orientation activities as detailed below.

Independent activities to be completed by end of Orientation (unless otherwise noted)

1. UC Employment related:
 - a. Attend UC Orientation as scheduled by RPD. See orientation schedule for dates/times of required training.
 - b. Review Policies and Procedures regarding resident health and upload appropriate documentation to OneDrive, Folder 15: Practice Site Requirements.
 - c. Complete blood borne pathogen training by going to <https://ehs.uc.edu/itc/compliance.aspx>.
 - i. Click on Web-based compliance training, follow the prompts until you come to University of Cincinnati: EH&S OSHA/Lab Compliance Training page.
 - ii. Check on Blood Borne Pathogens (left side of page under topics). Complete the training.
Complete by 7/15
 - d. Complete Concur training- watch the video posted to your OneDrive, Administrative Document, Travel Related to the Residency. The video and associated documents walk you through the process of submitting for both Travel authorization (TA) and residency related expenses. **Complete by 7/31.**

* Concur is the system we will use for both travel authorizations and expense submission. You must first submit a time off request in UCFlex, once approved, submit the travel authorization via Concur (found in BearCat Landing). Once approved- you may submit for reimbursement for expenses (See Policy and Procedure Manual- page 11 for full details).

Please note the College Concur expert is Gabe Schenker. Please reach out to him with questions/concerns. His email is Gabe.Schenker@uc.edu.

- e. Complete UCSuccess Factors required training. You should have received an email indicating the assigned training (Orientation Essentials, Get Connected, Further Resources). In addition to any assigned by UC HR, you must complete the following: **(by 7/31 unless otherwise noted):**
 - I. Compliance (non-supervisors)
 - II. FERPA BasicsIn addition, you must complete the following:
 - III. EverFI; HIPAA- **must be done by 7/15**
 - IV. Required Alcohol and Drug Information
 - V. Everfi: Checkpoint Data Security

2. Practice Site Related:

a. Collaborative Practice Agreements:

- i. Patient-Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes found on OneDrive.
- ii. Review CPA guidance Ohio State Board of Pharmacy Guidance Document as of 12/15/2020 found at: [Pharmacist Consult Agreements with Providers.pdf \(ohio.gov\)](#).
- iii. Consult agreement with physicians: [Section 4729.39 - Ohio Revised Code | Ohio Laws](#).

b. Review ACIP guidelines for chronic disease state immunizations.

- i. CDC website: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/
Focus on Pneumococcal, Influenza and Covid19.

c. Upload the following to OneDrive(16. Resident Credentials):

- I. APhA immunization certificate
- II. Basic Life Support (BLS) Certificate- note expiration and alert site coordinator/RPD.

d. Policy and Procedures: Practice Site: Review SVdP Policy and Procedure Manual
Resident must document completion of the above review and upload signed document to OneDrive no later than **7/15**.

e. Review most recent guidelines the following disease states:

i. CV Risk Reduction

I. Hypertension: [2017](#)

[ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Hypertension \(ahajournals.org\)](#).

II. Hyperlipidemia: [2018](#)

[AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCN A Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Circulation \(ahajournals.org\)](#)

ii. Diabetes:

I. Standards of Care 2025:

https://diabetesjournals.org/care/issue/48/Supplement_1.

II. Nutrition Therapy for Patients with Diabetes or Pre-Diabetes: [Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report | Diabetes Care | American Diabetes Association](#)

- iii. Asthma: Gina Guidelines: [Global Initiative for Asthma - Global Initiative for Asthma - GINA \(ginasthma.org\)](#)
- iv. COPD: [Gold guidelines: 2025 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD](#) or <https://goldcopd.org/2025-gold-report/>.
- v. Smoking Cessation: **Due 7/31**
 - a. Purdue University Online - Tobacco Cessation / Behavioral Counseling & Pharmacotherapy or https://www.eventreg.purdue.edu/ec2k/courselisting.aspx?1=%20&master_ID=6318%20&course_area=1598%20&course_number=168%20&course_subtitle=00.
 - b. Purdue University Online - Tobacco Cessation / Pharmacists' Prescribing for Tobacco Cessation or https://www.eventreg.purdue.edu/ec2k/courselisting.aspx?1=%20&master_ID=6318%20&course_area=1598%20&course_number=167%20&course_subtitle=00
 - c. Upload CE certificates to OneDrive, Residency Portfolio, 15. Practice Site Requirements.
- vi. Psychiatric Disorders including: Depression, Alcohol Use Disorder, BiPolar and (See OneDrive)for Schizophrenia: [APA Treatment of Patients With Schizophrenia Guideline Pocket Guide \(guidelinecentral.com\)](#).
- vii. Anticoagulation: Updated Guidelines for Outpatient Management. <https://pubmed.ncbi.nlm.nih.gov/31573167/>.
- f. Review CLIA waiver requirements to understand the requirements for SVdP as it pertains to point of care testing. This information can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>
- g. Communication Skill Review (see Communication Skills folder:
 - i. AHRQ Health Literacy Universal Precautions Toolkit: Found at: <https://www.ahrq.gov/sites/default/files/publications2/files/health-literacy-toolkit-third-edition.pdf>.
 - ii. Adherence: CDC Grand Round: Improving Medication Adherence for Chronic Disease Management: Innovations and Opportunities. Found at: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6645a2.htm>.
 - iii. Complete Motivational interviewing review by
 - 1. Read the information found on this web site: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8200683/>. This document covers the skills needed.

2. Once complete, watch the video on YouTube located at:
<https://www.youtube.com/watch?v=s3MCJZ7OGRk>. This video reinforces the skills but also introduces the Four Process of MI. The video is 17 minutes long.
- iv. Working with interpreters:
1. See the Refugee Health Technical Assistance Center:
 - a. Review the following webpage information: [Best Practices for Communicating Through an Interpreter - Refugee Health TA](#).
 - b. Under Language access (left side)
 - i. Click on and read- Best Practices for Communicating Through an Interpreter.
 - c. Under CLAS Tools and Resources
 - i. Click on Effective Healthcare Communication Video (7 minutes)
 - ii. Click on Language Access Training Video (24 minutes)

Expectations of the Resident:

This experience will help prepare the resident to practice as a member of the healthcare team and learn to manage the workflow of a community pharmacy while gaining confidence in patient services and counseling. It is our expectation that the resident will be engaged with the pharmacists and pharmacy staff when the pharmacy is open and operating. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident’s own time.

