Monroe Clinic

Pharmacy Residency Manual
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I. Residency Overview

Statement of Purpose:

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 areas:

1. Patient Care.
2. Advancing Practice and Improving Patient Care.
3. Leadership and Management.
4. Teaching, Education, and Dissemination of Knowledge.

Residents will also demonstrate competence in the following elective areas:

1. Pharmacy Research
2. Added Leadership and Practice Management Skills
3. Management of Medical Emergencies
4. Teaching and Learning
5. Health, Wellness, and Emergency Preparedness
II. General Information

Contact Information

Monroe Clinic
515 22nd Ave
Monroe, WI 53566
(608) 324-2000

Residency Program Director
Julie Bartell, PharmD, CACP, BCACP
Office phone: (608) 324-2289
Fax: (608) 324-2268
Email: julie.bartell@ssmhealth.com

Pharmacy Residents
Office phones: (608) 324-1005, (608) 324-1916, (608) 324-1960

Recommended Materials
• Stethoscope (Recommended brand: Littmann Classic II S.E. or Cardiology III Stethoscope)

Required Materials
• 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 provides security access to various areas throughout the hospital and clinic. It can also 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 a personalized lab coat 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.
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 Julie Bartell 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.

_Outlook_
The Monroe Clinic uses Office 365 Outlook for electronic mail and a 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 Outlook calendar function to post scheduled meetings and appointments. Other Outlook users can view the calendar. The resident will use Outlook to send appointments for journal club, in-services, preceptor meetings, etc.

Medical and Drug Information Resources

Electronic Resources

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

Residents also have access to the Pharmacist Letter and Natural Medicine Database from any Monroe Clinic computer, accessible at http://www.pharmacistletter.com.

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 Hospital Pharmacy, and specific departments throughout the Clinic (e.g. The Red Book is a useful resource available in Pediatrics). There are many texts available on anticoagulation and chronic diseases in the Pharmacotherapy office.

Printing/Copying Resources

The printers that the resident will use most often are found in the following locations:
- Clinic building – Pharmacotherapy department, resident offices
- Hospital building

Copy machines can be found in the following locations:
- Clinic building – Pharmacotherapy, resident Offices
- Hospital building
For advanced printing/copying services (e.g. business cards, promotional materials for meetings, etc.) contact Dick Halvorson (dick.halvorson@monroeclinic.org) at the Monroe Clinic Print Shop, located in the hospital building.

For professional poster printing contact Ed Mikkelson at Register Print Center (608) 897-2737 or edm@registerprintcenter.com. Posters need to be submitted for printing at least 1-2 weeks prior to conference.

III. Pharmacy Residency Program Rules and Regulations

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 curriculum vitae, official college transcripts, and three letters of recommendation. All application materials must be received by January 5th.

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:

- School of Pharmacy
- Grade Point Average
- Diversity of clinical experiences
- Research experience
- Writing experience/publications
- Presentations/Public speaking
- Letters of recommendations
- Leadership and extracurricular activities
- Previous work experience
- 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
• Cultural fit

Candidates may be asked to work up and present a patient case on-site. Patient case presentations will be evaluated based on presentation of:

• Subjective information
• Objective information
• Assessment
• Plan/recommendations
• Flow, confidence, grammar/wording

A short essay/writing exercise may also be required. Essays are evaluated based on:

• Overall organization
• Clarity of thoughts
• Confidence
• Grammar
• Spelling

A candidate may not be ranked at the discretion of the interview team.

Phase 2
Should a position(s) be available at the completion of Phase 1, Monroe Clinic will enter Phase 2 of the match. The selection for Phase 2 is similar to Phase 1, with the exception that of candidate is extended an interview and unable to come for an on-site interview they may be granted an interview via Skype. Additionally, the patient case will be a provided to candidates who interview via Skype to complete at home, however the case must be completed and returned within 24 hours.

Resident Time, Attendance & Absenteeism
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 every third weekend. All policies outlined by the American Society of Health-System Pharmacists (ASHP) will be followed (http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx). Residents are expected to complete a monthly survey found in PharmAcademic to ensure that they have complied with the duty hour requirements.

