

Monroe Clinic  
Pharmacy Residency Handbook

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## **I. Residency Overview**

### Statement of Purpose:

The Monroe Clinic and Hospital is a multi-specialty health care center, servicing patients from Southern Wisconsin, Illinois and Iowa. The program's primary focus is on Primary/Ambulatory Care, with a strong emphasis on teaching. The residency's primary goal is to prepare competent pharmacist clinicians, capable for any of the following: Independent practice in a clinic setting in collaboration with physicians; adjunct faculty positions; PGY-2 training.

### Desired Outcomes:

At the completion of the residency program, Residents will have successfully obtained competence in the following required outcomes:

1. Manage and improve the medication-use process.
2. Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
3. Exercise leadership and practice management skills.
4. Demonstrate project management skills.
5. Provide medication and practice-related education/training.
6. Utilize medical informatics.

Residents will also demonstrate competence in the following elective outcomes:

1. Identify a core library, including electronic media, appropriate for a specific practice setting. (E6.1)
2. Design and deliver programs that contribute to public health efforts (E.6.2)
3. Demonstrate additional competencies that contribute to working successfully in the health care environment. (E.7)

## **II. General Information**

### Contact Information

Monroe Clinic  
515 22<sup>nd</sup> Ave  
Monroe, WI 53566  
(608) 324-2000

### **Residency Program Director**

Julie Bartell, PharmD, CACP  
Office phone: (608) 324-2289  
Fax: (608) 324-2009  
Email: julie.bartell@monroeclinic.org

### **Pharmacy Resident**

Office phone: (608) 324-1847  
Fax: (608) 324-2105

### Required Materials

- Stethoscope (Recommended brand: Littmann Classic II S.E. or Cardiology III Stethoscope)
- Basic calculator

### Parking

The Resident will register his or her vehicle(s) with Monroe Clinic Facilities and receive a permit to park in the General Employee Parking areas. Please refer to the Monroe Clinic Employee Handbook for more information on parking.

### Identification Badge

The Resident will be issued a Monroe Clinic identification badge at the time of employment and is expected to wear the badge at all times when on duty. In addition to a form of identification, the badge can be used to purchase items in the hospital cafeteria, gift store, and pharmacy. Purchases will be deducted from the employee's payroll. Please refer to the Employee Handbook for further information.

### Appearance and Attire

As a representative of Monroe Clinic, the Resident will be expected to dress in a professional manner and maintain proper personal hygiene. Additionally, the Resident will be provided with two personalized lab coats at the beginning of the Residency. The resident is encouraged to wear his/her lab coat during interactions with patients and may vary depending on the Learning Experience.

### Resident Time & Attendance

As a full-time, salaried employee, the Resident is not required to punch in and out using the Time and Attendance phone system. The Resident will be

expected to work sufficient hours to complete daily tasks and responsibilities. At a minimum, the Resident will be expected to be in clinic from 8:00 am to 5:00 pm Monday through Friday, however hours may vary depending on Learning Experience. There is an additional distribution requirement of 16 hours per month, which should be completed outside of the 8:00 am to 5:00 pm workday, and of which at least 8 hours per month must be on a weekend. All policies outlined by the Accreditation Council for Graduate Medical Education (ACGME) will be followed.

The Resident is responsible for managing his or her own Combined Time Off (CTO). Starting with the first paid day of work, the Resident will begin to accrue hours per 2-week pay period which can be used for vacation, sick, personal and holiday time off which equates to 16 days of paid time off by the end of the residency year. The Resident is expected to use CTO for all holidays, as the Clinic is closed. Vacation time is encouraged during the month of December, at the beginning and end of rotations, and discouraged during the last month of the residency. The Resident is expected to notify the Residency Director **and** Learning Experience Preceptor as soon as the dates of CTO are known. The appropriate preceptor **and** Residency Director must approve all CTO. Please limit vacations to no longer than one week.

Regardless of CTO taken during a month, staffing/distribution requirements remain the same. Weekly topic discussions and/or journal club sessions that fall during the resident's CTO may be expected to be made up at the discretion of the Residency Director.

#### Additional Employment During Residency

While Residents are free to seek additional employment during the Residency year, it must be understood that the Resident's primary obligation is to the Residency Program. As the hours that the Resident will work can be unpredictable, seeking additional employment is not encouraged.

#### Payroll

Employees are paid on a biweekly payroll, for which payroll checks are directly deposited in the employee's financial institution of choice every other Friday. Payroll advices are distributed or mailed on the Thursdays prior to payday. Please refer to the Employee Handbook for further information on payroll.

#### Benefits

##### *Vacation & Earned Time Off*

Combined Time Off (CTO) – The CTO bank accumulates hours each pay period that may be used for vacation, sick, personal, and holiday time off. Unused CTO is paid out to the Resident upon leaving employment at the end

of the Residency Year. Please refer to Resident Time & Attendance above or the Employee Handbook for more detailed information.

Bereavement Leave – Please refer to the Bereavement Policy (#200-009)

### Insurance

Health Insurance – Coverage is provided by Dean Health Plan and is effective the first day of the month following the first full calendar month of employment. There is a HMO or Point of Enrollment plan. There is a deductible with the HMO plan, as well as a co-payment per visit. Should the employee enroll in the Health Reimbursement Account, Monroe Clinic will provide a 50% refund of the deductible if services are provided at the Monroe Clinic. The Point of Enrollment plan allows “freedom of choice” and has a deductible and co-insurance for out-of-plan providers. The employee will pay a premium for single, employee + one, employee + child(ren), or family coverage.

Dental Insurance – Coverage is provided by Delta Dental and is effective the first day of the month following the first full calendar month of employment. Coverage includes diagnostic and preventative care and services necessary to treat dental diseases or accidental injuries. The covered employee will pay a premium for single or family coverage.

\*Health and dental coverage ends the last day of the month in which the employee leaves employment. The employee may choose to continue coverage at a higher premium through COBRA and has 60 days after coverage ends to do so. Please contact Human Resources or the Residency Program Director for more information on COBRA.

Flexible Spending Accounts – This plan allows employees to pay for two types of expenses on a before-tax basis. Spending accounts for medical expenses and dependent care are available as defined under IRS Code, Section 125.

Life Insurance (includes AD&D) – The Clinic pays the full cost of basic life and accidental death & dismemberment insurance. The coverage for full-time employees is equal to one times your annual earnings. A \$5,000 policy is provided for regular part-time employees. Employees may purchase additional life and accidental death and dismemberment insurance for themselves and dependents.

Family Medical Act Leave (FMLA) – FMLA is available to the Resident as of the first day of the first full calendar month of employment. The plan pays two-thirds (66 2/3%) of the Resident’s monthly wages beginning on the eighth calendar day of disability. Approved FMLA will cover up to the 45<sup>th</sup> calendar

day of disability. The Resident will not accrue CTO while on FMLA. The Resident is expected to make up for any time lost while on FMLA. Please refer to the section on Time Extensions.

Liability Insurance – The Monroe Clinic provides employees with liability insurance. There is no need for the Resident to purchase his or her own liability insurance. Please contact Marilyn Denure in Administration with further questions or concerns.

### Other Benefits

Tax Deferred Savings Plan – A Tax Sheltered Annuity (TSA or 403b plan) is available to employees who work at least 32 hours each pay period. Employees may contribute the maximum allowed by law. The organization will contribute fifty cents for every dollar up to 5% of gross earnings.

Employee Assistance Program – EAP is a confidential program that provides access to a professional who can offer employees and their families support and direction with personal, legal, or job-related issues. There is no charge to utilize these services.

Employee Discounts – The Optical Department offers a discount on eyeglasses, contact lenses, sundries and accessories for employees and eligible dependents. The Pharmacy Department will discount prescriptions at the managed care cost for those employees not taking health insurance through Monroe Clinic. Employees also receive discounts on over-the-counter items in the Pharmacy and on purchases in the cafeteria.

Fitness Incentives Program – Monroe Clinic, in coordination with the Green County YMCA, offers the Fitness Incentives Program that actually pays you for working out and offers generous discounts on YMCA programs and membership fees. This program has been extended to include some reimbursement for other fitness centers and programs.

Gain Share Program – The Gain Share Program is an employee benefit plan that provides cash payments to all employees if certain financial and patient satisfaction targets are met for the calendar year.

### Events and Meetings

The Resident is **required** to attend the following events:

- **Great Lakes Pharmacy Resident Conference**  
Detailed information regarding the conference is available from:  
<http://www.glprc.com/index.html>. The following

information/recommendations may also be helpful in preparing for the Conference:

- Location: Purdue University in West Lafayette, IN
  - Date: April
  - Register on-line at the above address
  - Book hotel accommodations by December
  - Submit abstract and curriculum vitae by February
- **University of Wisconsin School of Pharmacy Career Fair**
    - Location: University of Wisconsin Memorial Union in Madison, WI
    - Time: October
    - Gather all promotional materials at least one month prior to the event (e.g. print brochures, request poster from Human Resources, etc.)
  - **ASHP Mid-year Clinical Meeting**
    - Location: Varies by year
    - Date: December
    - Complete registration and hotel reservations on-line
    - Opportunity to participate in Personal Placement Service
    - Poster presentation opportunity

Other events that the Resident may attend during the Residency year include, but are not limited to, the following:

- ASHP Summer Meeting (poster presentation opportunity)
- Pharmacy Society of Wisconsin Educational Conference/Annual Meeting (poster presentation opportunity)
- American College of Clinical Pharmacy meetings (poster presentation opportunity)

### Reimbursement

The Resident will receive reimbursement for travel, lodging, and food expenses related to attendance at the ASHP Mid-year Clinical Meeting and the Great Lakes Pharmacy Residency Conference. The Resident may also be eligible to receive reimbursement for attendance at other events during the residency year. Submission of receipts is required. Contact the Residency Director for further details.

The Resident will be responsible for all expenses related to participation in the Teaching Certificate Program offered at University of Wisconsin School of Pharmacy (UW SOP). Expenses are minimal and usually include program enrollment fee and textbook purchase.

## COMPUTER RESOURCES

### Monroe Clinic Intranet Homepage

The iCARE Connections, Monroe Clinic intranet, keeps employees informed with happenings within the organization. The intranet is updated daily and is only accessible from within the organization. In addition to being one of Monroe Clinic's main employee communication tools, the intranet provides access to many important and useful resources.



### Monroe Clinic Website

This link takes you to the Monroe Clinic Website, which provides the public with information about Monroe Clinic. The website can also be accessed via the Internet at the following address:

<http://www.monroeclinic.org/default.htm>. Information regarding the Monroe Clinic Pharmacy Residency Program is posted on this site under Monroe Clinic Pharmacy. The Resident will assist in the upkeep of the Pharmacy Residency Program webpage.

### MyResources

This link provides access to the Employee Handbook and Monroe Clinic Policies. This is also a good resource for accessing Pharmacy and Nursing policies.

### Phone Directory

This link allows you to search for any Monroe Clinic employee by first name, last name, department or key words. Search results will provide you with the employee's photo, department, phone and/or pager number and e-mail address.

### Time & Attendance

This link takes you to an interface that will require a user name/password to login. After logging in, you will be able to view and edit your time worked and enter any CTO. Contact Barb Alston in the pharmacy with any questions.

### CBLs

All employees are required to complete annual training based upon job duties. The training is done through learning modules in a computer-based learning system (CBL). The CBLs link on the intranet homepage will take you to an interface that requires input of your Employee ID number to login.

### Cafeteria Menu

The hours of operation and weekly menu for the hospital cafeteria can be found here.

### CME & Education

The Monroe Clinic offers employees a wide range of educational opportunities. This link is a resource for information and dates of educational events.

### Med Error Reporting

Monroe Clinic utilizes an on-line error reporting system to document and track medication errors within the institution. A username/password are required to access this system. The Resident will use this system to analyze reported errors during the Medication Use Learning Experience.

### ADR (Adverse Drug Reaction) Reporting

Please contact the Residency Program Director for further information on utilizing this resource.

### Formulary

This link is a good resource for identifying medications on the Monroe Clinic Hospital formulary, popular insurance formularies, and the Charity Care formulary.