Progression of the Resident:

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience

Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- **Formative Assessments:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Reflection** is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- **Self-Evaluation** is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- **Summative Assessment:** This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- of the residency. Specific CRITERIA BASED comments should included with information the resident can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least twice during the residency year (midpoint and end). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).				
Objective:	Cognitive or Affective Domain	Activities: Besides the activities listed above.. the following will occur.	Assessment Method:	Timing: Orientation
R1.1.1: Collect relevant subjective and objective information about the patient.	Analyzing	<p>Appropriately gather necessary data using POC testing and interview questions during CMM appointments</p> <p>Appropriately gather data during SVDP health services appointments using EMR and patient interviews</p> <p>Appropriately gather data during phone-call claim follow up using QS1 information</p> <p>Appropriate use of vaccine screening form- based on interview form</p>	<p>Feedback from preceptor/training pharmacist.</p> <p>Uploading documents to Box as described above</p> <p>Discussions at weekly meetings with RPD</p>	T
R1.1.2: Assess clinical information collected and analyze its impact on the patient's overall health goals.	Analyzing	Appropriately prioritize problem lists for each patient based on data collection in CMM appointment using evidenced-based guidelines as well as patient and provider preferences		T

		<p>Appropriately prioritize problem list during SVDP health services appointment in collaboration with health care team</p> <p>Appropriately prioritize issues during phone-call intervention follow up based on QS1 data and patient discussion</p>		
R1.1.3: Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Creating	<p>Create appropriate clinical plans following CMM appointment to be followed up on via fax/phone with provider. Plans should include: Medication Changes, Education provided, Monitoring/Follow-up</p> <p>Create appropriate clinical plan to be followed up on via CPA agreement using outlined protocol</p> <p>Create appropriate clinical plans following SVDP health services appointment in collaboration with other team members</p>		T
R.1.1.4: Implement Care Plan	Applying	<p>PPCP Prescription Verification Services:</p> <ul style="list-style-type: none"> • Collect- Gather DUR data from medication profile; sorting by disease state, medication name, and pick up dates. Gather clinical data from patient chart section, including labs, relevant claims, disease states, allergies, medications filled elsewhere, and previous CMR notes. • Assess- Using all medication and clinical data-identify disease state management issues that will need addressed upon pick-up. • Plan- 		T

		<p>Determine level of intervention needed based on assessment; refuse to fill prescription, place prescription on hold until counseling complete, verify prescription with counseling note attached, initiate med sync, initiate other SVDP referral, etc.</p> <ul style="list-style-type: none"> • Implement- Document plan on electronic patient chart and on paper note within prescription bag, notify call center to initiate provider or patient claim. • Follow-Up- Create clear outline of next interventions needed based on patient/provider response to ensure appropriate care handoff. 		
Goal 1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
R1.2.1: Collaborate and communicate with health care team members.	Applying	<p>Effectively communicate with all healthcare team members via face-to-face, phone, and fax as appropriate</p> <p>Display an appropriate balance of respect and confidence in all healthcare communications</p>		T
R1.2.2: Collaborate and communicate effectively with patients and caregivers.	Applying	<p>Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health</p> <p>Implement accurate understanding of how to communicate to caregivers while patients are still present</p>		

Utilize volunteer interpreters or software as needed in a timely and effectively manner for ESL patients

PPCP Check-out Services:

- Collect-

Gather patient data pertinent to medications dispensed by asking relevant questions, review bag notes, review patient profile for clinical notes and open clinical claims.

For non-English speaking patients utilize interpreting services.

- Assess-

Based on notes and patient report; determine problems, problem severity, and services needed to address problems

- Plan-

Communicate clearly the next steps the patient needs to complete (doctor check-in, other SVDP service check-in, home monitoring, use of pill box, etc.) as well as next steps the pharmacy team will take to address concerns.

- Implement-

Based on severity level of problem, alert correct team member to address identified issue or create note for future implementation. Offer available products as needed (SVDP referrals, vaccines, pill organizers, BP/BG home monitoring devices, etc.)

- Follow-Up-

Create clinical claim documentation for all issues addressed at pick-up.

Close if issue solved or appropriately

		post-date for future provider/patient communication.		
R1.2.3: Document patient care activities in the medical record or where appropriate	Applying	<p>Following CMM visits, document all clinical interventions in QS1 with appropriate timeliness for follow up, clear and concise language used, and correct format based on protocol</p> <p>Following SVDP health services visits, document visit in EPIC using set protocol with high quality and efficiency</p>		
Goal R1.3: Promote safe and effective access to medication therapy.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing: Orientation
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Applying	Change patient medications based on formulary alternatives using CPA or contacting providers. Ensure appropriate switches based on patient conditions	Formative feedback provided by each preceptor/training pharmacist	T
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Evaluating	<p>Shadow then perform Verifying Pharmacist:</p> <ul style="list-style-type: none"> • Verify correct data input • Verify correct medication, dosage, strength, quantity, inventory • Review disease state and medication profile using PPCP • Review and input clinical interventions using PPCP <p>Shadow then perform Data Entry:</p> <ul style="list-style-type: none"> • Prescription Entry • E-scribe • Voicemail/CareMessage 		T

		<ul style="list-style-type: none"> • Inventory selection • Prescription check-out counseling using PPCP 		
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Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects.

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	Complete CITI training and actively participate in research seminars	Participation in research seminar and engagement in research project	T

Competency Area: R3 Leadership

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing: Orientation
R3.2.1: Apply a process of on-going self-evaluation and personal performance improvement.	Applying	Meeting all deadlines for activities as set by preceptor/RPD	Formative feedback by preceptor	T
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	Meeting preceptor/RPD expectations for written reflections	Formative feedback by preceptor Written feedback on weekly reflections	T
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	Complete tasks without prompting	Formative verbal feedback provided by each training pharmacist and	T

		Uphold professional appearance and behaviors at all times	preceptor. Written reflections	
		Foster professional relationships with pharmacy and interprofessional team Uphold professional appearance and behaviors at all times		
		Foster professional relationships with pharmacy and interprofessional team		

Additional Information: None

**University of Cincinnati PGY1 Community –Based Pharmacy
Practice Residency Program
LEADERSHIP - ST VINCENT DE PAUL**

General Description:

Manage operations of practice site and demonstrate personal and professional leadership skills throughout residency.

Type: Longitudinal, required

On average, the resident will spend 2 hours per week in this learning experience.

Role of Pharmacists: Management of daily business operations, development of new services, collaborating with other healthcare providers, developing strategic short and long term goals, practicing self-evaluations, and managing both individual and team responsibilities.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptor: Lydia Bailey (Site coordinator and primary preceptor)

Orientation Activities:

Residents will complete the following:

1. Learn about SVDP history and mission as well as pharmacy overview
2. Complete orientation with administration, development, and Executive Director
3. Attend SVDPCP staff meeting
4. Review inventory policies
5. Review pharmacy board members background

Progression of the Resident:

Orientation(shadowing): Complete activities listed above

Q1/2: Direct Instruction/Modeling

Resident will participate in staff and board meetings as appropriate. Resident will observe preceptor management of staff and student learners.

Q3: Coaching:

Resident will work with preceptors to create agendas for staff meetings and board meetings. Resident will work with preceptors in facilitating student learning program components.

Q4: Facilitate:

Resident will lead drug procurement meeting and be responsible for creating meeting agenda. Resident will lead operations report at Board meeting. Resident will lead student learning program components.