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 have the equivalent of 16 days of paid time off in their “CTO bank”. This time must be used for vacation, sick, and personal time off. The resident is expected to use CTO for all holidays, as the Clinic is closed. CTO is 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 and be mindful of rotational restrictions for time off.

**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).

- If necessary to successfully complete the residency program requirements, the resident may extend the residency up to six weeks to compensate for lost time.

Resident attendance throughout each rotation is essential for optimal learning and successful completion of the Residency Program. Therefore, the resident will be required to make up time (i.e. extend the residency year) for any absences, including sick time, which exceed 40 hours in any single rotation. This does not include time taken for required conferences (Great Lakes, ASHP Midyear). If the resident’s CTO bank depletes prior to the end of the year, any additional unpaid time off, including sick time, must be made up.
Regardless of CTO taken during a month, staffing/distribution requirements remain the same and the resident will be expected to find another pharmacist to cover any assigned shifts. Weekly topic discussions and/or journal club sessions that fall during the resident’s CTO may be expected to be made up at another time, at the discretion of the preceptor and/or Residency Director.

Monroe Clinic’s policy for all Monroe Clinic employees will also be enforced. Please see the Attendance/Tardiness Policy (#500-012) for additional details.

Additional Employment During Residency
Residents are discouraged from seeking additional employment during the residency year as the resident’s primary obligation is to the residency program. All additional employment must be approved by the RPD, and duty hour requirements must not be exceeded.

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. In the event of delay due to failure to pass the NAPLEX or WI state law exam, the resident will have one additional opportunity to retake the exam(s). Regardless of circumstance, licensure must be obtained no later than October 31st. If the resident is not licensed by October 31st they will be expected to meet with the Residency Director to discuss options. These options may include immediate dismissal from the program, a leave of absence until licensed, or a paid or unpaid extension of the program in order to meet all requirements.

- 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 and appropriate nursing staff/Coach at least one week prior to each rotation to introduce themselves and establish where and when to meet the first day.
• The resident is expected to staff approximately every third weekend. Holiday weekends will be divided up evenly, as applicable. Should Christmas Day or New Year’s Day fall on a scheduled weekend, the resident will have the option to take CTO on an agreed upon weekday in its stead.

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 and self-approved by the end of the pay period.

• The resident is responsible for tracking approximate time spent with all preceptors by the end of the day Friday each week. A time tracking Excel sheet can be found in the residency folder on the H:/ drive.

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 PharmAcademic. The resident and preceptors are expected to provide narrative comments as applicable for all evaluated objectives. The resident, RPD (as applicable), and preceptor(s) will meet to discuss all evaluations prior to the formal electronic submission of PharmAcademic evaluations. All evaluations should be completed in a timely fashion, within seven days of the end of the rotation or quarter (for longitudinal learning experiences).

• The resident is responsible for scheduling a meeting with the applicable preceptor(s) and RPD (as applicable) to discuss evaluations.
• All supporting documents of presentations, projects, etc. should be placed in the Resident Online Portfolio under the shared H:/ drive. Copies of any evaluations not found of PharmAcademic should be placed in the Resident Online Portfolio as well.

• Summative and Quarterly Evaluations use the ASHP 5-point grading scale, defined by the following:
  
  o 5: Mastered/Exceptional. Resident is performing above and beyond expectations.
  
  o 4: Competent/Frequently. Resident is capable of independent performance the majority of the time with only rare preceptor intervention.
  
  o 3: Knows/Developing. Resident needs occasional preceptor intervention.
  
  o 2: Knows some/Sometimes/Emerging. Frequent preceptor intervention is needed.
  
  o 1: Does not know/Needs Improvement. Resident has had no experience or exposure.

• 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 ≥4 in various practice settings. At a minimum, 90% of all patient care objective, and 80% of all non-patient care objectives must be marked ACH to graduate successfully from the program.

• 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:
Disciplinary Policy

- If the RPD or preceptor(s) determine that the resident is not meeting the program criteria as described above, the following actions will be taken:

  o The resident will be notified in writing of the specific complaint.

  o 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.

  o 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.

  o 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 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.