## Zimbra

The Monroe Clinic uses Zimbra electronic mail and communication system. The Resident will be assigned an e-mail address to allow e-mail communication inside and outside the institution. A username/password is required to access the system.

The Resident is encouraged to utilize the Zimbra calendar function to post scheduled meetings and appointments. Other Zimbra users can view the calendar. The Resident will use Zimbra to send appointments for journal club, in-services, preceptor meetings, etc.

Outside access available from: <http://mail.monroeclinik.org>

## Medical and Drug Information Resources

### Electronic Resources

Monroe Clinic Intranet Homepage:

- Monroe Clinic Hospital Formulary
- Up-To-Date
- Micromedex (free Palm download available)
- Monroe Clinic Medication Error Reporting System
- ADR Reporting

Upon confirmation of Clinical Instructor status at the UW SOP, the Resident will also have access to Ebling Library for the Health Sciences Services, available from: <http://ebling.library.wisc.edu/>. A username/password will be needed to access resources available from this site. Some of the most commonly utilized resources include the following:

- PubMed
- STAT!Ref

### Text Resources

Medical and drug information texts are available in the Monroe Clinic Medical Library, Hospital Pharmacy, and specific departments throughout the Clinic (e.g. The Red Book is a useful resource available in Pediatrics).

Monroe Clinic Medical Library is located on the lobby level of the hospital building (just across from the Cafeteria entrance). Library resources include numerous medical journals and textbooks, one computer with Internet access, and a copy machine. Library hours are Monday thru Friday from 6:00 am to 6:00 pm. The librarian, Carol Hasse, is available on Mondays, Wednesdays, and Fridays from 9:00 am to 5:00 pm.

### Printing/Copying Resources

The printers that the Resident will use most often are found in the following locations:

- Clinic building – Minor procedures or gastroenterology (black & white printer)
- Hospital building – 3<sup>rd</sup> floor, end of hall past the elevators (color printer)

Copy machines can be found in the following locations:

- Clinic building – Gastroenterology
- Hospital building – 4<sup>th</sup> floor across from Family Birth Center (recommended; stapling and hole punching capabilities)
- Monroe Clinic Medical Library

Updated July 2011

For advanced printing/copying services (e.g. business cards, promotional materials for meetings, etc.) contact Dick Halvorson at the Monroe Clinic Print Shop, located on the lobby level of the hospital building.

### **III. Policies and Procedures**

#### **Resident Selection**

Residency applicants must be a graduate from an Accreditation Council for Pharmacy Education accredited School of Pharmacy with a PharmD degree and eligible for licensure in the State of Wisconsin. Candidates must submit a letter of intent stating their career goals, reason for wanting to complete a Residency program, and elaborating on their interest in Monroe Clinic. Other required application material includes a Monroe Clinic application form (available on-line), a curriculum vitae, official college transcripts, and three letters of recommendation. All application materials must be received by January 15<sup>th</sup>.

Candidates must participate in the ASHP Pharmacists Residency Matching Program (registration deadline is usually mid-January).

An on-site interview is required for consideration. Candidates may be offered an on-site interview consequent to consideration of the following:

- Grade Point Average above 2.5/4.0
- Positive recommendations
- Quality of curriculum vitae and letter of intent

Of those candidates who present for an interview, the Monroe Clinic uses a Resident Applicant Ranking form to determine the order in which they will rank Resident candidates in the Match. Candidates are ranked on a one to five scale based on the following qualities:

- Communication skills
- Motivation
- Confidence
- Professionalism
- Maturity
- Leadership potential
- Interest in ambulatory care
- Interest in the Monroe Clinic Residency Program

Candidates may be asked to work up and present a patient case on-site.

A candidate may not be ranked if their score on the Applicant Ranking form is less than 24 points, or at the discretion of the interview team.

## Resident Standards

While every effort is made to assure the success of a Resident, the Resident must meet minimum standards and complete certain tasks in order to remain within the program. The following are the standards and tasks that each Resident is required to meet, along with any applicable deadlines:

## Administrative Requirements

- The Resident is required to provide a copy of their Wisconsin Pharmacist Licensure to the RPD within the first **60 days** of the residency program. If the Resident has not obtained his or her license by the end of 60 days, the RPD will meet with the Resident to discuss options, including possible dismissal from the program.
- The Resident is required to complete all training modules for healthcare providers in accordance with the Monroe Clinic Policies.
- The Resident is expected to contact the rotation Preceptor **one week prior** to each rotation to introduce themselves and establish where and when to meet the first day.

## Code of Conduct and other Policies

- The Resident is an employee of Monroe Clinic and is subject to all applicable rules, policies, and procedures of the Resident's department and of the Monroe Clinic. Refer to the Employee Handbook for details.
- The Resident will track all CTO using the electronic Time and Attendance system. CTO hours should be entered by the end of the pay period.

## Evaluations

- The Resident, RPD, and Preceptors will review and understand the goals of the residency program. The Resident will receive frequent formal and informal evaluations regarding their progress.
- The Resident, RPD and/or Preceptors will meet at least quarterly. An initial Customized Training Plan from the American Society of Health System Pharmacists (ASHP) will be completed during orientation week, and then updated quarterly thereafter.
- Formal Resident evaluations and self-evaluations will be documented in ASHP's Resitrak. The Resident and Preceptors are expected to provide narrative comments as applicable for all evaluated objectives. The

- Resident, RPD, and Preceptor(s) will meet to discuss all evaluations prior to the formal electronic submission of Resitrak evaluations. All evaluations should be completed in a timely fashion, by the last day of the rotation or quarter (for longitudinal learning experiences).
- The Resident is responsible for scheduling a meeting with the applicable Preceptor(s) and RPD to discuss evaluations.
  - Copies of all evaluations should be placed in the Resident binder (along with supporting documents, if applicable).
  - Summative and Quarterly Evaluations use the ASHP 5-point grading scale, defined by the following:
    - 5: Mastered. Resident is performing above and beyond expectations.
    - 4: Competent. Resident is capable of independent performance the majority of the time with only rare preceptor intervention.
    - 3: Knows. Resident needs occasional preceptor intervention.
    - 2: Knows some. Frequent preceptor intervention is needed.
    - 1: Does not know. Resident has had no experience or exposure.
  - At least 75% of a Resident's monthly or quarterly evaluations should be scored at 3-5 in order to successfully complete the residency program.
  - If the Resident does not show steady progress during the first three months, they will be placed on probation and provided in writing what needs to be accomplished to continue the residency program (see Disciplinary Policy).
  - An objective will be marked Achieved (ACH) at the discretion of the Residency Director and preceptors. Typically, this will be considered when a resident has scored two or more marks  $\geq 4$ .
  - The Resident must show improvement towards achievement of residency outcome objectives for successful completion of the program.
  - The Resident must have showed improvement, at the discretion of the preceptors and Residency Director, towards achievement of residency outcome objectives for successful completion of the program.

- At a **minimum**, the Resident must successfully complete the following during the year:
  - Two SOAP notes for formal evaluation
  - Two Anticoagulation Bridging Plans
  - Two Warfarin Drug Interaction evaluations
  - 8 Drug Information Questions
  - 20 Topic Discussions
  - Residency Project with written manuscript
  - One Public Health Outreach project or event
  - Completion of the ASHP Pre-Assessment Checklist
  - One formal drug-related presentation for the Pharmacy and Therapeutics Committee
  - Completion of one Pharmacy & Therapeutics newsletter
  - Minutes from Pharmacy & Therapeutics meeting
  - One Safe Medication Task Force report
  - Review of one Policy & Procedures document
  - Facilitate one pharmacy staff meeting
  - 176 hours of distribution
  - 10 Journal Club Presentations or Inservices
  - One Continuing Medical Education Seminar or Computer-Based-Learning Module

### Disciplinary Policy

- If the RPD or Preceptor determines that the Resident is not meeting the program criteria as described above, the following actions will be taken:
  - The Resident will be notified in writing of the specific complaint
  - The Resident shall schedule a meeting with the RPD and the Preceptor who identified the problem within 30 days of the written notice. The purpose of the meeting will be to present the complaint and evidence, and allow the Resident to defend him or herself.
  - The RPD will determine whether the Resident should continue the program, be placed on probation, or be dismissed from the program. The Resident will be notified in writing of the decision within 5 business days of the meeting.
  - In the case that the Resident is placed on probation, the Resident and RPD shall devise a personal development plan (PDP) to address the complaint or concern. The plan will be shared with the Preceptor who identified the problem. Specific benchmarks for improvement shall be outlined in the plan. The PDP shall be

signed by the Resident and RPD, and placed in the Resident's file. The Resident will schedule a follow-up meeting with the RPD during the second and fourth weeks at a minimum of the probationary period to discuss Resident progress and complete evaluations. At the end of the 30 day probation period, the Resident shall either be taken off probation and continue with the program, or the Resident may be dismissed (effective immediately). Decisions will be issued to the Resident in writing.

- Code of Conduct violations:
  - If the Resident is accused of violating the Code of Conduct or other Monroe Clinic policies, appropriate actions (including but not limited to immediate dismissal) will be issued in accordance with the Monroe Clinic Employee Handbook.

### Appeals

- The Resident has the right to appeal any disciplinary decision, in writing, by the procedure outlined in the Monroe Clinic Administrative Policies (Fair Treatment of Employees, Policy# 300-001).

### Grievance Procedures

- At any point during the residency program the Resident develops a problem or issue with one of the staff pharmacists, Preceptors, clinical staff, or non-professional staff, a grievance procedure shall occur. The Resident will schedule a meeting with the RPD to discuss and identify problem areas and issues. The RPD will then schedule a meeting with the affected party. If necessary, a meeting can be arranged among the Resident, RPD, and the third party.
- If the issue is with the RPD, the Resident will schedule a meeting with the Director of Pharmacy following the procedures outlined above.

### Time Extensions

- The Residency Program must be at least 12-months in duration, however these months do not need to be consecutive should extenuating circumstances arise. These may include:
  - Birth, placement of child, adoption or foster care;
  - To care for parent, child or spouse with serious health condition;
  - Employee's own serious health condition; or

- Military exigency leave

For additional questions, please refer to Leave of Absence Policy (#200-008)

- In order to successfully complete the residency program, the resident must extend the residency to compensate for lost time.

## **Curriculum**

### Overview

#### Core Learning Experiences

##### Rotational

- Pharmacotherapy Clinic (12 weeks)
- Medication Use & Drug Policy (6 weeks)
- Internal Medicine (8 weeks)
- Pharmacotherapy Lab Teaching (4 weeks)
- Family Practice (4 weeks)
- Adult Medicine (4 weeks)

##### Concentrated

- Orientation
- Public Health Outreach Project

##### Longitudinal

- Residency Project
- Drug Information & Inservices
- Staffing/Distribution
- Professional Development

#### Elective Learning Experiences\* (Resident to choose 3; 2-4 weeks each)\*\*

- Psychiatry
- Pulmonology
- Cardiology
- Endocrinology
- Neurology

\*There may be opportunity to rotate in other specialty areas, although no formal rotation has been created. The Resident may contact the RPD if interested. The Monroe Clinic offers specialty services in the following areas: Nephrology, Oncology, Dermatology, Gastroenterology, Pediatrics, Urology, Rheumatology, and Women's Health

\*\*The Resident will choose elective rotations by the end of orientation

## Core Learning Experiences

### Orientation

The Resident will participate in a formal orientation period at the beginning of their Residency. This includes both an orientation to the Residency Program and an orientation to Monroe Clinic. The Resident, Preceptors, and Residency Program Director will work to identify Resident projects and work will begin during orientation. The project preceptor must be identified during orientation.

By the end of the LE, the Resident will have completed:

- Epic Training
- Monroe Clinic New Employee Orientation
- Introduction to Staffing and Distribution
- Evidence Based Medicine Seminar
- Review of RLS and Residency Outcomes, Goals, and Objectives
- Identification of Residency Project and Preceptor
- Inservices
  - Evaluations and Self-Assessment
  - Progress Notes
  - Drug Information Questions
  - Conducting a Successful Residency Project
  - Anticoagulation Overview
  - Warfarin Drug Interaction
  - HIT
  - Perioperative Anticoagulation
  - HTN
  - Lipids
  - Diabetes
  - Tobacco Cessation
  - Heart Failure

### Rotation goals and objectives

During the orientation week, Residents will demonstrate sufficiency in meeting the following goals and objectives:

R6.1: Use information technology to make decisions and reduce error.