Expectations of the Resident:

The resident will gain leadership and management experiences over the course of the year by participating in various activities. Experiences include managing the day to day operations of the pharmacy and leading support staff, volunteers, advocates and APPE and IPPE students. In addition, the resident will obtain a broader perspective on how to run/operate a charitable pharmacy by being engaged in activities such as procurement and board meetings and related topic discussions. The resident will begin the year shadowing and then move to mentored participation. By the end of the year the resident will be leading assigned meetings.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to compare your skills and performance accurately and honestly to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects				
Objective:	Cognitive Domain	Activities	Assessment Method	Timing: T and TE
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	After orientation, review with preceptor team opportunities for improvements based on current workflow design and past experiences.	Formative and Summative feedback from preceptor	TEQ1
R2.1.2: Develop a project plan.	Creating	Discuss potential workflow areas for improvement with preceptors. Create a plan using an appropriate quality improvement tool (s) Institute quality improvement plan and measure appropriate outcomes.		TEQ2-3
R2.1.6: Develop and present a final report.	Creating	After plan initiation, create and implementation-develop and present a 1-to-2-page written report to preceptors based on findings	Preceptors to review presentation and provide feedback	TEQ2-3

Competency Area: R3 Leadership and Management

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R3.1.1: Explain factors that influence current pharmacy needs and future planning.	Understanding	<ul style="list-style-type: none"> Participate and present at select staff, procurement, and Pharmacy Board meetings Participate in inventory control Shadow and participate in staff and student scheduling Shadow and participate in strategic planning (as appropriate) 	Accurate information relayed for assigned board meetings. Feedback provided by preceptors both prior to and after meetings.	TQ2/EQ4
R3.1.2: Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Understanding	<ul style="list-style-type: none"> Identify importance of donor relationships Remain up to date on legal changes to pharmacy practice Engage in outreach, development, and networking opportunities 	Display appropriate understanding of non-profit relationships through SVDP functions, create plans for adjusting policies based off changes to community pharmacy practice if needed	TQ2/EQ3

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

Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R3.2.1: Apply a process of ongoing self-assessment and personal performance improvement.	Applying	<ul style="list-style-type: none"> Complete all reflections and preceptor meetings 	Well-prepared for preceptor meetings, clear efforts shown in	TQ1/EQ4

		<ul style="list-style-type: none"> Identify and work towards identified areas of improvement within management 	improving in identified management areas	
R3.2.2: Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Applying	<ul style="list-style-type: none"> Prioritize and delegate all management tasks appropriately Complete tasks in reasonable timeframe Demonstrate personal commitment to vision of organization 	Assigned management tasks completed with high quality and efficiency as determined by preceptors, noted commitment to vision of organization	TQ1/EQ3
R3.2.3: Demonstrate responsibility and professional behaviors.	Applying	<ul style="list-style-type: none"> Complete tasks without prompting Uphold professional appearance and behaviors at all times Foster professional relationships with pharmacy and interprofessional team Show ownership over pharmacy functioning Lead staffing team through delegation and time management Lead clinical team through SVDP health services interactions Prioritize patient care workload, student workload, and assignments 	<p>Observe professional relationships with staff, continued feedback provided throughout residency</p> <p>Demonstrate leadership by effectively managing assigned projects</p>	TQ1/EQ3

<p>R3.2.4: Demonstrate engagement in the pharmacy profession and/or the population served.</p>	<p>Applying</p>	<p>Participate in community service activities as approved by preceptor/RPD. See guidelines posted to OneDrive</p> <p>Consider joining pharmacy related organization of your choice and participate actively in a committee/working group of this organization (not required)</p>	<p>Active participation in volunteer events and completion of reflections.</p>	<p>TQ1/EQ4</p>
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Additional Information:

University of Cincinnati Community –Based Pharmacy
Practice Residency Program
PATIENT CARE- ST VINCENT DE PAUL

General Description: This learning experience is designed to move the resident from student to independent practitioner; one who can provide safe, culturally appropriate, and evidence based patient care services including; medication therapy management, health and wellness, immunizations, and chronic disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

Type: Longitudinal, required.

The resident will spend on average 24 hours per week which is approximately 70% over the course of the residency year in direct patient care services related activities. These activities occur during the week M-F and are scheduled around other responsibilities.

Role of Pharmacists: Monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, adherence reviews and counseling, dispensing of medications, direct interaction with patients, and patient/provider medication education.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Lydia Bailey PharmD (site coordinator and primary preceptor) and Madison Luck PharmD.

Orientation Activities:

Residents will complete the following activities:

1. Review of immunization protocols for Pnevovax, Covid19 and influenza vaccines and point-of-care testing policies for blood pressure, heart rate, blood sugar, and A1C.
2. Review and participate in topic discussion of the following:
 - A. Common outpatient disease state guidelines including diabetes, asthma/COPD, cardiac, and mental health.
 - B. Ohio Collaborative Practice Agreement (CPA) and Tobacco Cessation Program general laws and specific SVDP policies
3. Introduction to clinical services including shadowing of CMR and patient advocate and review of QS1 health outcomes tracking.
4. Introduction to on-site nurse practitioner and lab services
5. Review and training of EPIC system including workflow guide

6. Review CPA document quick review guide -

Expectations of the Resident:

The resident will move from dependent to fully independent practitioner in the following competency areas

Clinical services including:

Comprehensive Medication Review skills:

1. Accurate and complete patient work up
2. Timely and thorough gathering of patient information
3. Appropriate prioritization of patient related concerns/disease states
4. Accurate and timely creation of patient care plan
5. Incorporation of effective communication techniques, including motivational interviewing, when delivering care plan to patient
6. Accurate and timely documentation of patient care plan and follow-up
7. Appropriate communication of follow-up to involved healthcare professionals and patients

Disease state management skills:

1. Appropriate usage of CPA through data assessment and plan implementation
2. Accurate documentation of disease state management activities including CPA usage SVDP Health Services patient appointments, QS1, EPIC, and interprofessional healthcare team communications
3. Utilization of clinical practice guidelines at SVDP pharmacy and SVDP health services

Immunization skills:

1. Accurate and safe delivery of available vaccinations to eligible patients
2. Efficiently document vaccination services
3. Utilization of clinical practice guidelines

Demonstrate leadership ability in precepting clinical services including:

APPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

IPPE students:

Appropriate implementation of shadowing experiences, clinical activities, and evaluations

Progression of the Resident:

Orientation: Shadowing:

Complete all orientation activities listed above

Q1: Direct Instruction/Modeling

Month 1: Resident will collect, assess, and document patient information as part of joint appointments with preceptors.

Month 2-3: Resident will independently collect, assess, and document patient information. In collaboration with preceptor, resident will create disease state management plans. Preceptor will deliver plan implementation and follow-up to patient with resident.

Q2/Q3: Coaching:

Resident will independently complete the PPCP cycle. Plans will be reviewed with preceptors as needed. Resident's plan delivery will be reviewed by supervising pharmacist with feedback provided. Resident's implementation and documentation will be reviewed by preceptor as needed with feedback provided.

Q4: Facilitate:

Resident will be independent in all clinic activities with plan review as needed. They will also be responsible for mentoring APPE students engaged in direct patient care activities providing training, feedback and mentoring (see academic and teaching learning experience).