Grounds for Dismissal

- 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.
  - Unprofessional behavior or comments towards patients or staff will not be tolerated, and will lead to appropriate actions (including but not limited to immediate dismissal).

- Plagiarism: Consistent with the University of Wisconsin School of Pharmacy’s Policy
  - Definition of Plagiarism: “Plagiarism is taking someone else’s ideas or words, intentionally or not, and presenting them as your own.”
  - All written work may be reviewed using plagiarism detection software to determine if the answer has been plagiarized.
  - Consequences of intentional or unintentional plagiarism may range from an oral reprimand to suspension or dismissal from the program.
  - Any scholarly work containing plagiarism, whether intentional or unintentional will not be acceptable. Should scholarly work be found to contain plagiarism, a meeting will be held to determine intent. Remediation will be required for the resident (i.e. enrollment in a plagiarism course through the University of Wisconsin Writing Center. Information found at http://writing.wisc.edu/Handbook/QuotingSources.html) and proof of completion must be provided. The resident must resubmit all written document or report that has been plagiarized for approval.
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.

Benefits

**Vacation & Earned Time Off**

Combined Time Off (CTO) – The CTO bank 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, Point of Enrollment, or Consumer-Directed (high deductible) Health 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. If enrolling in the high deductible plan, the employee will pay a lower premium for single,
employee + one, employee + child(ren), or family coverage, but will be responsible for all health care expenses (non-preventative) until the deductible is met. They may use a Health Savings Account for this purpose, to which Monroe Clinic will contribute $600 (individual) or $1200 (family). Enrollment in the Monroe Clinic Wellness Plan is required to receive optimal premiums (details available on the Monroe Clinic Wellness intranet page and/or through Human Resources).

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 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.

Health Savings Accounts – The high deductible plan allows employees to pay for medical expenses on a before-tax basis. Unused funds carry over to future years, and yield interest.

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 45th 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.

Wellness Incentive Program – Monroe Clinic will provide up to $100 for any health and wellness associated activity.

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.

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.
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](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: Late April
  - Register online at the above address
  - RPD will book hotel accommodations by December
  - Submit abstract and curriculum vitae by February
  - Submit slides by mid-April

- **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
  - Register online
  - RPD will reserve hotel and make airline reservations
  - Opportunity to participate in Personal Placement Service
  - Poster presentation opportunity

- **Pharmacy Society of Wisconsin Educational Conference (one day required, two days optional)**
  - Location: Monona Terrace, Madison, WI
  - Date: April
  - Complete registration online
  - **Required** poster and/or podium presentation

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 Annual Meeting (poster presentation opportunity)
- Pharmacy Society of Wisconsin Legislative Day
- American College of Clinical Pharmacy Annual and Spring meetings (poster presentation opportunities)
Reimbursement
The resident will receive reimbursement for travel, lodging, and food expenses (up to $35 per day) related to attendance at the ASHP Mid-year Clinical Meeting, the PSW Educational Conference, 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.
Curriculum

Overview

Core Learning Experiences

Rotational
- Pharmacotherapy Clinic (8 weeks)
- Medicine (8 weeks)
- Pharmacotherapy Lab Teaching (4 weeks)
- Primary Care (4 weeks)
- Community Pharmacy Practice – Outpatient Medication Management (4 weeks)
- Medication Use & Drug Policy (4 weeks)

Core Options (choose 1; 4 weeks)
- Pharmacotherapy Clinic
- Primary Care

Concentrated
- Orientation
- Public Health Outreach Project

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

Elective Learning Experiences* (Resident to choose 3 electives; 4 weeks each**
- Adult Medicine/Skilled Nursing Facilities
- Emergency Department
- Antibiotic Stewardship
- Psychiatry
- Pulmonology
- Oncology
- Neurology
- Nephrology