OBJ R6.1.1: Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.

*Resident Activity: New Employee Orientation and Epic training*

OBJ R6.1.2: Exercise skill in basic use of databases and data analysis software.

*Resident Activity: Epic training*

OBJ R6.1.3: Successfully make decisions using electronic data and information from internal information databases, external online databases, and the Internet.

*Resident Activity: EBM seminar, New Employee Orientation*

Evaluations for this LE include the following:

- End of experience summative evaluation by Preceptor
- End of experience summative evaluation by Resident
- End of experience LE evaluation by Resident
- End of experience Preceptor evaluation by Resident

## Pharmacotherapy Clinic

This 12-week rotation will be divided into two sessions, an eight-week session in the beginning of the year and a four-week session in the later part of the year. The Resident will gain exposure to patients with the indications of hyperlipidemia, hypertension, diabetes, and long-term anticoagulation, heart failure, and general medication management/polypharmacy.

In the latter weeks of the Learning Experience (LE), the Resident will independently conduct patient telephone and office visits, in collaboration with the Pharmacotherapist.

In addition to the above, the Resident is responsible for providing warfarin education to hospitalized post-surgical orthopedic patients throughout the year. The Resident will document patient education sessions in the EMR, and in the hospital chart. Additionally, the Resident will monitor patients' INR values and make recommendations on warfarin therapy to the orthopedic surgeon or his team as appropriate.

## Preceptor

Julie Bartell, PharmD, CACP



**Specialty:**  
Pharmacotherapist

### **Practice Highlights:**

Julie Bartell, PharmD obtained a B.A. in biology and Spanish from Washington University in St. Louis, and her Doctor of Pharmacy degree from the University of Wisconsin School of Pharmacy. She went on to complete a pharmacy practice residency in primary care at the William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin. Dr. Bartell has been published in various medical journals, including the Clinical Journal of Pain, the Journal of American Pharmacists Association, Journal School of Health, Student Pharmacist, and the Journal of the Pharmacy Society of Wisconsin. She joined the Monroe Clinic as Pharmacotherapist in July 2007 where she implemented a Pharmacotherapy clinic for anticoagulation, hypertension, hyperlipidemia, and diabetes. Dr. Bartell is also a Clinical Instructor and regular guest lecturer at the University of Wisconsin School of Pharmacy.

Required Reading:

- CHEST guidelines
- ADA guidelines
- ATPIII guidelines
- JNC7 guidelines

Office Hours:

Fridays afternoons or by appointment

Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities and rotation requirements, expectations, and any specific goals for the rotation.

Week 1: Resident will observe preceptor's normal clinic activities as the preceptor models the role of the Pharmacotheapist. By the end of the week the resident will begin to work-up assigned patients and present to preceptor. The resident may begin to follow-up phone encounters towards the end of the week.

Weeks 2-3: Resident will work-up assigned patients and present to preceptor prior to clinic visit. Assigned visits will be led by the resident. The preceptor may be present and participate, coaching the resident. Phone encounters will also be assigned to the resident.

Weeks 4-12: Resident will work-up assigned patients and lead visits independently. The resident will present patient information and individual patient plan to the preceptor at the end of each visit, prior to informing the patient. The preceptor may attend and observe the visit. Preceptor will always be available for questions and may follow patients independently to monitor resident skill development in all aspects of the learning experience.

\* The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

Activities:

By the end of the LE, the Resident will have completed:

- Two formal SOAP notes for evaluation
- Two Drug Information Questions
- Two Warfarin Bridging Plans
- Two Warfarin Drug Interactions

## Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the goals and objectives of this rotation through the following activities:

R2.1: As appropriate, establish collaborative professional relationships with members of the health care team.

OBJ R2.1.1: Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams

*Resident Activities:* Residents will establish collaborative relationships with various physicians and health care providers with whom he or she interacts while fulfilling practice responsibilities.

R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships.

OBJ R2.3.1: Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.

*Resident Activities:* Residents will establish a professional relationship with patients, addressing any patient concerns and questions.

R2.4: Collect and analyze patient information.

OBJ R2.4.1: Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

*Resident Activities:* Residents will utilize EMRs prior to patient visits, as well as gather information directly from patients so that they will better be able to make appropriate recommendations.

OBJ R2.4.2: Determine the presence of any of the following medication therapy problems in a patient's current medication therapy: (1) Medication used with no medical indication; (2) Patient has medical conditions for which there is no medication prescribed; (3) Medication prescribed inappropriately for a particular medical condition; (4) Immunization regimen is incomplete; (5) Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration); (6) There is therapeutic duplication; (7) Medication to which the patient is allergic has been prescribed; (8) There are adverse drug or device-related events or potential for such events; (9) There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions; (10) Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others; (11) Patient not receiving full benefit of prescribed medication therapy; (12) There are problems arising from the financial impact of medication therapy on the patient; (13) Patient lacks understanding of medication therapy; (14) Patient not adhering to medication regimen.

*Resident Activities:* The Resident will formulate a strategy to assess the above problems with medication therapy by using EMRs and information gathered during patient visits.

OBJ R2.4.3: Using an organized collection of patient-specific information, summarize patients' health care needs.

*Resident Activities:* Residents will summarize information from patient encounters with verbal comments to the Pharmacist in a SOAP note format. They will also document patient encounters in a written SOAP note format.

R2.5: When necessary, make and follow up on patient referrals.

OBJ R2.5.1: When presented with a patient with health care needs that cannot be met by the pharmacist, make a referral to the appropriate health care provider based on the patient's acuity and the presenting problem.

*Resident activities:* Residents will identify all patients with immediate health care needs above the competencies of the pharmacist, and refer them to the appropriate health care provider.

OBJ R2.5.2: Devise a plan for follow-up for a referred patient.

*Resident Activities:* The Resident will record any patients they referred to other departments and follow their progress using the EMRs, ensuring proper follow up timing with Pharmacotherapy.

R2.6: Design evidence-based therapeutic regimens.

OBJ R2.6.1: Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

*Resident Activities:* The Resident will utilize published guidelines and clinical experience (as appropriate) to determine therapeutic goals. Examples of these guidelines include the CHEST guidelines, JNC-7, and ATP-III.

OBJ R2.6.2: Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

*Resident Activities:* Residents will address the above when leading patient visits, and design patient-specific plans.

R2.7: Design evidence-based monitoring plans.

OBJ R2.7.1: Design a patient-centered, evidence-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

*Resident Activities:* Residents will develop a monitoring plan for each patient encounter to evaluate achievement of patient-specific goals.

R2.9: Implement regimens and monitoring plans.

OBJ R2.9.1: When appropriate, initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan for a patient according to the organization's policies and procedures.

*Resident Activities:* Residents will initiate plans with the oversight and co-signature of the Pharmacist, in correspondence with Pharmacist-Physician collaborative practice agreements.

OBJ R2.9.2: Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.

*Resident Activities:* Residents will assess each patient's previous knowledge and individualize their counseling technique and style based on this assessment.

R2.10: Evaluate patients' progress and redesign regimens and monitoring plans.

OBJ R2.10.1: Accurately assess the patient's progress toward the therapeutic goal(s).

*Resident Activities:* Residents will order and interpret labs and vitals for each patient to determine patient progress towards goals.

OBJ R2.10.2: Redesign a patient-centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.

*Resident Activities:* The Resident will modify therapeutic plans based on patient response in the areas of anticoagulation, hypertension, hyperlipidemia, and diabetes. Recommendations regarding other medications/disease states may be provided as appropriate.

R2.12: Document direct patient care activities appropriately.

OBJ R2.12.1: Appropriately select direct patient-care activities for documentation.

*Resident Activities:* By the end of the rotation, the Resident will be able to distinguish when it is appropriate and useful to document a specific patient encounter, regardless of encounter type (ie patient questions over the telephone).

OBJ R2.12.2: Use effective communication practices when documenting a direct patient-care activity.

*Resident Activities:* By the end of the rotation, the Resident will develop an ability to document precisely and accurately.

OBJ R2.12.3: Explain the characteristics of exemplary documentation systems that may be used in the organization's environment.

*Resident Activities:* The Resident will have a good understanding of Epic, documenting all patient encounters using this system.

## Evaluations:

Scheduled evaluations for this LE include the following:

- Week 4 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - SOAP note evaluation by Preceptor
  - Anticoagulation Bridging Plan evaluation by Preceptor
  - Warfarin Drug Interaction evaluation by Preceptor
  
- Week 8 Evaluations:
  - Anticoagulation Bridging Plan evaluation by Preceptor
  - Warfarin Drug Interaction evaluation by Preceptor
  - Summative Evaluation by Preceptor
  - Summative Self-evaluation by Resident
  - LE evaluation by Resident
  - Preceptor evaluation by Resident
  
- Week 12 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - SOAP note evaluation by Preceptor
  - LE evaluation by Resident
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Medication Use & Drug Policy

This 6-week rotation will be spent with the Director of Pharmacy and may include involvement with the following committees:

- Pharmacy & Therapeutics
- Epic Inpatient Task Force
- Rural Wisconsin Health Cooperative

## Preceptor

Dave Grinder, RPh, MS



**Specialty:**  
Pharmacy Director

### **Practice Highlights:**

David Grinder, M.S., RPh graduated from the University of Montana School of Pharmacy and completed his general practice residency at James A. Haley Veterans Hospital in Tampa, Florida. He went on to obtain his MS in Business Management at the University of South Florida and began his pharmacy career as Clinical Pharmacy Coordinator at Bayfront Medical Center in St. Petersburg, Florida. He was also an Assistant Clinical Professor at the University of Florida. He later became Director of Pharmacy at All Children's Hospital in St. Petersburg, Florida where he developed an ASHP-accredited residency in pediatrics. He was Editor-in-Chief for the Journal of Pediatric Pharmacy Practice, and has written numerous papers, which have been published in a variety of pharmacy journals. He served as President of the Pediatric Pharmacy Advocacy Group, as well as on several other Boards and Advisory groups. Ultimately, he enjoys system analysis and applying such analysis to organizational change. He joined the Monroe Clinic as Director of Pharmacy in May of 2005.

Required Reading: To be assigned first day of rotation

Office Hours: To be scheduled first day of rotation

### Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities and rotation requirements, expectations, and specific goals for the rotation.

Week 1: Identify a topic for the P&T Newsletter. Review medication error data and identify one significant trend within the data. Identify a patient outcome that can be assessed during this rotation.

Week 2-3: Develop a proposed intervention to address the identified trend in the medication error data. Compare that intervention to the elements of a high performance pharmacy. Manage a P&T Committee meeting. Complete the minutes for that meeting. Complete data collection for the patient outcomes assessment.

Week 4-6: Implement the proposed intervention. Complete the Safe Medication Task Force report highlighting the intervention. Complete the P&T Newsletter. Complete analysis of the patient outcomes assessment.

\*The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

### Activities:

At a minimum, the Resident will be responsible for completing the following:

- Formal presentation during a Pharmacy & Therapeutics committee meeting
- Pharmacy & Therapeutics newsletter
- Minutes from Pharmacy & Therapeutics meeting
- One Safe Medication Task Force report
- Review of one Policy & Procedures document
- Facilitate one pharmacy staff meeting

### Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R1.1: Identify opportunities for improvement of the organization's medication-use system.

OBJ R1.1.1: Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).

*Resident Activity:* The Resident will write one Safe Medication Task Force report, which involves review of medication errors recorded within the Monroe Clinic's on-line error reporting system.

OBJ R1.1.2: Analyze the structure and process and measure outcomes of the medication-use system.

*Resident Activity:* The Resident will become familiar with Monroe Clinic's policies regarding medication use, and compare Safe Medication Task Force reports with previous reports to measure outcomes.