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.

- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.1: Provide safe and effective patient care services following the JCPP Pharmacists' Patient Care Process.				
Objective:	Cognitive or Affective Domain	Activities:	Assessment Method:	Timing:
R1.1.1: Collect relevant subjective and objective information about the patient.	Analyzing	<ul style="list-style-type: none"> • Appropriately gather necessary data using POC testing and interview questions during CMM appointments • Appropriately gather data during SVDP health services appointments using EMR and patient interviews • Appropriately gather data during phone-call claim follow up using QS1 information 	<ul style="list-style-type: none"> • Accurate and efficient data collection assessed via 3 recordings, 30 completed presentations without need of gathering further information, approval by each preceptor , continued feedback provided throughout residency • Accurate and efficient data collection at SVDP health services assessed by preceptor, maintain set appointment times assessed by preceptor 	TQ1/EQ2
R1.1.2: Assess clinical information collected and analyze its impact on the patient's overall health goals.	Evaluating	<ul style="list-style-type: none"> • Appropriately prioritize problem lists for each patient based on data collection in CMM appointment using evidenced-based guidelines as well as patient and provider preferences 	<ul style="list-style-type: none"> • Completion of 30 problem lists/SOAP notes without additional edits of CMM appointments, approval by each preceptor, 	TQ1/EQ2

		<ul style="list-style-type: none"> • Appropriately prioritize problem list during SVDP health services appointment in collaboration with health care team • Appropriately prioritize issues during phone-call intervention follow up based on QS1 data and patient discussion 	<p>continued feedback provided throughout residency</p> <ul style="list-style-type: none"> • Completion of 10 problem lists documented within EPIC of SVDP health services appointments 	
R1.1.3: Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Creating	<ul style="list-style-type: none"> • Create appropriate clinical plan to be followed up on via CPA agreement using outlined protocol • Create appropriate clinical plans following CMM appointment to be followed up on via fax/phone with provider. Plans should include: Medication Changes, Education provided, Monitoring/Follow-up • Create appropriate clinical plans following SVDP health services appointment in collaboration with other team members 	<ul style="list-style-type: none"> • Completion of 30 CMM plans without additional edits, approval by each preceptor, continued feedback provided throughout residency • Completion of 10 plans without additional edits from SVDP health services visits • Appropriate plan design using CPA assessed via case presentations, approval by each preceptor, continued feedback provided throughout residency 	TQ1/EQ2
R1.1.4: Implement care plans.	Applying	<ul style="list-style-type: none"> • At the end of each CMM appointment: • Communicate collaboratively created plan to patient and provide lab and med list documentation 	<ul style="list-style-type: none"> • Implementation of clinical plans to patients assessed via 3 recordings and to medical team via 30 correctly identified 	TQ1/EQ2

		<ul style="list-style-type: none"> • Work with patient to reduce any barriers to success • Schedule follow-up calls • Initiate medication interchange to ensure medication access • Implement CPA's within protocol and with appropriate patient counseling 	<p>claims, approval by each preceptor, continued feedback provided throughout residency</p> <ul style="list-style-type: none"> • Appropriate CPA implementation assessed via MD approval, approval by each preceptor, continued feedback provided throughout residency 	
R1.1.5: Follow up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Creating	<ul style="list-style-type: none"> • Evaluate and adjust implementation of clinical plans through QS1 follow-up calls • Schedule future follow-up counseling either via phone call or in-person during medication pick up • Complete all CPA follow up including timely physician notification and patient follow up on changes 	<ul style="list-style-type: none"> • Accurate application of QS1 clinical platform and EPIC processes reviewed by preceptors via bi-weekly QS1 reports • Following and report on specifically assigned patients, continued feedback provided throughout residency 	TQ1/EQ2
R1.1.6: Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Analyzing	<ul style="list-style-type: none"> • Accurately identify patients in need of transitions of care at SVDP • Utilize Medicaid portal to identify Medicaid active patients • Generate report for ER voucher patients 	<ul style="list-style-type: none"> • Complete 5 Medicaid portal checks for enrollment status • Complete follow up 5 ER voucher patients to ensure medication filled • Complete 5 profile transitions to other 	TQ1/EQ2

		<ul style="list-style-type: none"> • Correctly transfer profiles to other pharmacy after Medicaid verified 	pharmacies after Medicaid verified	
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.2.1: Collaborate and communicate with healthcare team members.	Applying	<ul style="list-style-type: none"> • Effectively communicate with all healthcare team members via face-to-face, phone, and fax as appropriate • Display an appropriate balance of respect and confidence in all healthcare communications • Epic recommendation routing – routing messages to providers for review. Closing claims in QS1 once completed. 	<ul style="list-style-type: none"> • Effective communication of patient goals and medication recommendations using clinical reasoning with health care team via phone or fax following CMM appointments assessed via preceptor review of 10 faxes without edits • Proper face-to-face communication with SVDP health services team and on-site healthcare members, assessed by preceptor review with continued feedback provided throughout residency 	TQ1/EQ3

R1.2.2: Communicate effectively with patients and caregivers.	Applying	<ul style="list-style-type: none"> • Foster open and respectful communication with p with patients during face-to-face • Foster patient-centered communication during claim phone-call follow up • Demonstrate cultural competence in all patient encounters by using interpreter services and creating care plans taking into account a patient preferences. • Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health • Implement accurate understanding of how to communicate to caregivers while patients are still present • Utilize volunteer interpreters or software as needed in a timely and effectively manner for ESL patients 	<ul style="list-style-type: none"> • Strong patient-connection assessed via 3 CMR recordings or sit-ins • Preceptor observation for phone call claims • Accurate use of in-person translators and iPad translation services observed during CMM appointments, phone-call follow up, and prescription pick-up counseling via preceptor observation • Continued feedback provided throughout residency • Communicate effectively to caregivers while still respecting the patient presence assessed via 2 in-room counseling sessions when caregivers are primary point of communication 	TQ1/EQ2
R1.2.3: Document patient care activities in the medical record or where appropriate.	Applying	<ul style="list-style-type: none"> • Following CMM visits, document all clinical interventions in QS1 with 	<ul style="list-style-type: none"> • Completion of 10 plans without additional edits 	TQ1/EQ2

		<p>appropriate timeliness for follow up, clear and concise language used, and correct format based on protocol</p> <ul style="list-style-type: none"> • Following SVDP health services visits, document visit in EPIC using set protocol with high quality and efficiency 	<p>completed within 20 minutes, continued feedback provided throughout residency</p> <ul style="list-style-type: none"> • Appropriate usage of EPIC system with all documentation completed in a timely manner assessed via preceptor 	
Goal R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).				
R1.4.1: Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	Applying	<ul style="list-style-type: none"> • Review annual stats and identify positive and negative trends • Identify one area of service that could be improved or started to address outcomes-based need 	<ul style="list-style-type: none"> • Successful interpretation of patient population data assessed via preceptor review • Discussion of service enhancement or initiation with preceptor team 	TQ3/EQ4
R1.4.2: Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Creating	<ul style="list-style-type: none"> • Appropriately apply polices regarding CPA usage • Evaluate need for CPA edit/expansion 	<ul style="list-style-type: none"> • Successful identifications, implementation and follow through of 3 CPA changes assessed via preceptor approval. • Discussion with preceptors regarding current 	TQ2/EQ3