*The resident will choose elective rotations by the end of orientation, however these can be changed at a later time if available.
**Oncology is offered on Thursdays only, and may be extended to 8-12 weeks and combined with other electives.
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 and Patient Care Orientations
- Introduction to Medicine
- Introduction to Pharmacotherapy
- Introduction to Cardiac Rehabilitation
- Online stats tutorial
- Review of RLS and Residency Competencies, Goals, and Objectives
- Identification of Residency Project and preceptor
- Wisconsin Pharmacy Quality Collaborative (WPQC) certification
- Inservices
  - Evaluations and Self-Assessment
  - Progress Notes
  - Drug Information Questions & Topic Discussions
  - Journal Club and Presentations
  - Conducting a Successful Residency Project
  - Anticoagulation Overview
  - Warfarin Drug Interaction
  - Perioperative Anticoagulation
  - HTN
  - Lipids
  - Diabetes
  - Tobacco Cessation
  - Heart Failure
  - Medication Therapy Management
**Pharmacotherapy Clinic**

During this 8-week rotation in the pharmacist-managed Pharmacotherapy Clinic the resident will gain exposure to patients with the indications of hyperlipidemia, hypertension, diabetes, and long-term anticoagulation, heart failure, tobacco cessation, and general medication therapy management.

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

Residents have an option to extend the Pharmacotherapy rotation with an additional 4-week block later in the year.

**Preceptor**

Julie Bartell, PharmD, CACP, BCACP

**Specialty:**
Pharmacotherapist

**Practice Highlights:**
Julie Bartell, PharmD, CACP, BCACP 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 and ACC/AHA guidelines
• JNC7 and JNC8 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 Pharmacotherapist. 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 4-8: 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:
  • One Drug Information Question
  • One Warfarin Bridging Plan
  • One Warfarin Drug Interaction

By the end of the 4-week extension the resident will have completed:
  • One Drug Information Question

Rotation goals and objectives – Part I

Residents will demonstrate sufficiency in meeting the goals and objectives of this rotation through the following activities:
<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1.1.1(Applying) Interact effectively with health care teams to manage patients’ medication therapy</td>
<td>• Demonstrate the ability to relay pertinent information and/or recommendations to collaborating health care providers.</td>
</tr>
<tr>
<td>R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy</td>
<td>• Evaluate patient charts for pertinent history and information, as well as gather information directly from patients and caregivers.</td>
</tr>
<tr>
<td>R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy</td>
<td>• Interpret collected information in order to formulate a patient care plan.</td>
</tr>
<tr>
<td>R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</td>
<td>• Construct a patient care plan</td>
</tr>
<tr>
<td>R1.1.2(Applying) Interact effectively with patients, family members, and caregivers</td>
<td>• Interview patients during visits, counseling patients and discussing their medication histories, diseases, lifestyle, etc.</td>
</tr>
<tr>
<td>R1.1.7(Applying) Document direct patient care activities appropriately in the medical record or where appropriate</td>
<td>Document in the medical chart all pertinent information and notes.</td>
</tr>
</tbody>
</table>

**Rotation goals and objectives – Part II (elective 4 week add-on)**

<table>
<thead>
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<td>R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy</td>
<td>• Independently interpret collected information in order to formulate a patient care plan.</td>
</tr>
<tr>
<td>R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</td>
<td>• Independently construct a patient care plan</td>
</tr>
<tr>
<td>R1.1.6(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions</td>
<td>• Follow up with interventions as needed to evaluate patient outcomes and adjust plans as necessary.</td>
</tr>
<tr>
<td>R1.1.8(Applying) Demonstrate responsibility to patients</td>
<td>• Practice responsibly while managing the Pharmacothearpist’s schedule and maintain availability for patient care issues.</td>
</tr>
</tbody>
</table>
| R1.2.1(Applying) Manage transitions of care effectively | • Initiate transitional education and medication list updates for patients newly discharged from hospital or NH.  
• Practice at an appropriate level, recognizing when situations are out of their scope. |
| R3.2.4(Applying) Manages one’s own practice effectively | • Practice independently, managing the Pharmacotherapist schedule and other clinical responsibilities by the end of the rotation. |

**Evaluations:**

Scheduled evaluations for this LE include the following:

- **Week 4 Evaluations:**
  - Warfarin Drug Interaction evaluation by preceptor

- **Week 8 Evaluations:**
  - Anticoagulation Bridging Plan evaluation by preceptor
  - Drug Information Question evaluation by preceptor
  - Summative Evaluation by preceptor
  - LE evaluation by resident
  - Preceptor evaluation by resident