OBJ R1.1.3: Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.

*Resident Activity:* The Resident will evaluate the Monroe Clinic's medication use system against the elements of High Performance Pharmacy and make any recommendations for improvement to the Director of Pharmacy.

R1.2: Design and implement quality improvement changes to the organization's medication-use system.

OBJ R1.2.3: Participate in the identification of need for, development of, implementation of, and evaluation of an evidence-based treatment guideline/protocol related to individual and population-based patient care.

*Resident Activity:* The Resident will participate in the Pharmacy and Therapeutics committee and will assist with the development of new evidence-based protocols or make changes to existing protocols.

OBJ R1.2.4: Design and implement pilot interventions to change problematic or potentially problematic aspects of the medication-use system with the objective of improving quality.

*Resident Activity:* The Resident will assist with design and implementation of interventions to improve the medication-use process through participation in the Safe Medication Task Force and the analysis of a pharmacy-related Policy & Procedure.

OBJ R1.2.1: Explain the process for developing, implementing, and maintaining a formulary system.

*Resident Activity:* The Resident will present information to the Pharmacy and Therapeutics on medications being considered for addition to the formulary as necessary.

OBJ R1.2.2: Make a medication-use policy recommendation based on a comparative review (e.g., drug class review, drug monograph).

*Resident Activity:* The Resident will evaluate the current evidence-based literature to make written or verbal recommendations to the Pharmacy and Therapeutics committee as necessary.

R1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system

OBJ R1.4.1: Display initiative in preventing, identifying, and resolving pharmacy related patient-care problems.

*Resident Activity:* Through participation with policy making and committee work, the Resident will be able to explain the role that the pharmacist has in preventing, identifying,

and resolving pharmacy-related patient-care problems as well as any problems in the med-use system.

R3.2: Contribute to departmental leadership and management activities.

OBJ R3.2.1: Participate in the pharmacy department's planning processes.

*Resident Activity:* The Resident will participate on multi-disciplinary committees including Pharmacy and Therapeutics committee, Epic Inpatient Task Force, and facilitate one pharmacy staff meeting.

OBJ R3.2.2: Explain the effect of accreditation, legal, regulatory, and safety requirements on practice.

*Resident Activity:* The Resident will understand and compare the Monroe Clinic's current system with the standards set forth in the High Performance Pharmacy and discuss those criteria with the Director of Pharmacy.

OBJ R3.2.3: Explain the principles of financial management of a pharmacy department.

*Resident Activity:* The Resident will meet with the Director of Pharmacy to discuss the principles of pharmacy financial management.

OBJ R3.2.4: Prioritize the work load, organize the work flow, and check the accuracy of the work of pharmacy technical and clerical personnel or others.

*Resident Activity:* The Resident will assist the Director of Pharmacy with the organization of pharmacy workflow and supervision of pharmacy staff.

R3.3: Exercise practice leadership.

OBJ R3.3.1: Use knowledge of an organization's political and decision-making structure to influence accomplishing a practice area goal.

*Resident Activity:* The Resident will gain exposure to the decision-making processes in the organization through participation in various committees.

OBJ R3.3.2: Explain various leadership philosophies that effectively support direct patient care and pharmacy practice excellence.

*Resident Activity:* The Resident will work alongside pharmacy staff and other healthcare professionals within the institution to identify leadership qualities essential for patient care and practice excellence and discuss those qualities with the Director of Pharmacy.

OBJ R3.3.3: Use group participation skills when leading or working as a member of a committee or informal work group.

*Resident Activity:* The Resident will participate as an active member on a variety of multidisciplinary committees and will lead or facilitate at least one meeting during this LE.

OBJ R3.3.4: Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.

*Resident Activity:* The Resident will participate in the development and implementation of a department or institution-wide change.

### Evaluations

Scheduled evaluations for this LE include the following:

- End of rotation LE evaluation by Resident
- End of rotation summative evaluation by Preceptor
- End of rotation summative self-evaluation by Resident
- End of rotation Preceptor evaluation by Resident

## Internal Medicine

This 8-week rotation will take place in the inpatient setting. The Resident will work collaboratively with decentralized pharmacists, hospitalists, and nursing staff. Throughout the rotation the Resident will gain experience in the following areas:

- Clinical Rounding with the hospitalist physicians
- Patient education
- Dispense, fill, and check medications via the EpicRx order entry system
- Kinetics dosing
- Renal dosing
- Parenteral nutrition
- Anticoagulation monitoring
- Core measures monitoring
- Medication histories
- Discharge counseling

## Lead Preceptor

Anna Metz, PharmD



### **Specialty:**

Clinical Pharmacist

### **Practice Highlights:**

Anna earned her Doctor of Pharmacy degree from University of Iowa and completed her Pharmacy Practice Residency from University of Missouri. From there, she joined the Monroe Clinic in 2009 where she currently practices as a clinical pharmacist. Her clinical interests include cardiology and infectious disease.

### Required Reading:

#### Infectious Disease:

- Infectious Disease Society of America Guidelines
  - Antimicrobial Resistance: *Clinical Infectious Diseases* 1997; 25:584-99
  - Vancomycin Therapeutic Monitoring: Review and Recommendations from the ASHP, IDSA and SIDP Task Force

- Community Acquired Pneumonia: *Clinical Infectious Diseases* 2007;44:S27–S72
- Hospital Acquired Pneumonia: *Am J Respir Crit Care Med* 2005; 171:388–416
- Skin and Soft Tissue Infections: *Clinical Infectious Diseases* 2005; 41:1373–406
- Complicated Urinary Tract Infections: *Clinical Infectious Diseases* 2010; 50:625–663
- Intraabdominal Infections: *Clinical Infectious Diseases* 2010, 50: 133–164
  
- Aminoglycoside Readings
  
- Diabetes Readings
  - American Association of Clinical Endocrinologists And American Diabetes Association CONSENSUS STATEMENT ON INPATIENT GLYCEMIC CONTROL (*Endocr Pract.* 2009;15(No. 4))
  - Management of Hyperglycemia in the Hospital Setting. *N Engl J Med* 2006;355:1903-11.
  
- Cardiology
  - Venous Thromboembolism Prophylaxis
    - CHEST Guidelines 2008: Prevention of Venous Thromboembolism
    - A comparison of enoxaparin with placebo for the prevention of venous thromboembolism in acutely ill patients. *N Engl J Med.* 199;341:793-800
    - Twice vs three times daily heparin dosing for thromboembolism prophylaxis in the general medical population: a meta-analysis. *Chest.* 2007;131:507
  - ACC/AHA 2009 update of 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults
  - ACC/AHA 2007 Guidelines for the Management of Patients With Unstable Angina/Non–ST-Elevation Myocardial Infarction: Executive Summary
  
- Stress Ucler Prophylaxis Reviews
  
- Parenteral Nutrition Readings
  - A.S.P.E.N. Nutrition Support Core Curriculum
    - Chapter 14 Overview of Parenteral Nutrition
    - Chapter 15 Parenteral Nutrition Formulations
  
- Additional Readings as deemed appropriate given patient specific disease states encountered during rounds

Office Hours:

The lead preceptor or any decentralized clinical pharmacist will always be available for clinical questions while resident is rounding. The lead preceptor will make time to meet with the resident at least weekly to discuss resident progression and any questions or concerns they may have about the rotation.

Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities and rotation requirements, expectations, and specific goals for the resident. Introduction to nurses, hospitalists, and staff.

Week 1: Initially the resident will familiarize him/herself with Monroe Clinic's pharmacy policies and procedures for pharmacokinetic monitoring, renal dosing, therapeutic interchanges, medication reconciliation, and parenteral nutrition. The resident will shadow and assist the medication reconciliation pharmacist who performs medication histories and makes recommendations to continue or hold prior to admission medications based on clinical parameters. The first week will also be an introduction to rounding with the hospitalists.

Weeks 2-3: The resident will round with the hospitalist physicians and as he/she becomes more comfortable with processes and clinical disease state management, will make clinical recommendations to the physicians. The resident will develop kinetic dosing and monitoring recommendations that will be discussed with the pharmacist responsible for performing those duties. The resident will continue performing medication histories and discharge counseling.

Weeks 4-8: The resident will become more autonomous and will be responsible for all of the pharmacokinetic monitoring and renal dosing for the patients he/she is following with the hospitalist. The resident will gain more confidence in making clinical recommendations to the physicians whom they round with. The hospitalist physicians will rely more heavily on the resident to answer drug information questions for them and ask for their recommendations for drug therapy.

\*The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

Activities:

By the end of the LE, the Resident will have completed:

- One Drug Information Question
- Weekly Topic Discussions
- Case Presentation
- Be prepared to review assigned readings

## Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R2.1: As appropriate, establish collaborative professional relationships with members of the health care team.

OBJ R2.1.1: Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams.

*Resident Activity:* The Resident will work regularly with pharmacists, hospitalists and nursing staff to provide and coordinate patient care. The Resident will communicate verbally with medical staff on a regular basis.

R2.2: Place practice priority on the delivery of patient-centered care to patients.

OBJ R2.2.1: Choose and manage daily activities so that they reflect a priority on the delivery of appropriate patient-centered care to each patient.

*Resident Activity:* The Resident will identify patients or issues of highest priority and address those first.

R2.4: Collect and analyze patient information.

OBJ R2.4.1: Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

*Resident Activity:* The Resident will utilize EMRs and patient hospital charts to gather the information necessary so that they will be able to better make appropriate recommendations.

OBJ R2.4.2: Determine the presence of any of the following medication therapy problems in a patient's current medication therapy: (1) Medication used with no medical indication; (2) Patient has medical conditions for which there is no medication prescribed; (3) Medication prescribed inappropriately for a particular medical condition; (4) Immunization regimen is incomplete; (5) Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration); (6) There is therapeutic duplication; (7) Medication to which the patient is allergic has been prescribed; (8) There are adverse drug or device-related events or potential for such events; (9) There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions; (10) Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others; (11) Patient not receiving full benefit of prescribed medication therapy; (12) There are problems arising from the financial impact of medication therapy on the patient; (13) Patient lacks understanding of medication therapy; (14) Patient not adhering to medication regimen.

*Resident Activity:* The Resident will formulate a strategy to assess the above problems with medication therapy utilizing EMRs, patient hospital charts, and by interviewing the patients.

OBJ R2.4.3: Using an organized collection of patient-specific information, summarize patients' health care needs.

*Resident Activity:* The Resident will regularly present patient cases and recommendations to the hospitalists and the Preceptor using a verbal SOAP note format.

R2.6: Design evidence-based therapeutic regimens.

OBJ R2.6.1: Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

*Resident Activity:* The resident will verbally express patient goals to the decentralized pharmacist daily when giving patient reports.

OBJ R2.6.1: Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

*Resident Activity:* The resident will verbally explain patient goals to the decentralized pharmacist daily when giving patient reports after rounds. The resident will take patient specifics into account. When the hospitalist plan does not correlate with the resident's plan, the resident will discuss the therapeutic goals with the hospitalist to come to a consensus.

R2.7: Design evidence-based monitoring plans.

OBJ R2.7.1: Design a patient-centered, evidence-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

*Resident Activity:* The Resident will develop a monitoring plan appropriate for the patient. This may include monitoring laboratory parameters, appropriateness of antibiotic regimens, and vitals.

R2.8: Recommend or communicate regimens and monitoring plans.

OBJ R2.8.1: Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.

*Resident Activity:* The Resident will communicate therapeutic recommendations during patient rounds with physicians. The Resident will also write appropriate TPN, aminoglycoside, vancomycin and renal adjustment orders for patient and document the rationale behind these orders in the patient chart.

R2.10: Evaluate patients' progress and redesign regimens and monitoring plans.

OBJ R2.10.1: Accurately assess the patient's progress toward the therapeutic goal(s).  
OBJ R2.11.2: Redesign a patient-centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.

*Resident Activity:* The resident will evaluate the patient-centered, evidence-based plan they set forth and verbally report the patient's progress towards therapeutic goals to the clinical pharmacist that day.

R2.11: Communicate ongoing patient information.

OBJ R2.11.2: Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.