			CPA practice usage with draft edits as needed.	
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Competency Area R4: Teaching, Education, and Dissemination of Knowledge				
Goal R4.1: Provide effective medication and practice-related education.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.1.1: Construct educational activities for the target audience.	Creating	Design appropriate activity for one verbal presentation and one written presentation	Completion of agreed educational activities with feedback provided by responsible preceptor	TQ3/EQ4
R4.1.2: Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Creating	Effectively teach/present one verbal presentation and one written presentation	Completion of agreed educational activities with feedback provided by team member in attendance	TQ3/EQ4
R4.1.3: Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Applying	Develop written material for one verbal presentation and one written presentation	Completion of agreed educational activities with approval by each preceptor	TQ3/EQ4
R4.1.4: Assess effectiveness of educational activities for the intended audience.	Evaluating	Review feedback provided by audience	Discussion with preceptor regarding interpretation of feedback given by audience	TQ3/EQ4
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.				
Objective:	Cognitive or Affective Domain	Activities	Assessment Method	Timing:
R4.2.1: Employ appropriate preceptor role for a learning scenario.	Evaluating	Participate and plan learning activities for IPPE and APPE students as appropriate including topic discussions and DI questions	Completion of 4 showing topic discussions/3 DI questions, 4 mentoring topic discussions/3 DI questions, independent topic discussions/DI questions as appropriate,	TQ3/EQ4

		Create and deliver midpoint and final evaluations for IPPE and APPE students as appropriate	with approval by each preceptor Completion of 3 shadowing evaluations, 5 mentoring evaluations, and independent evaluations as appropriate, with approval by each preceptor	
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Additional Information:

University of Cincinnati Community –Based Pharmacy Practice Residency Program Practice Advancement- Research Project SVdP

General Description: Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patient’s self-management behaviors outside of a structured system.¹ The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- a. Identifying a topic based on the needs of the practice site and the interest of the resident
- b. Establishing a timeline based on the residency year
- c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral data bases.
- d. Developing a research question in collaboration with the research team
- e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. Designing a solid research project which protects the rights of the participants
- g. Evaluating the project using appropriate statistical analyses
- h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Please note: for the manuscript, you must use the reporting guidelines from the EQUATOR network that correspond to your study type.

Please go to: <http://www.equator-network.org/> for additional details.

Type: Longitudinal, Required

Role of Pharmacists: To develop, implement, and manage pharmacy based clinical services. To understand the benefit of new initiatives and programs as it relates to patient care and grant funding. To ensure sustainability of ongoing services.

Based on residents self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. Initially instructing and modeling are the primary roles utilized. Then as the resident gains experience and confidence, the preceptor moves into the coaching role. By Q3 or in some cases Q4, facilitation is the primary role used to support continued growth of the resident. The timing of the deployment of each role varies based on learning experience, resident and preceptor comfort level.

Duration: 11 months, resident will spend an average of 2 to 4 hours per week engaged in activities related to this learning experience.

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Lydia Bailey and Treston Warren

Orientation Activities: Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Complete Collaborative Institutional Training Initiative (CITI) on-line training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the on-line training modules to be completed.
2. Attend research seminar (s) during residency orientation sponsored by the University of Cincinnati.
3. Complete the Research Worksheet and upload to OneDrive, Folder 2: Research project design and implementation.
4. Read the following chapters from AccessPharmacy: Student Handbook for Pharmacy Practice Research: A Companion Book to Conduct Practice-Based Research in Pharmacy.
 - a. Chapter 4: Formulating Practice-Based Research Questions and Hypotheses
 - b. Chapter 5: Research Design and Methodology for Practice-Based Research
 - c. Chapter 7: Research Data Management and Statistical Analysis
 - d. Section 2: Read the chapters that correspond to your type of research
5. Meet with representatives from College's internal IRB review committee on as needed basis.
6. Connect with Dr. Jeff Guo (Jeff.Guo@uc.edu) to review protocol and statistical analysis plan for project. Prior to this meeting, your statistical analysis plan within the IRB should be approved by research team. This meeting is to potentially revise and validate the plan.

Expectations of the Resident:

Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:

1. Gain access to UC Research Administration Portal and determine the appropriate IRB templates for your proposal:

It is important to use the current templates for protocol submission – you can find these in the RAP system under tabs *IRB > Library > Templates* or in your OneDrive, Learning Experience Documents, Practice Advancement- Research Folder.
2. Following the steps listed above to conduct a quality research project at the practice site.
3. Meeting all deadlines as established by project team and learning experience.
4. Scheduling and leading all project team meetings.
5. Maintaining ethical standards when conducting human subject research with vulnerable populations.
6. Communicating with the entire project team
 1. Requests for feedback from team needs to include turn around date
 2. All final drafts of presentations/posters need to be sent for approval 72 hours prior to submission deadline.

7. Completing manuscript based on the following schedule:
 - a. By 10/1: Select journal and review instructions to the authors, set up Word document as instructed. Complete full manuscript outline using template provided
 - b. By 10/31: Write Background and Methods sections and send to research team for edits.
 - c. By 4/30: Complete Results, Tables and Figures and sent to research team
 - d. By 5/15: Complete Discussion, Conclusion and Abstract sections and submit final draft of the manuscript to research team for review.
 - e. By 6/23: Submit final manuscript
 - f. By 6/23: Close out IRB protocol in RAP portal by submitting the following document HRP-503 C TEMPLATE Continuing Review (see OneDrive, Learning Experience Folder, Practice Advancement- Research, IRB Templates).
Failure to close out IRB protocol will result in the withholding of your residency graduation certificate.
 - g. By 6/30: Upload signed Research Checklist to OneDrive (as applicable)

Please note, the use of any type of technology (ie ChatGPT) to create the manuscript or any presentations will result in an automatic dismissal from the residency program for serious misconduct.

8. Uploading all drafts, feedback (even when provided via email) received and final documents to OneDrive.
9. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen (as applicable)
10. Use the Research Checklist as a guide for your projects:
 - a. Preceptors must initial completion of activities and a final signed document must be uploaded to OneDrive (4. Research Project Report) at the end of the residency year.
11. Presenting research at the following (as dictated by practice site):
 - a. American Pharmacists Association (Equitas, CHD): poster presentation
 - b. Ohio Pharmacists Association (ALL): research round table or poster presentation
 - c. Ohio Pharmacy Residency Conference (ALL): podium presentation

Expectations of Project Team:

Members of the project team are responsible for the following:

1. Providing direct guidance/instruction during all stages of the research project
2. Giving verbal and written feedback in a timely manner in order for the resident to improve.
3. Attendance at research team meetings as called by resident
4. Meeting deadlines as set by RPD or resident
5. Support resident during poster or podium presentation (s)

Submission of research protocol to IRB:

Once your IRB has been approved by your research team, follow the guidelines below

A: Submit to UC COP IRB internal review board for scientific pre-review

- a. Email finalized IRB proposal to Drs. Shawn Xiong or Rowena Schwartz
- b. Attach the COP Scientific Pre-Review Template document found on OneDrive
- c. Include a reasonable due date (i.e. 1 full week) in the email indicating when you would like the proposal review completed
- d. Once you receive feedback, complete all changes requested. Resubmit final version for approval (if applicable).
- e. Once approved, you **MUST** upload a signed copy of the COP Scientific Pre-Review Document to the RAP portal.