- **Week 12 Evaluations (as indicated):**
  - Drug Information Question evaluation by preceptor
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - Preceptor evaluation by resident
Pharmacotherapy Rotation Goals & Objectives Grading Scale

**Grading Scale:** 5 = Exceptional/Mastered; 4 = Competent/Frequently; 3 = Knows/Developing; 2 = Knows Some/Sometimes/Emerging; 1 = Needs Improvement/Does Not Know

R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Exceptional/Mastered (5)</th>
<th>Needs Improvement/Does Not Know (1)</th>
</tr>
</thead>
</table>
| R1.1.1(Applying) Interact effectively with health care teams to manage patients’ medication therapy | 1) Resident anticipates when interaction/communication with other providers is necessary and is able to initiate this interaction without prompting.  
2) Resident recognizes the roles of other specialty areas (i.e. social work, home care, dietary, specialists) and is able to distinguish/interact with the appropriate resource  
3) Resident’s recommendations are derived independently of preceptor and complete with appropriate data and supporting evidence  
4) Resident is assertive, but not aggressive, when making recommendations and/or communicating with other providers | 1) Resident does not anticipate when interaction/communication with other providers is necessary and needs consistent prompting.  
2) Resident is challenged with determining the specific discipline/provider to contact  
3) Resident’s initial recommendations are incomplete; preceptor assistance often required  
4) Resident is not assertive or is aggressive in delivery of information |
| R1.1.2(Applying) Interact effectively with patients, | 1) Resident anticipates questions or concerns the patient/caregivers may | 1) Resident consistently flounders when addressing questions; obvious that no prior thought given to |

<table>
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<tr>
<td>R1.1.3(Applying) Interact effectively with patients,</td>
<td>1) Resident anticipates questions or concerns the patient/caregivers may</td>
<td>1) Resident consistently flounders when addressing questions; obvious that no prior thought given to</td>
</tr>
</tbody>
</table>
| Family members, and caregivers | 1) Resident consistently uses a pre-developed tool or method to aid with collecting and organizing all patient-specific data.  
2) Resident works up all patients in a timely fashion, leaving ample time to identify and discuss any needed recommendations/problems  
3) Resident consistently identifies all necessary past medical history/pertinent background information to identify/assess problems/concerns and make appropriate recommendations  
4) Resident consistently collects pertinent interim history and consistently uses this information to address problems/make recommendations  
5) Staffing of patients is consistently well organized and complete with little to no preceptor prompting/interventions; | 1) Resident does not consistently utilize a tool to help collect data; pertinent history/background often incomplete or unorganized.  
2) Resident consistently struggles to work up all patients thoroughly.  
3) Resident consistently struggles to identify pertinent PMH.  
4) Resident unable to consistently use information collected to make appropriate recommendations/plans.  
5) Resident staffs patients incompletely and/or struggles with organization. Requires consistent preceptor prompting/interventions. Resident routinely unable to address questions/clarifications. |

| R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy | 2) Resident is able to “read” a patient’s responses and body language and adjust their counseling technique accordingly (addressing health literacy, hearing impairment, etc.).  
3) Resident shows appropriate level of empathy when interacting with patients/caregiver. | 2) Resident struggles to catch signs and/or modify their counseling technique or approach based off of patients’ body language, answers, or other signs.  
3) Resident shows inappropriate levels of empathy (insincere or otherwise) when interacting with a patient/caregiver. |
| R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy | Resident able to address any questions/clarifications immediately and completely. | 1) Resident routinely scans entire medication list and compares to PMH to catch obvious duplications/omissions/mistakes  
2) When applicable (i.e. medication optimization visit, diabetes visit), resident routinely checks that immunization status is complete  
3) Resident consistently identifies errors and/or suboptimal/inappropriate/toxic doses in medication regimen and makes appropriate recommendations  
4) Resident routinely screens allergies and ensure no inappropriate medications prescribed  
5) Resident consistently able to identify common adverse events related to specific medications, potential adverse effects from DDIs  
6) Resident consistently screens for and identifies common drug-disease interactions (i.e. dose adjustments or contraindications in renal disease).  
7) Resident consistently screens for an updates herbal/OTC lists and identifies potential problems/DDIs. | 1) |
| 8)  | 9) Resident consistently screens for/identifies for current or past tobacco, EtOH use, recreational drug use  |
| 10) | Resident identifies and addresses potential financial impacts of medications and helps address alternative options |
| 11) | Resident consistently able to identify and assess gaps in patient understanding of therapy, and able to address those gaps in patient-friendly and patient-specific terms |
| 12) | Resident consistently screens for proper adherence and able to educate/address any non-adherence |