*Resident Activity:* The Resident will determine instances in which there is urgency in communicating situations to the interdisciplinary team.

OBJ R2.11.1: When given a patient who is transitioning from one health care setting to another, communicate pertinent pharmacotherapeutic information to the receiving health care professionals.

*Resident Activity:* The Resident will provide all relevant information to appropriate health care providers before transferring services.

R2.12: Document direct patient care activities appropriately.

OBJ R2.12.1: Appropriately select direct patient-care activities for documentation.

*Resident Activity:* The resident will fill out intervention forms to document interventions made to the hospitalist weekly. The resident will also write progress notes for pharmacy dosing of vancomycin or aminoglycosides electronically in the electronic patient medical record.

OBJ R2.12.2: Use effective communication practices when documenting a direct patient-care activity.

*Resident Activity:* The resident will use open ended questions and talk at the patient level when doing medications histories and discharge counseling.

OBJ R2.12.3: Explain the characteristics of exemplary documentation systems that may be used in the organization's environment.

*Resident Activity:* The resident will analyze the methods by which we document patient care activities in the patient's electronic medical record and how we communicate amongst pharmacists interdepartmentally and make recommendations for improvements.

## Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussions by Preceptor
- Weeks 1 and 2 Evaluations:
  - Formative snapshots (TBD) by Preceptor
  - Formative self-evaluation snapshots (TBD) by Resident
- Week 4 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
- Week 8 Evaluations:
  - End of rotation Drug Information Question evaluation by Preceptor
  - End of rotation LE evaluation by Resident
  - End of rotation summative evaluation by Preceptor
  - End of rotation summative self-evaluation by Resident
  - End of rotation Preceptor evaluation by Resident

## Pharmacotherapy Lab Teaching

This 4-week rotation is split into two 2-week sessions in the fall and spring semesters. The rotation takes place at the University of Wisconsin School of Pharmacy, in Madison. The Resident will facilitate and lead discussions in the Pharmacotherapy Lab for both second and third year PharmD students. Other responsibilities include grading student SOAP notes and counseling sessions, and grading one Objective Structured Clinical Exam (OSCE). Residents also have the opportunity to give didactic lectures in the Pharmacotherapy course, participate in the grading of the fourth year OSCE, and judge the American Pharmacists Association's Patient Counseling Competition and ASHP's Clinical Skills Competition.

## Lead Preceptor

Karen Kopacek, RPh

### **Specialty:**

Clinical Assistant Professor



### **Practice Highlights:**

Karen joined the University of Wisconsin School of Pharmacy in August 2002 as a Coordinator of the Pharmacotherapy Lab for the entry-level Pharm.D. program. She graduated with distinction from the University of Iowa College of Pharmacy in 1988. Her practice experience has been inpatient and managed care pharmacy, with interests in asthma, cardiology, and critical care medicine. She currently works part-time as a critical care pharmacist at UWMC working in the trauma, cardiothoracic, and cardiac intensive care units. Her professional memberships include American Society of Health-System Pharmacists and Society of Critical Care Medicine.

### Rotation goals and objectives:

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

OBJ R5.1.1: Use effective educational techniques in the design of all educational activities.

*Resident Activity: The Resident will utilize active learning techniques in preparing and presenting educational activities to pharmacy students.*

OBJ R5.1.2: Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

*Resident Activity: The Resident will participate in the assessment of various tasks including patient counseling, SOAP notes, and patient profile reviews.*

OBJ R5.1.3: Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

*Resident Activity: The Resident will utilize the preceptor roles throughout this LE. The Resident will lead and facilitate case based discussions and provide individual and group support and feedback to students during laboratory activities.*

OBJ R5.1.4: Use skill in case-based teaching.

*Resident Activity: The Resident will present information to students using a case-based approach, and attempt to include cases from their clinical experiences.*

OBJ R5.1.5: Use public speaking skills to speak effectively in large and small group situations.

*Resident Activity: The Resident will routinely speak to students in both large and small group settings.*

OBJ R5.1.6: Use knowledge of audio-visual aids and handouts to enhance the effectiveness of communications.

*Resident Activity: The Resident will design handouts and/or PowerPoint presentations as appropriate to enhance student understanding of material.*

E7.1: Use approaches in all communications that display sensitivity to the cultural and personal characteristics of patients, caregivers, and health care colleagues.

OBJ E7.1.1: Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.

E7.2: Communicate effectively.

OBJ E7.2.3: Use listening skills effectively in performing job functions.

OBJ E7.2.1: Use an understanding of effectiveness, efficiency, customary practice and the recipient's preferences to determine the appropriate type of, and medium and organization for, communication.

OBJ E7.2.2: Speak clearly and distinctly in grammatically correct English or the alternate primary language of the practice site.

OBJ E7.2.4: Use correct grammar, punctuation, spelling, style, and formatting conventions in preparing all written communications.

## Evaluations:

Scheduled evaluations for this LE include the following:

- Week 2 Evaluations (Fall):
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Custom lab teaching evaluation
  
- Week 4 Evaluations (Spring):
  - Custom lab teaching evaluation
  - LE evaluation by Resident
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Family Practice

In this 4-week rotation, the Resident will work in collaboration with a family practice physician. The Resident will interview patients, identifying their chief complaint and verifying their problem list and medication history. The Resident will also evaluate pertinent lab results. They will make verbal recommendations to the family practice physician regarding drug therapy, and may document these recommendations in the EMR as appropriate. The Resident will also counsel the patient on drug therapy as appropriate.

## Physician Preceptor

CJ Smith, D.O.



**Specialty:**  
Family Practice

### **Practice Highlights:**

As a family practice physician, Dr. Smith provides full-service health care to all members of the family, ranging from newborns to geriatrics. For patients who have experienced musculoskeletal injuries, he can provide prolotherapy, an injection therapy. He received his Doctor of Osteopathy degree from Kirksville College of Osteopathic Medicine in 2000, and he completed his residency at Metropolitan Hospital in Grand Rapids, Michigan. In addition, Dr. Smith served as a family practice physician in the U.S. Army for four years at General Leonard Wood Army Community Hospital in Missouri. He is currently a Major in Individual Ready Reserves and a Veteran of Operation Iraqi Freedom. "I enjoy building new relationships with patients as well as educating them about disease," says Dr. Smith. "I also like empowering my patients to learn how to self-manage their care."

### Required Reading:

Familiarities with anticoagulation, metabolic disease, CAD, psych meds – Up to Date

Office Hours: By appointment

Office: 608-325-2600

Home: 608-325-4090

Cell: 608-293-0202

### Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities, rotation requirements, expectations, and specific goals for the rotation with the resident. Introduction to nurses and staff.

Week 1: Resident will observe preceptor's normal clinic activities. By the end of the week the resident will begin to work-up pre-identified patients and present recommendations to the preceptor. Resident will provide medication counseling and address any patient concerns as appropriate.

Week 2-4: Resident will work-up pre-identified patients, interview patients, perform medication reconciliation, identify any therapeutic or drug-related problems or questions and present recommendations to preceptor. Resident will provide medication counseling and address any patient concerns as appropriate.

\*The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

### Activities:

The Resident will complete:

- Weekly topic discussions
- One Drug Information Question

### Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R2.4: Collect and analyze patient information.

OBJ R2.4.1: Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

*Resident Activity:* The Resident will utilize EMRs prior to patient visits to gather the information necessary so that they will better be able to make appropriate recommendations.

OBJ R2.4.2: Determine the presence of any of the following medication therapy problems in a patient's current medication therapy: (1) Medication used with no medical indication; (2) Patient has medical conditions for which there is no medication prescribed; (3) Medication prescribed inappropriately for a particular medical condition; (4) Immunization regimen is incomplete; (5) Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration); (6) There is therapeutic duplication; (7) Medication to which the patient is allergic has been

prescribed; (8) There are adverse drug or device-related events or potential for such events; (9) There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions; (10) Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others; (11) Patient not receiving full benefit of prescribed medication therapy; (12) There are problems arising from the financial impact of medication therapy on the patient; (13) Patient lacks understanding of medication therapy; (14) Patient not adhering to medication regimen.

*Resident Activity:* The Resident will formulate a strategy to assess the above problems with medication therapy by using EMRs and information gathered during patient visits.

OBJ R2.4.3: Using an organized collection of patient-specific information, summarize patients' health care needs.

*Resident Activity:* The Resident will meet with the patient and collect pertinent information, formulate recommendations on drug therapy and monitoring, and make recommendations in a verbal SOAP note format to the physician before the physician visit.

#### R2.6: Design evidence-based therapeutic regimens.

OBJ R2.6.1: Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

*Resident Activity:* The Resident will utilize published guidelines to determine therapeutic goals. Examples of these guidelines include the CHEST guidelines, JNC-7, and ATP-III.

OBJ R2.6.2: Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

*Resident Activity:* The Resident will individualize recommendations for therapy based upon the above.

#### R2.7: Design evidence-based monitoring plans.

OBJ R2.7.1: Design a patient-centered, evidence-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

*Resident Activity:* The resident will develop monitoring plans to coordinate with drug therapy recommendations and present these suggestions to the physician.

#### R2.8: Recommend or communicate regimens and monitoring plans.

OBJ R2.8.1: Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.

*Resident Activity:* The Resident will communicate therapeutic recommendations to the physician immediately prior to the physician visit.

R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

OBJ R5.1.1: Use effective educational techniques in the design of all educational activities.

*Resident Activity:* Resident will design weekly topic discussions that may be given to the physician and/or department staff. The Resident will also address any drug-related questions that patients may have.

OBJ R5.1.2: Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

*Resident Activity:* The Resident will design a method for assessing understand of staff after topic discussions and during patient consultations.

OBJ R5.1.3: Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

*Resident Activity:* The Resident will integrate the four preceptor roles into topic discussions and patient consultations as appropriate.

OBJ R5.1.4: Use skill in case-based teaching.

*Resident Activity:* Patient cases will be integrated into topic discussions.

OBJ R5.1.5: Use public speaking skills to speak effectively in large and small group situations.

*Resident Activity:* The Resident will develop a method to ensure effective communication during topic presentations and patient consultations.

OBJ R5.1.6: Use knowledge of audio-visual aids and handouts to enhance the effectiveness of communications.

*Resident Activity:* The Resident will design and provide appropriate handouts and visual aids with topic discussions.

## Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
- Weeks 1 and 2 Evaluations:
  - Formative snapshots by Preceptor
  - Formative self-evaluation snapshots by Resident
- Week 4 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - LE evaluation by Resident
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Adult Medicine

In this 4-week rotation, the Resident will work in collaboration with an adult medicine physician. The Resident will interview patients, identifying their chief complaint and verifying their problem list and medication history. The Resident will also evaluate pertinent lab results. They will make verbal recommendations to the adult medicine physician regarding drug therapy, and document these recommendations in the EMR. The Resident will also counsel the patient on drug therapy as appropriate. There is an option to dedicate ½ day per week to wound care.

## Physician Preceptor

Ifat Kamin, MD



### **Specialty:**

Adult Medicine

### **Practice Highlights:**

Dr. Ifat Kamin is a physician in the adult medicine department and specializes in wound care. She received her medical degree from the Israel Institute of Technology and completed her residency at Mount Auburn Hospital in Cambridge, Massachusetts. She also received wound care training at the University of Toronto in Canada. Dr. Kamin manages a variety of common medical conditions and health maintenance issues. As a wound care specialist, she provides personalized treatment for patients dealing with chronic or non-healing wounds including pressure ulcers, wounds associated with diabetes and with poor circulation. “Whether I’m helping patients on the road to a healthier lifestyle or working with them to address their wound care needs, I find good patient-physician communication is very important,” said Dr. Kamin. “We are a team and we are working toward a common goal.” Dr. Kamin is board-certified in internal medicine. She holds memberships in the American College of Physicians, Wound Healing Society, American Professional Wound Care Association and the Association for the Advancement of Wound Care.