Please note: Scientific pre-review is NOT required if your study would be exempt from IRB (IE chart review, anonymous surveys etc.). Please consult with your research team for any questions/concerns.

B: At the same time as completing Step A above, send protocol and the UC IRB Independent Ethics Committee (IEC) Authorization Agreement (found on OneDrive, Practice Advancement-Research, IRB Templates) to your site coordinator to facilitate signing of this documentation- IE Lydia Bailey.

You must upload a signed version of this document to the RAP portal, Local Site Documents, Other attachments.

C: Once you have the documents from step A and B in hand, submit the IRB protocol to University Institutional Review Board through the RAP system; [Institutional Review Board | Human Research Protection Program \(uc.edu\)](#) or <https://research.uc.edu/support/offices/hrpp/irb>. It is important to use the current templates for protocol submission – you can find these in the RAP system under tabs *IRB > Library > Templates* or in your OneDrive, Learning Experience Documents, Practice Advancement-Research Folder.

Please follow these guidelines when submitting and monitoring the protocol in the UC RAP Portal (after Step A and B listed above). This will ensure timely approval of your research project:

1. IRB protocols **MUST** be named for both the **Title of Study AND Short Title** using the following format: UCPHARMRES- XXXX.
2. Once the protocol is submitted via the RAP portal- email the following individuals:
 - a. irb@ucmail.uc.edu (our general office email)
 - b. littletb@ucmail.uc.edu (Tara Littleberry – Committee Lead)
 - c. prestoca@ucmail.uc.edu (Christa Preston – Non-committee Lead)

This is to alert them to the time sensitive nature of your submission.

You must include the following information in the email:

- a. Title
- b. Protocol number and a reminder that you are a UC Pharmacy Resident and you have 1 year to complete your research.
3. Review the IRB process flow diagram (on the RAP portal) on a regular basis to determine and keep track of the status of your protocol
4. Submit any requested changes within 2 days (48h) to the IRB. Once the updated protocol is submitted via the RAP portal, email the above again alerting everyone to the changes.
5. If you do not receive a response from IRB within 5 business days, please email a professional reminder to all inquiring an updated on the status of your proposal. Please include the Title and ID number (assigned by IRB) of your submission.

Please alert Dr. Brown (Bethanne.brown@uc.edu) to any issues or concerns. We are working diligently to reduce any system barriers in this process.

Poster Printing: For all poster printing requests related to your research, please email a PDF of the poster file to Gabe Schneckner at Gabe.Schneckner@uc.edu. This must be completed 5 days prior to when you need the poster to facilitate printing and allow for 1 re-print if needed. You may have a total of 2 poster prints.

Progression of the Resident:

Residents will learn the process of conducting clinical research over the course of the residency year. Timeline and Checklist for activities will be dictated by the practice site. See document provided on One-Drive (Learning Experiences, Practice Advancement- Research Folder, Research Checklist).

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine

resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area R2: Practice Advancement				
Goal R2.1: Conduct practice advancement projects				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated: E
R2.1.1: Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Analyzing	<ol style="list-style-type: none"> 1. Conduct systematic literature search to refine project idea and provide background 2. Review the identified practice related projects that meet criteria established for project by the residency program 3. Picks a research topic and develops research question and primary and secondary outcomes 	Formative and Summative Feedback from Project team	EQ1
R2.1.2: Develop a project plan.	Creating	<ol style="list-style-type: none"> 1. Prepare project outline and develop methods and evaluation strategy 2. Determine time-table for development, implementation and evaluation 3. Prepare IRB protocol, refine drafts with feedback, and gain consensus around protocol from project team 4. Effectively organize and lead meetings 		EQ1
R2.1.3: Implement project plan.	Applying	<ol style="list-style-type: none"> 1. Work closely with project team to implement project 2. Effectively organize and lead meetings with project team to 		EQ2

		<p>ensure established deadlines are met</p> <ol style="list-style-type: none"> 3. Prepare and submit APhA or other grant application (if applicable) 4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis 		
R2.1.4: Analyze project results.	Analyzing	Analyze data collected appropriately based on project team input and using relevant statistical analysis		EQ3
R2.1.5: Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	Evaluating	<ol style="list-style-type: none"> 1. Evaluate data collected in relation to current literature and practice 2. Create sustainability plan (if applicable) 		EQ3/4
R2.1.6: Develop and present a final report.	Creating	<ol style="list-style-type: none"> 1. Present in both poster and podium formats at the following meetings: APhA/ASCP, OPA, and OPRC 2. Write a manuscript based on instructions to the authors from an appropriate journal (target audience) using the time-line provided and meet the following deadlines: <ul style="list-style-type: none"> 10/1: Journal selection, manuscript outline to team. 10/31: background and methods* <p>* You MUST use a reference manager for your manuscript. Research team members have been instructed to send back your manuscript if you fail to maintain your</p>	Review by peers, faculty and others	2EQ4

		<p>references within the body of your document.</p> <p>4/30: results, tables and figures</p> <p>5/15: discussion, conclusion and abstract* (see above)</p> <p>6/23: Final manuscript submitted.</p> <p>6/23: UC IRB closed out</p> <p>Complete 3 rounds of edits (2- preceptor team, 1- peer) on the manuscript</p> <p>Submit final version to preceptor team for approval. Upload email to OneDrive, Residency Portfolio, Folder 4: Research Project Report</p>		
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Competency Area R3: Leadership				
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement				
Objective:	Cognitive Domain	Activities	Assessment Method	Quarter to be Evaluated: E
Objective R3.2.3: Demonstrate responsibility and professional behaviors	Applying	<ol style="list-style-type: none"> 1. communicates frequently and effectively with all team members 2. Completes drafts in a timely manner 3. Submits final end product 48 hour prior to submission deadlines 	Formative and Summative Feedback from Project team	ALL quarters

Additional Information:

Resident to utilize resources found in OneDrive.

ⁱ Schommer JC. Establishing pharmacist practicebased research networks: APhA Foundation white paper. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Advancement&Template=/CM/ContentDisplay.

University of Cincinnati Community –Based Pharmacy Practice Residency Program PATIENT-CENTERED DISPENSING-SVDP

General Description:

This learning experience is designed to move the resident from student to independent practitioner who can provide patient-centered care while dispensing medication. This will be achieved when the resident is able to complete the following: perform effective drug utilization review at the time of dispensing, prepare and dispense medications to support safe, lawful and effective patient-centered care, identify and provide services to assist in the safe and effective use of medications, and counsel and educate patients regarding the appropriate use of the medication provided.