**R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)**

| 1)  | Resident is able to recognize when patient preferences/culture considers need to be considered, and as independently able to integrate these into the care plan. |
| 2)  | Resident is able to identify when a patient’s endpoint or goal was set by another provider and does not match guidelines/best evidence. They recognize when goals may not be appropriate and are assertive (but not aggressive) with their interventions/recommendations to other providers. If they agree with the |

| 1)  | Resident does not recognize the role of patient preferences, or is not able to integrate into the therapy plan without preceptor prompting/intervention. |
| 2)  | Resident does not recognize when goals have been adjusted by other providers, or is not able to justify/understand these changes. They make no attempt to challenge decisions they do not agree with, do not include supporting evidence, or make recommendations in an aggressive, inappropriate manner. |
### R1.1.6(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

<table>
<thead>
<tr>
<th>1</th>
<th>Resident follows up with patients in a timely and appropriate fashion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Resident communicates with patient, other providers, etc. as needed and appropriate in a timely manner.</td>
</tr>
</tbody>
</table>

1) Resident routinely does not follow up with patients in a timely manner; has no organizational system to manage/keep track of necessary follow ups.  
2) Resident often is untimely or struggles with prioritization when communicating

### R1.1.8(Applying) Demonstrate responsibility to patients

<table>
<thead>
<tr>
<th>1</th>
<th>Resident develops a working, professional relationship with patients, enabling patients to consistently demonstrate acceptance of the resident's care recommendations and decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Resident establishes an environment where the patient understands the role of the Pharmacotherapist</td>
</tr>
</tbody>
</table>

1) Patients often display doubt with resident's recommendations and decisions, seeking verification from preceptor or other member of the health care team  
2) Patients often display confusion or misunderstand the role of the Pharmacotherapist
<table>
<thead>
<tr>
<th>R3.2 Demonstrate management skills</th>
<th>Grade</th>
<th>Exceptional/Mastered (5)</th>
<th>Needs improvement/Does Not Know (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R3.2.4(Applying) Manages one's own practice effectively</td>
<td>1)</td>
<td>Resident consistently prioritizes patient-centered care activities</td>
<td>1) Resident consistently struggles with proper prioritization of patient care</td>
</tr>
<tr>
<td>R1.2.1(Applying) Manage transitions of care effectively</td>
<td>1) Resident consistently recognizes when a situation is out of their scope and a further referral necessary.</td>
<td>1) Resident has difficulty recognizing when something is out of their scope, and/or attempts to address inappropriate questions/problems without proper referral.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Resident consistently distinguishes between the need for immediate referral (i.e. ED) vs. non-immediate referral.</td>
<td>2) Resident routinely has difficulty distinguishing between acute and non-acute referral pathways.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Resident consistently and accurately documents and/or notifies the proper provider to whom the referral is made, following Monroe Clinic procedures and policies.</td>
<td>3) Resident does not follow Monroe Clinic procedures or policies when passing on a referred patient.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) All pertinent information is included in the communication when referring a patient.</td>
<td>4) Resident does not include all pertinent information; requires consistent intervention/prompting from preceptor.</td>
<td></td>
</tr>
</tbody>
</table>
| 2) Resident is able to manage and prioritize all tasks associated with managing the practice, appropriately, without suffering | activities; choices lead to a suboptimal experience for the patient.  
2) Resident struggles with day-to-day activities to manage the Pharmacotherapy Clinic |
Medicine
This eight week rotation takes place in the hospital at Monroe Clinic. Monroe Clinic can house up to 40 general admission and surgery patients, 6 intensive care patients, 12 Women’s Health/Family Birth patients. It also supports an eighteen bed Emergency Department and a six suite Operating Room.