### Recommended Reading for Wound Care:

- Schultz, Sibbald, Falanga et al. Wound bed preparation: a systemic approach to wound management, Wound Rep Reg 2003;11:1-28
- Sibbald, Woo, Ayello. Increased bacterial burden and infection: the story of NERDS and STONES. Advances in Skin and Wound Care 2006; 19:447-461

### Office Hours: By appointment

Office: 608-324-2613

Adult Med South: 608-324-2205

### Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities, rotation requirements, expectations, and specific goals for the rotation with the resident.

Week 1: Resident will observe preceptor's normal clinic activities. By the end of the week the resident will begin to work-up pre-identified patients and present recommendations to the preceptor. Resident will provide medication counseling and address any patient concerns as appropriate.

Weeks 2-4: Resident will work-up pre-identified patients, interview patients, perform medication reconciliation; identify any therapeutic or drug-related problems or questions and present recommendations to preceptor. Resident will provide medication counseling and address any patient concerns as appropriate.

\*The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

### Activities:

The Resident will complete:

- Weekly topic discussions
- One Drug Information Question

### Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R2.4: Collect and analyze patient information.

OBJ R2.4.1: Collect and organize all patient-specific information needed by the

pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

*Resident Activity:* The Resident will utilize EMRs prior to patient visits to gather the information necessary so that they will better be able to make appropriate recommendations.

OBJ R2.4.2: Determine the presence of any of the following medication therapy problems in a patient's current medication therapy: (1) Medication used with no medical indication; (2) Patient has medical conditions for which there is no medication prescribed; (3) Medication prescribed inappropriately for a particular medical condition; (4) Immunization regimen is incomplete; (5) Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration); (6) There is therapeutic duplication; (7) Medication to which the patient is allergic has been prescribed; (8) There are adverse drug or device-related events or potential for such events; (9) There are clinically significant drug-drug, drug-disease, drugnutrient, or drug-laboratory test interactions or potential for such interactions; (10) Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others; (11) Patient not receiving full benefit of prescribed medication therapy; (12) There are problems arising from the financial impact of medication therapy on the patient; (13) Patient lacks understanding of medication therapy; (14) Patient not adhering to medication regimen.

*Resident Activity:* The Resident will formulate a strategy to assess the above problems with medication therapy by using EMRs and information gathered during patient visits.

OBJ R2.4.3: Using an organized collection of patient-specific information, summarize patients' health care needs.

*Resident Activity:* The Resident will meet with the patient and collect pertinent information, formulate recommendations on drug therapy and monitoring, and make recommendations in a verbal SOAP note format to the physician before the physician visit.

## R2.6: Design evidence-based therapeutic regimens.

OBJ R2.6.1: Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

*Resident Activity:* The Resident will utilize published guidelines to determine therapeutic goals. Examples of these guidelines include the CHEST guidelines, JNC-7, and ATP-III.

OBJ R2.6.2: Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

*Resident Activity:* The Resident will individualize recommendations for therapy based upon the above.

## R2.7: Design evidence-based monitoring plans.

OBJ R2.7.1: Design a patient-centered, evidence-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

*Resident Activity:* The resident will develop monitoring plans to coordinate with drug therapy recommendations and present these suggestions to the physician.

R2.8: Recommend or communicate regimens and monitoring plans.

OBJ R2.8.1: Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.

*Resident Activity:* The Resident will communicate therapeutic recommendations to the physician immediately prior to the physician visit.

R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

OBJ R5.1.1: Use effective educational techniques in the design of all educational activities.

*Resident Activity:* Resident will design weekly topic discussions that may be given to the physician and/or department staff. The Resident will also address any drug-related questions that patients may have.

OBJ R5.1.2: Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

*Resident Activity:* The Resident will design a method for assessing understand of staff after topic discussions and during patient consultations.

OBJ R5.1.3: Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

*Resident Activity:* The Resident will integrate the four preceptor roles into topic discussions and patient consultations as appropriate.

OBJ R5.1.4: Use skill in case-based teaching.

*Resident Activity:* Patient cases will be integrated into topic discussions.

OBJ R5.1.5: Use public speaking skills to speak effectively in large and small group situations.

*Resident Activity:* The Resident will develop a method to ensure effective communication during topic presentations and patient consultations.

OBJ R5.1.6: Use knowledge of audio-visual aids and handouts to enhance the effectiveness of communications.

*Resident Activity:* The Resident will design and provide appropriate handouts and visual aids with topic discussions.

## Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
- Weeks 1 and 2 Evaluations:
  - Formative snapshots by Preceptor
  - Formative self-evaluation snapshots by Resident
- Week 4 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - LE evaluation by Resident
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Public Health Outreach Project

Every Resident is required to organize and implement one public health outreach project. Ideally this event should take place during National Pharmacy Week in October, however some projects may be longitudinal in nature. The project should be a focus in the first half of the residency. Projects can be designed to target Monroe Clinic employees, Monroe Clinic patients, or the general public.

Preceptor will be chosen based on project.

### Expected timeline for project development:

By the end of month 1: Identify project and preceptor

By the end of month 2: Project outline and details of implementation

During months 3-6: Implementation of project

### Rotation goals and objectives:

Residents will demonstrate sufficiency in meeting the following goals and objectives by the completion of their Project:

E3.3: Exercise practice leadership.

OBJ R3.3.1: Use knowledge of an organization's political and decision-making structure to influence accomplishing a practice area goal.

OBJ R3.3.2: Explain various leadership philosophies that effectively support direct patient care and pharmacy practice excellence.

OBJ R3.3.3: Use group participation skills when leading or working as a member of a committee or informal work group.

OBJ R3.3.4: Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.

E6.2: Design and deliver programs that contribute to public health efforts.

OBJ E6.2.2: Design and deliver programs for health care consumers that center on disease prevention and wellness promotion.

OBJ E6.2.1: Explain the pharmacist's role in public health, including specific contributions to public health efforts that can be made by health-system pharmacists.

Evaluations:

Scheduled evaluations for this LE include the following:

- End of experience summative evaluation by Preceptor
- End of experience summative self-evaluation by Resident
- End of experience LE evaluation by Resident
- End of experience Preceptor evaluation by Resident

## Residency Project

Every Resident is required to complete a Residency Project, which they will work on throughout the year. Residents may choose Projects based on their interest and the needs of the Clinic. A primary Preceptor will be established to help the Resident design, implement, and analyze the Project. The Resident is highly encouraged to present a poster on his or her project at the ASHP Midyear meeting, and is required to present his or her findings at the Great Lakes Residency Conference in April. By the completion of the residency, the Resident must write a manuscript describing the Project. Publication is encouraged.

Preceptor will be chosen based on Project.

### Expected timeline for project development:

By the end of month 1:

- Identify project and preceptor
- Meeting with Gabrielle Rude: Data gathering and analysis

Quarter 1:

- Present literature review and project outline/abstract to P&T and ethics committee (if appropriate)
- Consider poster presentation at PSW Annual Meeting

Quarter 2:

- Start data collection
- Identify potential journals for submission
- Review author instructions from journal of choice
- Review three articles from journal for understanding of content for that journal
- Present poster at ASHP Midyear
- Start first draft/outline of manuscript

Quarter 3:

- Continue data collection and analysis
- Submit first draft/outline of manuscript to preceptor(s)
- Complete Great Lakes presentation

Quarter 4:

- Complete data collection and analysis
- Present Great Lakes presentation at Journal Club
- Present Great Lakes presentation at GLPRC
- Present to P&T and/or at Grand Rounds
- Complete manuscript

### Rotation goals and objectives:

Residents will demonstrate sufficiency in meeting the following goals and objectives by the completion of their Project:

E3.3: Exercise practice leadership.

OBJ R3.3.1: Use knowledge of an organization's political and decision-making structure to influence accomplishing a practice area goal.

*Resident Activity:* The Resident will present their project to P&T and other relevant committees for the appropriate approvals.

OBJ R3.3.2: Explain various leadership philosophies that effectively support direct patient care and pharmacy practice excellence.

OBJ R3.3.3: Use group participation skills when leading or working as a member of a committee or informal work group.

*Resident Activity:* The Resident will work with P&T and other relevant committees as appropriate during the implementation of their project.

OBJ R3.3.4: Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.

R4.1: Conduct a practice-related project using effective project management skills.

OBJ R4.1.1: Identify a topic for a practice-related project of significance for pharmacy practice.

*Resident Activity:* The Resident will choose an appropriate topic for the Residency Project by the end of the first month of the residency program.

OBJ R4.1.2: Formulate a feasible design for a practice-related project.

*Resident Activity:* The Resident will create a design for his or her study with input from the Preceptor and other appropriate staff. This will be presented by the September P&T meeting.

OBJ R4.1.4: Implement a practice-related project as specified in its design.

*Resident Activity:* The Resident will begin to implement the by the beginning of quarter 2, and continue throughout the year.

OBJ R4.1.7: Accurately assess the impact, including sustainability if applicable, of the residency project.

*Resident Activity:* The Resident will analyze Project data and make appropriate conclusions.

OBJ R4.1.6: Successfully employ accepted manuscript style to prepare a final

report of a practice-related project.

*Resident Activity:* The Resident will prepare a final manuscript describing all elements of their project, and including results, and implications to practice. Publication is encouraged.

OBJ R4.1.5: Effectively present the results of a practice-related project.

*Resident Activity:* The Resident will present Project design, results, and implications at the Great Lakes Residency Conference and to the Pharmacy and Therapeutics committee. Results may also be presented at Ground Rounds if appropriate.

OBJ R4.1.3: Secure any necessary approvals, including IRB and funding, for one's design of a practice-related project.

*Resident Activity:* The Resident will seek IRB approval, approval by the Monroe Clinic's Ethics committee, and/or approval by the Pharmacy and Therapeutics committee as appropriate.

### Evaluations:

Scheduled evaluations for this LE include the following:

- Quarterly summative evaluations by Preceptor
- Quarterly summative self-evaluations by Resident
- End of year LE evaluation by Preceptor
- End of year LE self-evaluation by Resident
- End of year Preceptor evaluation by Resident

## Drug Information and In-services

The Resident will have multiple opportunities for presentations and in-services throughout the residency.

Journal Club is held every other Wednesday afternoon throughout the year. Pharmacists and physicians are invited to attend. Residents will present a Journal Club article that correlates with their current rotation. They will summarize the article, and then facilitate a discussion about the findings and merits of the article with the group. During the second half of the year, the resident may choose to substitute a discussion of a relevant topic discussion in place of an article.

At a minimum, the Resident is required to give two formal in-services. The two in-services will be presented to Certified Medical Assistants and should be completed prior to the end of December. Each of these in-services is two hours in length, and should cover a topic appropriate for the nursing home setting.

The Resident will also be expected to participate in the develop of and presentation of either a Continuing Medical Education Seminar or Computer-Based-Learning Module.

The Resident should develop a method for collecting, organizing, and retrieving pertinent information and articles for various disease states they may encounter throughout the year.

The Resident is also responsible for timely response to any drug information questions from providers, staff, and patients during their rotations.

## Preceptor

Jess Storck, PharmD



**Specialty:**  
Pharmacotherapist

**Practice Highlights:**

Jess Storck graduated from the University of Wisconsin School of Pharmacy in 2009. She then completed a PGY-1 residency at the Monroe Clinic, where upon completion she accepted a job as a clinic pharmacy coach. In 2011, she transferred to the Pharmacotherapy Clinic.

Rotation goals and objectives:

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R1.5: Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and health care providers.

OBJ R1.5.1: Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.

*Resident activity:* The resident will answer any drug-related questions from providers, patients, or staff.

OBJ R1.5.2: Formulate a systematic, efficient, and thorough procedure for retrieving drug information.

*Resident activity:* The Resident will create and maintain a library of pertinent sources by accessing articles and information.

OBJ R1.5.3: Determine from all retrieved biomedical literature the appropriate information to evaluate.

OBJ R1.5.4: Evaluate the usefulness of biomedical literature gathered.

OBJ R1.5.5: Formulate responses to drug information requests based on analysis of the literature.

*Resident activity:* Resident will respond in a timely manner with appropriate responses to drug information questions.

OBJ R1.5.6: Provide appropriate responses to drug information questions that require the pharmacist to draw upon his or her knowledge base.

OBJ R1.5.7: Assess the effectiveness of drug information recommendations.