Role of Pharmacists: Monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, utilization of medication therapy management platforms, administration of immunizations, adherence reviews and counseling, dispensing of medications, and patient/provider medication education.

Type: Longitudinal, Required.

The resident will spend, on average, 10 to 16 hours per week in this learning experience including working 2 Saturdays per month and 1 to 2 half-days per week.

Duration: 11 months

Mentors:

Residency Program Director: Bethanne Brown PharmD, BCACP

Preceptors: Lydia Bailey PharmD, BCACP (site coordinator and primary preceptor), and Madison Luck, PharmD

Orientation Activities:

Residents will complete the following:

1. Review of Ohio State Board of Pharmacy Laws and Rules that govern community-based practice.
2. Review of privacy policies including HIPAA and SVdP policies
3. QS1 Computer training
4. Introduction to dispensing services including shadowing pharmacy technician and staff pharmacist

Expectations of the Resident:

The resident will move from dependent to independent practitioner who is able to fully and competently perform and manage the dispensing functions of the pharmacy by:

Displaying independent competency in the following roles:

Technician roles (to understand each role of the dispensing team): Ability to enter and fill prescriptions, edit patient profiles, request refills, change drug inventory, etc..

Staffing: Safe and effective use of QS1 to verify, dispense, and counsel on medications. Appropriately communicate to other pharmacies, physicians, patients as needed.
Transfer prescriptions

Team management: Effective leadership as the responsible pharmacist of dispensing team including managing technicians, volunteer pharmacists, and volunteer technicians

Progression of the Resident:

Orientation: Direct Instruction:

Week 1-2: Resident will shadow all dispensary functions data entry, prescription filling, prescription pick-up, and verification

Q1: Modeling/Coaching

Month 1: Resident will model all tasks within data entry, prescription filling, prescription pick up, and verification with preceptor oversight

Month 2-3: Resident will be coached to independence in all dispensary tasks and will check in with preceptors during weekly meetings or as issues arise

Q3/Q4: Facilitate:

Resident will be independent in all dispensary tasks. Team management of technicians, interns, and volunteers will be facilitated with preceptor through the end of residency to gain leadership experience.

Assessment Strategy:

Assessment	Evaluator	Evaluated	Timing
Formative Assessment	Preceptor	Resident	Daily to weekly
Summative Assessment	Preceptor/Resident	Resident	Quarterly
Self- Evaluation (Formative and Summative)	Resident	Resident	Will vary from daily, weekly to quarterly
Self-Reflection	Resident	Resident	Beginning and end of residency, weekly/biweekly and situational
Learning Experience Evaluation	Resident	Learning Experience	Once/Twice- at the midpoint and/or end of the experience
Preceptor Evaluation	Resident	Preceptor	Once- at end of the experience
Residency Preceptor Director	Resident	Residency Preceptor Director	Once- at the end of residency year

Pharmacademic will be used for documentation of scheduled evaluations. The preceptor and resident will meet to review the objective and associated criteria and collaboratively determine resident progress (see Assessment Strategy). This discussion will provide the residents with critical feedback on their performance.

Types of evaluations include:

- Formative Assessments: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided after project team meetings and as needed during the residency

year. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.

- Self-Reflection is defined as thinking about one's self, including one's behavior, values, knowledge and growth opportunities.
- Self-Evaluation is the ability to accurately and honestly compare your skills and performance to established criteria. Residents are expected to review CRITERIA associated with each activity/objective and determine progress towards consistently meeting criteria at an experienced pharmacist level. Self-evaluations can be both summative and formative.
- Summative Assessment: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives using established criteria of the residency.
- Learning Experience/Preceptor/RPD: Learning Experience evaluations occur at the end of a defined learning experience (such as orientation) or twice a year for longitudinal experiences. Preceptor and Residency Preceptor Director (RPD) evaluations must be completed once during the residency year (at the end of a learning experience). These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Competency Area/Goals/Objective Related to Learning Experience:

Competency Area: R1 Patient Care				
Goal R1.3: Provide safe and effective access to medication therapy				
Objective:	Cognitive or Affective Domain:	Activities:	Assessment Method:	Timing:
R1.3.1: Facilitate the medication-use process related to formulary management or medication access.	Applying	<p>Shadow then perform Verifying Pharmacist:</p> <ul style="list-style-type: none"> • Verify correct data input • Verify correct medication, dosage, strength, quantity, inventory <p>Shadow then perform PPCP Prescription Verification Services:</p> <ul style="list-style-type: none"> • Collect- Gather DUR data from medication profile; sorting by disease state, medication name, and pick up dates. Gather clinical data from patient chart section, including labs, relevant claims, disease states, allergies, medications filled elsewhere, and previous CMR notes. • Assess- Using all medication and clinical data- identify 	<p>30 patient profiles correctly verified via preceptor review including:</p> <ul style="list-style-type: none"> • Correct entry • Correct medication and inventory chosen • Correct quantity filled • Drug-drug and drug-disease state interactions correctly detected/addressed via claim entry into QS/1 • Duplicate medication classes correctly identified and addressed via deactivation <p>10 patient profiles accurately corrected if incorrect upon verification via preceptor review</p>	TQ1/EQ1

		<p>disease state management issues that will need addressed upon pick-up.</p> <ul style="list-style-type: none"> • Plan- Determine level of intervention needed based on assessment; refuse to fill prescription, place prescription on hold until counseling complete, verify prescription with counseling note attached, initiate med sync, initiate other SVDP referral, etc. • Implement- Document plan on electronic patient chart and on paper note within prescription bag, notify call center to initiate provider or patient claim. • Follow-Up- Create clear outline of next interventions needed based on patient/provider response to ensure appropriate care handoff. 		
R.1.3.2: Participate in medication event reporting	Applying	<p>Shadow then perform:</p> <ul style="list-style-type: none"> • Medication event initial review including data collection from staff and patient • Medication event documentation 	<ul style="list-style-type: none"> • 3 medication event reports correctly completed via preceptor review including: • Correct data collection of error • Correct documentation • Correct assessment of cause of error 	TQ2/EQ3

		utilizing Med Error Worksheet <ul style="list-style-type: none"> Medication event follow up including QS1 documentation, staff training, patient and provider communication and explanation 	<ul style="list-style-type: none"> Identified action plan to address cause of error Clear communication to providers and patients as needed regarding error 	
R1.3.3: Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Evaluating	Shadow then perform Data Entry: <ul style="list-style-type: none"> Prescription Entry E-scribe Voicemail/CareMessage Inventory selection Shadow then perform PPCP Check-out Services: <ul style="list-style-type: none"> Collect- Gather patient data pertinent to medications dispensed by asking relevant questions, review bag notes, review patient profile for clinical notes and open clinical claims. For non-English speaking patients utilize interpreting services. Assess- Based on notes and patient report; determine problems, problem severity, and services 	Data entry: <ul style="list-style-type: none"> 30 prescriptions entered correctly from hard copy and e-scribe via preceptor review 30 voicemails and CareMessages retrieved and correctly triaged via preceptor review Verbal presentation to preceptor of each inventory section and when/why to choose each product Check out: <ul style="list-style-type: none"> Identify and refer 5 patients to additional services within SVDP (pantry, NP, eye clinic, social services) and document correctly via preceptor review Verbal presentation to preceptor of which self-care/OTC products we carry and where to refer for products we do not carry 	TQ1/EQ2/3