Throughout the rotation, residents will be exposed to a variety of pharmaceutical care applications and will be expected to become proficient in the work of a Monroe Clinic hospital pharmacist. The resident will work collaboratively with decentralized pharmacists, hospitalists, nursing staff, and other hospital personnel.

Formal tasks to be completed:
- 6 – Topic discussions (~weekly with a minimum of 6 formal discussions)
  - Evidence-based literature must be utilized and cited
- 1 – Patient case presentation
- 1 – Antimicrobial stewardship project or other hospital project
- Admission medication reconciliation with appropriate documentation
- Discharge counseling with appropriate documentation
- Clinical pharmacy dosing and monitoring
  - Parenteral nutrition
  - Pharmacokinetics
  - Anticoagulation
  - Antimicrobial stewardship
- Documentation of monitoring and interventions when appropriate
  - Progress/consult notes
  - iVents for pediatric orders
  - Sticky notes
- Daily rounding with physicians during weeks 3-8

Informal tasks:
- Complete weekly feedback form and discuss with preceptor
- Preceptor guided teaching sessions as topics arise

Co-Lead Preceptors

Chris Becker, PharmD, BCPS

Specialty:
Clinical Pharmacist

Practice Highlights:
Kyle Schimek, PharmD

**Specialty:**
Clinical Pharmacist

**Practice Highlights:**
Kyle graduated from the University of Minnesota College of Pharmacy in 2015 and pursued a PGY-1 in acute care at Meriter Hospital in Madison, WI. His interests include all things acute care, but especially cardiology, infectious diseases, and critical care. Kyle currently sits on the Critical Care and Sepsis Committees.

**Co-Preceptors**

Alison Goebel, PharmD  
Parissa Moghimi, PharmD

Shawn Fergusen, PharmD  
Lindsey Crubaugh, PharmD

**Office Hours:**

The lead preceptor or any decentralized clinical pharmacist will always be available for clinical questions throughout the resident’s rotation. 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.
Daily Activities:

Pharmacists that work in a clinical inpatient setting at Monroe Clinic are responsible for many patient care activities. For a complete description of pharmacist shifts, see document titled “8 Hour Shift Descriptions”. The resident will be expected to perform the 1, 2, and 3 shift tasks proficiently by the end of their rotation. These tasks include, but are not limited to:

- Admission medication reconciliation (Therapeutic Interchange PROTOCOL)
  - Obtain accurate medication histories
  - Communicate recommendations to the provider in terms of what should or should not be continued and why
    - Write a consult note
    - Pend admission medication reconciliation orders
    - Identify situations when oral communication is necessary
- Ensure appropriate pharmacy policies are initiated and monitored
  - Anticoagulant monitoring (MM-702-PHARM)
  - Parenteral nutrition (MM-510-PHARM)
  - Pharmacokinetic monitoring (MM-509-PHARM and MM-509-PHARM–A)
  - Renal dosing (PROTOCOL)
- Order verification/order entry where appropriate (Therapeutic Interchange PROTOCOL)
- Clinical interventions as a result of profile reviews and order verification (MM-502-PHARM and MM-504-PHARM)
- Antimicrobial stewardship (IV to PO Interchange PROTOCOL)
- Medication error reporting (MM-704-PHARM)
- Discharge medication reconciliation and counseling (1.10.5 and MM-501-PHARM)
  - Reconcile discharge medications against hospital course and plan
  - Review discharge medications for accuracy
  - Print and review discharge medication list with patient, including but not limited to:
    - New medications and associated counseling pearls
    - Medications that have changed and why they have changed
    - Discontinued medications and why they have been discontinued
  - Ensure prescriptions are either printed and provided to patient or sent to their preferred pharmacy
  - Ensure appropriate follow-up appointments are understood by the patient
    - Complete discharge follow-up process for anticoagulation patients
  - Answer any patient questions
  - Document discharge counseling in patient education