*Resident activity:* The Resident will develop a method to determine if responses to drug information questions and/or information discussed in in-services is implemented in practice.

R5.1: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

OBJ R5.1.1: Use effective educational techniques in the design of all educational activities.

*Resident Activity:* The Resident will develop a strategy for patient education sessions to ensure complete information is provided to the patient. For Journal Clubs, the Resident will develop an effective method to organize and present the information from the article to the group. For in-services, the Resident will create presentations integrating different teaching strategies as appropriate for the audience.

OBJ R5.1.2: Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

*Resident Activity:* The Resident will develop a strategy to assess adequate understanding from the education session. For Journal Club and in-services, the Resident will assess the group's understanding by facilitating an appropriate discussion or designing an appropriate assessment tool.

OBJ R5.1.3: Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

*Resident Activity:* The Resident will determine the best way to integrate the preceptor roles during education sessions.

OBJ R5.1.4: Use skill in case-based teaching.

*Resident Activity:* The Resident may choose to integrate a patient case as part of their education technique if they determine this would be useful and appropriate.

OBJ R5.1.5: Use public speaking skills to speak effectively in large and small group situations.

*Resident Activity:* Physicians, pharmacists, and other health care providers may be invited to Journal Club presentations and in-services.

OBJ R5.1.6: Use knowledge of audio-visual aids and handouts to enhance the effectiveness of communications.

*Resident Activity:* The Resident will create appropriate handouts and/or use PowerPoint during Journal Clubs and in-services.

R6.1: Use information technology to make decisions and reduce error.

OBJ R6.1.1: Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.

*Resident Activity:* The Resident will follow all HIPAA regulations and standard ethical and legal practices when designing presentations.

OBJ R6.1.2: Exercise skill in basic use of databases and data analysis software.

*Resident Activity:* The Resident will gather and collect information for their presentations using the appropriate databases.

OBJ R6.1.3: Successfully make decisions using electronic data and information from internal information databases, external online databases, and the Internet.

*Resident Activity:* The Resident will use only appropriate databases to gather information.

E6.1: Identify a core library, including electronic media, appropriate for a specific practice setting.

OBJ E6.1.1: Use knowledge of standard resources to select a core library of primary, secondary, and tertiary references appropriate for a specific practice setting.

*Resident activity:* The Resident should develop a method for collecting, organizing, and retrieving pertinent information and articles for various disease states they may encounter throughout the year.

E7.2: Communicate effectively.

OBJ E7.2.3: Use listening skills effectively in performing job functions.

OBJ E7.2.1: Use an understanding of effectiveness, efficiency, customary practice and the recipient's preferences to determine the appropriate type of, and medium and organization for, communication.

OBJ E7.2.2: Speak clearly and distinctly in grammatically correct English or the alternate primary language of the practice site.

OBJ E7.2.4: Use correct grammar, punctuation, spelling, style, and formatting conventions in preparing all written communications.

### Evaluations:

Scheduled evaluations for this LE include the following:

- Quarterly summative evaluations by Preceptor
- Quarterly summative self-evaluations by Resident
- End of year LE evaluation by Resident
- End of year Preceptor evaluation by Resident

### Distribution/Staffing

The Resident will be required to work as a staff pharmacist one 10-hour shift every 3 weeks (7AM-5PM). These hours will be scheduled during orientation week. Residents will alternate between a Saturday and Sunday shift of the same weekend. The Resident will work with the Preceptor for finalization of staffing schedule.

### Lead Preceptor:

Anna Metz, PharmD

Office Hours: By appointment

### Expected progression of resident responsibility:

Month 1: Complete orientation to processes in all areas of hospital pharmacy including, but not limited to: order evaluation and entry or verification (inpatient, outpatient, and outpatient infusion), profile review, drug interaction monitoring, intervention completion and documentation, unit dose distribution, sterile products preparation, pharmacy policy and protocols, medication reconciliation, and technician supervision.

Months 2-3: Demonstrate competency in all processes described with moderate to significant level of supervision.

Quarters 2: Demonstrate competency in all processes described with decreasing level of supervision.

Quarters 3-4: Demonstrate competency in all processes as described requiring no supervision.

### Rotation Goals and Objectives:

The Resident will demonstrate sufficiency in meeting the following goals and objectives:

R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.

OBJ R1.3.1: Interpret the appropriateness of a medication order before preparing or permitting the distribution of the first dose.

*Resident Activity:* The Resident will work in the central and decentralized pharmacy, and in the Clinic pharmacy, to ensure appropriateness of physician medication orders.

OBJ R1.3.2: Follow the organization's policies and procedures to maintain the accuracy of the patient's medication profile.

*Resident Activity:* The Resident will conduct medication reconciliation in accordance with the organization's policies and procedures.

OBJ R1.3.3: Prepare medication using appropriate techniques and following the organization's policies and procedures.

*Resident Activity:* The Resident will work in the central pharmacy and assist with the preparation of IV and oral medications.

OBJ R1.3.4: Dispense medication products following the organization's policies and procedures.

*Resident Activity:* The Resident will work in the central pharmacy, and work in accordance with Monroe Clinic's policies and procedures.

R1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.

OBJ R1.4.1: Display initiative in preventing, identifying, and resolving pharmacy related patient-care problems.

*Resident Activity:* The Resident will conduct routine patient profile reviews and make recommendations to care teams as appropriate.

R1.5: Provide precise, applicable, comprehensive, and timely responses to requests for drug information from patients and health care providers.

OBJ R1.5.1: Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.

*Resident Activity:* The resident will communicate with the requestor by telephone or in person and utilize communication skills and pharmaceutical knowledge to interpret the information need.

OBJ R1.5.2: Formulate a systematic, efficient, and thorough procedure for retrieving drug information.

*Resident Activity:* The resident will use appropriate search terms and strategy for retrieving information and present them to the preceptor prior to answering the information need.

OBJ R1.5.3: Determine from all retrieved biomedical literature the appropriate information to evaluate.

*Resident Activity:* The resident will use clinical insight and discretion when evaluating information.

OBJ R1.5.4: Evaluate the usefulness of biomedical literature gathered.

*Resident Activity:* The resident will select only the most rigorous literature available and consider hierarchy of the literature.

OBJ R1.5.5: Formulate responses to drug information requests based on analysis of the literature.

*Resident Activity:* The resident will utilize critical literature evaluation skills and determine whether information gathered can be extrapolated to population in question.

OBJ R1.5.6: Provide appropriate responses to drug information questions that require the pharmacist to draw upon his or her knowledge base.

*Resident Activity:* The resident will use interpret literature, incorporate his/her level of understanding of the topic in question and formulate an answer.

OBJ R1.5.7: Assess the effectiveness of drug information recommendations.

*Resident Activity:* The resident will follow up with the provider or otherwise review what effect the answer had on patient outcomes or decisions made by the inquirer.

### Evaluations:

Evaluations for this LE include the following:

- Quarterly summative evaluations by Preceptor
- Quarterly summative evaluations by Resident
- End of the year LE evaluation by Resident
- End of the year Preceptor evaluation by Resident

## Professional Development

During this longitudinal experience the Resident will meet monthly with the Residency Program Director in an informal environment to facilitate situational-based discussion. Various readings and activities will be designed to enhance the Resident's growth as a professional.

### Preceptor:

Julie Bartell, PharmD, CACP

### Activities/Topics:

- Self-evaluation
- Time management strategies
- Dealing with stress
- Professionalism
- Managing others and conflict resolution
- Inter-professional relationships
- Wellness and Healthy Living
- Continued professional development
- Two topics of choice identified by RPD or Residents

### Rotation Goals and Objectives:

R2.1: As appropriate, establish collaborative professional relationships with members of the health care team.

OBJ R2.1.1: Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams.

R2.2: Place practice priority on the delivery of patient-centered care to patients

OBJ R2.2.1: Choose and manage daily activities so that they reflect a priority on the delivery of appropriate patient-centered care to each patient.

R3.1: Exhibit essential personal skills of a practice leader.

OBJ R3.1.1: Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.

OBJ R3.1.2: Demonstrate pride in and commitment to the profession through appearance, personal conduct, and association membership.

OBJ R3.1.3: Act ethically in the conduct of all job-related activities.

E7.2: Communicate effectively.

OBJ E7.2.1: Use an understanding of effectiveness, efficiency, customary practice and the recipient's preferences to determine the appropriate type of, and medium and organization for, communication.

OBJ E7.2.2: Speak clearly and distinctly in grammatically correct English or the alternate primary language of the practice site.

OBJ E7.2.3: Use listening skills effectively in performing job functions.

OBJ E7.2.4: Use correct grammar, punctuation, spelling, style, and formatting conventions in preparing all written communications.

E7.3: Balance obligations to oneself, relationships, and work in a way that minimizes stress.

OBJ E7.3.1: Devise an effective plan for minimizing stress while attending to personal needs, maintaining relationships, and meeting professional obligations.

E7.4: Manage time effectively to fulfill practice responsibilities.

OBJ E7.4.1: Use time management skills effectively to fulfill practice responsibilities.

Evaluations:

Scheduled evaluations for this LE include the following:

- Quarterly summative evaluations by Preceptor
- Quarterly summative evaluations by Resident
- End of the year LE evaluation by Resident
- End of the year Preceptor evaluation by Resident

## Elective LEs

### Psychiatry

The Resident may interview the patient prior to or during the psychiatrist visit to complete medication reconciliation, assess medication adherence, and determine any medication-related problems. The Resident will make any recommendations to the psychiatrist as appropriate, and will provide medication counseling to the patients as needed. The Resident may also help nurses triage drug-related patient questions.

### Physician Lead Preceptor

Rachel Long, M.D.



**Specialty:**  
Behavioral Health

#### **Practice Highlights:**

Dr. Long is a psychiatrist who treats mental and behavioral problems in teenagers and adults. She received her medical degree from the University of Nebraska in Omaha and completed her residency in Psychiatry at Albert Einstein Medical Center in Philadelphia. "It's my job to help patients sort out the medical and psychological causes for their problems and to make sure they get the right treatment," says Dr. Long. "The greatest satisfaction is when they come back and tell me they are feeling a lot better." Dr. Long is board-certified in Psychiatry and joined Monroe Clinic in 1992.

### Physician Preceptor

Dan Reilly, D.O.



#### **Practice Highlights:**

Dr. Reilly is a psychiatrist who treats mental and behavioral problems in adolescents and adults. He received his medical degree from the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa and completed his residency at Menninger, now part of Baylor University in Houston, Texas. Dr. Reilly treats depression, anxiety, ADD/ADHD, mental disorders of the developmentally disabled, anger issues, psychotic disorders, and

bipolar mood disorder, among other psychiatric conditions. "It is very gratifying when I know I have helped people," said Dr. Reilly.

Required Reading:

Website reference: Neuroscience Education Institute (contact Rachel Long for password)

Article: Rakofsky, JJ, et al. Conceptualizing treatment nonadherence in patients with bipolar disorder and PTSD. CNS Spectr. 2011;16(1).

Office Hours: By appointment

Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities, rotation requirements, expectations, and specific goals for the rotation with the resident. Introduction to nurses and staff.

Week 1: Resident will observe preceptor's normal clinic activities. By the end of the week the resident will begin to work-up pre-identified patients and present recommendations to the preceptor. Resident will provide medication counseling, counsel on adherence, and address any patient concerns as appropriate.

Week 2-4: Resident will work-up pre-identified patients, interview patients, perform medication reconciliation; identify any therapeutic or drug-related problems or questions and present recommendations to preceptor. Resident will provide medication counseling, counsel on adherence and address any patient concerns as appropriate.

\*The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

Activities:

The Resident will complete:

- Weekly topic discussions
- One Drug Information Question

## Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
- Weeks 1 and 2 Evaluations:
  - Formative snapshots by Preceptor
  - Formative self-evaluation snapshots by Resident
- Week 4 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - LE evaluation by Resident
  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Pulmonology

The Resident will see patients along with the pulmonologist. A medication profile review will be completed for each patient, with a focus on monitoring for appropriate drugs and indications, and labs. The Resident will make any recommendations to the pulmonologist prior to the patient exam. The Resident may assist with administering pulmonary function tests and nebulizers, and will provide patient education on diseases and medications. Some time may be dedicated to observing various procedures, seeing hospital consults, and sleep studies.