		<p>needed to address problems</p> <ul style="list-style-type: none"> Plan- Communicate clearly the next steps the patient needs to complete (doctor check-in, other SVDP service check-in, home monitoring, use of pill box, etc.) as well as next steps the pharmacy team will take to address concerns. Implement- Based on severity level of problem, alert correct team member to address identified issue or create note for future implementation. Offer available products as needed (SVDP referrals, vaccines, pill organizers, BP/BG home monitoring devices, etc.) Follow-Up- Create clinical claim documentation for all issues addressed at pick-up. Close if issue solved or appropriately post-date for future provider/patient communication. 	<ul style="list-style-type: none"> 30 prescriptions checked out with safe and effective counseling provided via preceptor review 5 patients identified as non-adherent through QS/1 pick up dates with effective counseling and plan creation upon prescription pick-up to improve adherence via preceptor review 5 non-English speaking patients counseled using interpreter services via preceptor review <p>Management:</p> <ul style="list-style-type: none"> 10 shifts of successful deployment of all team members into effective roles based on ability Successful training of a new team member to each position (data entry, prescription filling, prescription check-out, inventory management) within pharmacy dispensary via preceptor review Application of conflict management if needed with preceptor assistance Accurate display of calendar creation via preceptor review 	
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		<p>Shadow then perform team deployment and management of technicians, interns, pharmacists, and volunteers during staffing shifts at both SVdP locations.</p> <ul style="list-style-type: none">• Observe then participate in dispensary schedule creation and editing.• Observe dispensary staff performance evaluations.• Create and implement tangible points of feedback for dispensary team.	<ul style="list-style-type: none">• Accurate creation of performance evaluation feedback for dispensary staff via preceptor review	
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Additional Information:

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement - Research Project
Check List – Traditional**

Residency Project Timetable (as of 7/1/2025):		
Date	Requirement	Preceptor Initials
Completion of IRB mandatory training prior to start of the residency year. See Orientation Learning Experience Documentation.		
Orientation/Teaching Certificate Program	<p>Research Seminar part 1: Complete worksheet as part of Research Seminar</p> <p>After seminar: sign up for Research Administration Portal or RAP access. Review IRB protocol templates found on OneDrive.</p> <p>To access the RAP portal; go to: https://research.uc.edu/support/offices/hrpp/irb. Scroll to Research Administration Portal (RAP). Click on this link. If you are unable to access, email UC IRB at IRB@ucmail.uc.edu to obtain access.</p> <p>We have provided the more common IRB templates (Medical Template and Consent as well as conflict of interest) in your OneDrive. However, based on your research project- you may need to use a different template. To access these, log into RAP portal and click the Library Tab (left), then Templates tab (right).</p> <p>Inform research team once achieved</p>	
7/14 to 8/15	<p>Start Research Worksheet to create hypothesis, research question and draft of methodology.</p> <p>Begin draft IRB protocol.</p>	
8/25	<p>Complete Research Worksheet</p> <p>Attend research seminar part 2 during residency orientation-virtual.</p> <p>Upload worksheet to OneDrive. Folder 2</p>	
By 8/31	<p>Submit IRB protocol see 24 Practice Advancement Research Learning Experience (page 4- Submission of Research Protocol to IRB) for the <u>exact process</u>. Please follow these steps carefully – or there will be delays in the approval of your protocol.</p>	

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement - Research Project
Check List – Traditional**

	While waiting for IRB approval: prepare for implementation, data collection and analysis of data bases. Begin once IRB approval is received	
By 9/16	Write and submit APhA Abstract draft to project team for review.	
10/1	Journal selection, download instructions to authors, complete manuscript outline and send to research team	
10/4- tentative	Submit APhA Abstracts for resident poster presentation. APhA Abstract Submission due 10/4 (resident to confirm tentative date)	
By 10/31	Manuscript: Determine journal for submission of project, review instructions to the authors. Write and submit <i>Background and Methods sections</i> of manuscript to project team for review	
By 2/2 (tentative)	<u>Update abstract</u> and submit to project team for review Submit abstract to OPA for poster/podium presentation as approved by project team (resident to confirm tentative date) This abstract MUST be updated from the previously submitted documents. You must include preliminary results gathered to date (both primary and secondary outcomes)	
3/3 to 3/20	Drafts of APhA /OPA Poster due to project team. First draft due 3/3	
3/15	Due to Project Team for review: Draft #1 Ohio Pharmacy Residency Conference (OPRC): abstract, learning objectives and assessment questions	
3/20	Receive final poster approval from research team and print poster for APhA and OPA Conferences	
3/21-3/24	Attend and participate in APhA Poster Session (resident to confirm date of presentation)	
3/31 (tentative)	Submit OPRC abstract, learning objectives and assessment questions (resident to confirm tentative date)	

**University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement - Research Project
Check List – Traditional**

OPA Poster Presentation (TBD)	Attend and participate in OPA poster/podium presentation	
Week of 4/21	Attend OPRC practice session with residents/preceptors	
4/25 (tentative)	OPRC presentation upload due (resident to confirm tentative date)	
By 4/30	Manuscript: Write and submit <i>Results, Tables and Figures</i> sections of manuscript to project team for review	
By 5/15	Manuscript: Write and submit <i>Discussion, Conclusion and Abstract</i> sections of manuscript. Submit full manuscript to project team for review	
5/17	Attend and present at OPRC (resident to confirm tentative date)	
By week of 5/22	Manuscript: Attend monthly residents meeting- edit peer manuscript and provide feedback by set due dates with completed draft (ie edits from research team incorporated into draft)	
By 6/15	Manuscript: Receive and review/incorporate suggested edits from peer reviewer	
6/5-6/22	Manuscript: Complete 1 additional round of edits with project team	
By 6/25	Manuscript: Final manuscript due to project team. Email must be sent to Dr. Brown by project team indicating approval of final manuscript and achievement of this residency objective.	
By 6/25	Close out IBR protocol #1 – this is a very important step that must be done or you will not receive your residency certificate...	
By 6/25	Upload signed Research Checklist to OneDrive	By 6/25

Both Resident and Primary Research Preceptor must sign below verifying the above was completed over the course of the residency year. Upload document to OneDrive 16. Research Report.

Resident/Preceptor Signatures	Date
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University of Cincinnati Community –Based Pharmacy
Practice Residency Program
Practice Advancement - Research Project
Check List – Traditional