### Physician Preceptor

Michael Netzel, M.D.



#### **Specialty:**

Allergy/Pulmonology

#### **Practice Highlights:**

As an allergist and pulmonologist, Dr. Netzel treats allergies and lung disorders in people of all ages. He also helps people suffering from sleep disorders. He completed his medical training and residency at Creighton University School of Medicine in Omaha, Nebraska. He joined Monroe Clinic in 1995. "I take care of allergy and respiratory problems over the patients' entire lifetime," says Dr. Netzel. "I focus on both upper and lower respiratory care issues." Dr. Netzel is board-certified in Internal Medicine, Pulmonology, and Allergy/Immunology. His specialties include allergies, asthma, bronchitis, and emphysema, as well as sleep medicine.

Required Reading: TBD

Office Hours: By appointment

#### Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities, rotation requirements, expectations, and specific goals for the rotation with the resident. Introduction to nurses and staff.

Week 1: Resident will observe preceptor's normal clinic activities. By the end of the week the resident will begin to work-up pre-identified patients and present recommendations to the preceptor. Resident will provide medication counseling, counsel on adherence, and address any patient concerns as appropriate.

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#### Activities:

The Resident will complete:

- Weekly topic discussions
- One Drug Information Question

#### Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
- Weeks 1 and 2 Evaluations:
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  - Summative evaluation by Preceptor
  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Cardiology

The Resident will see patients along with a cardiologist or nurse practitioner and review medication profiles as able. The Resident will make recommendations regarding drug therapy and laboratory monitoring as appropriate. Medication counseling will be provided as needed. If the Resident is interested, they will have the opportunity to observe various procedures.

## Nurse Practitioner Coordinator

Thome-Hough, Kim, APNP



### **Specialty:**

Cardiovascular Medicine

### **Practice Highlights:**

Kim Thome-Hough is board-certified, acute care nurse practitioner. She received her Master of Science in Nursing from Marquette University. As a nurse practitioner, Kim works independently but collaboratively with a cardiologist to provide comprehensive patient treatment. She is responsible for diagnosing and treating patients, conducting health assessments, appraising health risks, ordering and interpreting test results and prescribing medication. “I am very excited about the advances in medical management, such as electrophysiology,” says Kim. “These types of advances make this a great time to be a health care provider because they allow my patients to live a heart healthy life.”

## Physician Preceptors

Dave Chawla, M.D., PhD



**Practice Highlights:**

Cardiac imaging, echocardiography, noninvasive cardiology and nuclear cardiology.

“I make it my goal to fully involve my patients in their treatment plan. I take time to talk with my patients, so they fully understand and can confidently manage their condition, treatment and healthcare goals.”

Parag Tipnis, M.D.



**Practice Highlights:**

Noninvasive cardiology, including the detection, monitoring and treatment of heart disease, with an emphasis in echocardiology.

“Being a native of the Midwest and a current resident of Wisconsin, it means so much for me to be caring for patients in this region. My patients are my neighbors.”

Arif Ahmad, M.D.



**Practice Highlights:**

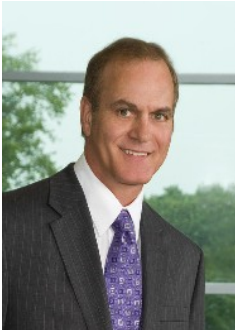
As a cardiologist, Dr. Arif Ahmad diagnoses and treats conditions that affect the heart and blood vessels. He received his medical degree from the University of the Punjab in Pakistan and completed fellowships in adult cardiovascular disease and advanced electrophysiology at the University of Wisconsin Medical School.

“I provide comprehensive cardiovascular and electrophysiology care.” says Dr. Ahmad. “This

includes echocardiograms, stress tests, cardiac catheterizations, and using devices like pacemakers and defibrillators to regulate heartbeat.”

Dr. Ahmad is board certified in cardiology and electrophysiology. As an electrophysiologist, he also specializes in treating sudden or unpredictable changes in heartbeat rhythms.

Keith Devries, M.D.



### **Practice Highlights:**

Diagnostic catheterization, coronary angioplasty, stents, noninvasive cardiology, stress testing, echocardiography, vascular duplex ultrasound and medical treatment of peripheral vascular disease

“Collaboration and compassion are central to the way I approach my job. Patients count on me to understand their concerns and keep the lines of communication open with them, as well as the other members of their healthcare team.”

### **Required Reading:**

- Theheart.org (various helpful articles):
  - Oct 1, 2010 article “All diabetics over 40 should be on statins”
  - July 30, 2010 article “PPI and dual antiplatelet therapy myths and reality”
- American College of Cardiology (various helpful topics):
  - Familiarity with stress testing types, specifically focusing on medications contraindicated with adenosine
  - Familiarity with CAD and Integralin vs. heparin drip in addition to Plavix.

**Office Hours (Kim):** By appointment

Pager: 328-6873

Office: 324-2854

### Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities, rotation requirements, expectations, and specific goals for the rotation with the resident. Introduction to nurses and staff.

Week 1: Resident will observe preceptor's normal clinic activities. By the end of the week the resident will begin to work-up pre-identified patients and present recommendations to the preceptor. Resident will provide medication counseling, counsel on adherence, and address any patient concerns as appropriate.

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\*The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the resident's progression.

### Activities:

The Resident will complete:

- Weekly topic discussions
- One Drug Information Question

### Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
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  - Preceptor evaluation by Resident

## Endocrinology

The Resident will see patients along with the endocrinologist and review medication profiles as able. The Resident will make recommendations regarding drug therapy and laboratory monitoring as appropriate. Medication counseling will be provided as needed.

## Physician Preceptor

Paul Bekx, M.D.



**Specialty:**  
Endocrinology

### **Practice Highlights:**

As an endocrinologist, Dr. Bekx treats disorders of the endocrine system, which include endocrine glands and the hormones they secrete. He received his medical degree from the Medical College of Wisconsin and a partial residency in family practice. Dr. Bekx also completed an internal medicine residency at Ohio State University and an endocrinology fellowship at the University of Wisconsin-Madison.

Dr. Bekx has a special interest in providing general endocrinology, such as the medical management of thyroid, pituitary and adrenal gland diseases. Additionally, he collaborates with Monroe Clinic's diabetes educators to help patients with diabetes manage their condition.

"I enjoy helping patients understand their condition, so they can comprehend and be involved in their own care plan," said Dr. Bekx.

Dr. Bekx is board certified in endocrinology and internal medicine. He is also a Diplomate of The American Board of Clinical Lipidology. He holds memberships in the American Diabetes Association, American Association of Clinical Endocrinologists, Endocrine Society and National Lipid Association. Dr. Bekx was also named one of Madison's "Top Docs" by Madison Magazine.

Required Reading:

- ADA guidelines for diabetes care (Executive Summary only)
- NCEP – ATP III guidelines (Summary only)
- Thyroid.org for basic understanding of thyroid disease

Office Hours/Availability: By appointment

Expected progression of resident responsibility\*:

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  - Summative self-evaluation by Resident
  - Preceptor evaluation by Resident

## Neurology

The Resident will see patients along with a neurologist and review medication profiles as able. The Resident will make recommendations regarding drug therapy and laboratory monitoring as appropriate. Medication counseling will be provided as needed.

### Physician Lead Preceptor

Josh Morrison, M.D.



**Specialty:**  
Neurology

#### **Practice Highlights:**

Dr. Morrison graduated with a medical degree from the Medical College of Wisconsin. He then went on to complete an internal medicine internship, neurology residency and clinical neurophysiology fellowship at the Medical College. He specializes in treatment disorders of the brain, spinal cord, and peripheral nervous system such as headache, neuropathy, stroke, Parkinson's disease, multiple sclerosis, epilepsy, and Alzheimer's disease.

### Physician Preceptor

Kara Tower, D.O.



**Specialty:**  
Neurology

#### **Practice Highlights:**

Dr. Tower graduated with a degree in Osteopathic Medicine from Western University in Pomona, California. She then went on to complete an internship in internal medicine, a residency in neurology, and a fellowship in clinical neurophysiology at the Medical College of

Wisconsin. She offers specialized care for symptoms and disorders affecting the brain, spinal cord, nerves, and muscle, including chronic headache, stroke, Parkinson's disease, neuropathy, multiple sclerosis, epilepsy, muscular dystrophy, and Alzheimer's disease.

Required Reading:

TBA

Office Hours/Availability:

By appointment

Expected progression of resident responsibility\*:

Day 1: Preceptor to review learning activities, rotation requirements, expectations, and specific goals for the rotation with the resident. Introduction to nurses and staff.

Week 1: Resident will observe preceptor's normal clinic activities. By the end of the week the resident will begin to work-up pre-identified patients and present recommendations to the preceptor. Resident will provide medication counseling, counsel on adherence, and address any patient concerns as appropriate.

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\* The progression listed above serves as a guideline. The preceptor may alter each of the phases of learning depending on the Resident's progression.

Activities:

The Resident will complete:

- Weekly topic discussions
- One Drug Information Question

Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
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  - Preceptor evaluation by Resident

## Elective Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the following goals and objectives:

R1.5: Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and health care providers.

OBJ R1.5.1: Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.

*Resident activity:* The resident will answer any drug-related questions from providers, patients, or staff.

OBJ R1.5.2: Formulate a systematic, efficient, and thorough procedure for retrieving drug information.

*Resident activity:* The Resident will create and maintain a library of pertinent sources by accessing articles and information.

OBJ R1.5.3: Determine from all retrieved biomedical literature the appropriate information to evaluate.

OBJ R1.5.4: Evaluate the usefulness of biomedical literature gathered.

*Resident activity:* The Resident will distinguish the applicability of any information gathered.

OBJ R1.5.5: Formulate responses to drug information requests based on analysis of the literature.

*Resident activity:* Resident will respond in a timely manner with appropriate responses to drug information questions.

OBJ R1.5.6: Provide appropriate responses to drug information questions that require the pharmacist to draw upon his or her knowledge base.

OBJ R1.5.7: Assess the effectiveness of drug information recommendations.

*Resident activity:* The Resident will develop a method to determine if responses to drug information questions and/or information discussed in in-services is implemented in practice.

R2.4: Collect and analyze patient information.

OBJ R2.4.1: Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

*Resident Activity:* The Resident will utilize EMRs prior to patient visits to gather the information necessary so that they will better be able to make appropriate recommendations.

OBJ R2.4.2: Determine the presence of any of the following medication therapy

problems in a patient's current medication therapy: (1) Medication used with no medical indication; (2) Patient has medical conditions for which there is no medication prescribed; (3) Medication prescribed inappropriately for a particular medical condition; (4) Immunization regimen is incomplete; (5) Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration); (6) There is therapeutic duplication; (7) Medication to which the patient is allergic has been prescribed; (8) There are adverse drug or device-related events or potential for such events; (9) There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions; (10) Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others; (11) Patient not receiving full benefit of prescribed medication therapy; (12) There are problems arising from the financial impact of medication therapy on the patient; (13) Patient lacks understanding of medication therapy; (14) Patient not adhering to medication regimen.

*Resident Activity:* The Resident will formulate a strategy to assess the above problems with medication therapy by using EMRs and information gathered during patient visits.

OBJ R2.4.3: Using an organized collection of patient-specific information, summarize patients' health care needs.

*Resident Activity:* When making recommendations to a provider, the Resident will first summarize pertinent patient information in a verbal SOAP note format.

#### R2.6: Design evidence-based therapeutic regimens.

OBJ R2.6.1: Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

*Resident Activity:* The Resident will utilize published guidelines and other sources of information pertinent to the subject to determine therapeutic goals.

OBJ R2.6.2: Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

*Resident Activity:* The Resident will individualize recommendations for therapy based upon the above.

#### R2.8: Recommend or communicate regimens and monitoring plans.

OBJ R2.8.1: Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.

*Resident Activity:* The Resident will communicate all therapeutic problems and/or suggestions in a timely and appropriate manner.