The resident will round with a hospitalist every morning during weeks 3-8. Timing of rounds is dependent on the hospitalist, typically starting at 0700 and ending by ~1000-1100. By the end of week 4 the resident should be the position to fully assess a patient, be able to make real-time recommendations/interventions, and perform the daily activities listed above. Residents are expected to prepare for rounds by reviewing patient charts prior to rounding or contemporaneously during rounds. The resident is encouraged to record interventions on the weekly feedback form in order to facilitate discussion with the preceptor and assess the resident’s progress.
Expected progression of resident responsibility:

**Day 1-2:** The preceptor will review learning activities, rotation requirements, expectations, and specific goals for the resident in addition to introducing the resident to members of the inpatient pharmacy team. The lead preceptor will facilitate a shadowing experience in central pharmacy for the resident to become familiar with central operations. Residents should know where to find items in the Orientation Checklist.

**Weeks 1-2:**
During the first two weeks, residents will shadow and assist the pharmacist in the Emergency Department (3 shift). Residents will be expected to participate in admission medication reconciliation, medical emergencies, procedural sedation, bacterial culture review, and observation patient monitoring among other tasks.

In the first two week, the resident will familiarize him/herself with the following Monroe Clinic Pharmacy policies, Medication Management policies, and Pharmacy protocols, which can be found on the Monroe Clinic Intranet:
- Pharmacy-1.10.5 Patient Medication Education at Discharge
- MM-108-PHARM Potassium Replacement
- MM-501-PHARM Multidose Dispensing at Hospital Discharge
- MM-502-PHARM Review and Entry of Medication Orders by a Pharmacist
- MM-504-PHARM Review of Medication Orders for Pediatric Patients by a Pharmacist
- MM-509-PHARM Pharmacokinetic Monitoring
- MM-509-PHARM – A Vancomycin Dosing Guideline
- MM-510-PHARM Parenteral Nutrition
  - PN Template and TPN References
- MM-702-PHARM Anticoagulant Monitoring
- MM-704-PHARM Medication Error Reporting
- PROTOCOL Therapeutic Interchange
- PROTOCOL Renal Dosing
- PROTOCOL IV to PO Interchange
- PC-160-InPt Medical Emergency/Pediatric Medical Emergency (Cardiopulmonary Arrest)

**Weeks 3-8:**
Mornings: In addition to completing overnight admission med rec, the resident will round with the floor pharmacist (1 and 2 shift), hospitalist, and social worker during the morning. By the end of the rotation, residents should feel comfortable and confident developing real-time recommendations, interventions, plans and documentation with respect to antimicrobial stewardship, pharmacokinetics, anticoagulation, renal dosing, and other pharmaceutical care plans while rounding. Ultimately the hope is to have the resident round with the hospitalist and update daily monitoring notes autonomously.

The resident is expected to find time before 12:00 each day to meet with the floor pharmacists (1 and 2 shift) to discuss patients they rounded on with the hospitalist. Discussion should be in SBAR form or as a verbal SOAP note with emphasis on any pharmacy related interventions, monitoring, or follow-up plan. This time is valuable for the resident because it allows them to gain an experienced pharmacist's perspective on
patient cases. Clinical pharmacists also value this time as it helps them clarify questions about patients without having to find a hospitalist.

Any interesting disease state, drug therapy, or clinical questions that came up during rounds should be discussed in more detail to help the resident gain more acute care pharmacy knowledge. These clinical questions could also be developed into the topic discussion for the week or even the Case Presentation.

Noon: Pharmacists huddle most days in central pharmacy to discuss news and updates. Residents are encouraged to take lunch with the team after huddle. During huddles, the resident will be expected to contribute one interesting patient or clinical pearl learned to the pharmacy staff. The pharmacists have staff meetings on Wednesdays and in-services on Thursdays during the lunch hours which the residents shall attend while on rotation.

Afternoons: During the afternoon, the resident is expected to operate as a clinical pharmacist on the inpatient and ICU units for patients they rounded on. Pharmacist responsibilities for those patients become the resident’s responsibility. This includes but is not limited to: profile review, antimicrobial stewardship, pharmacokinetic dosing, anticoagulation management, parenteral nutrition monitoring, renal dosing, and discharge med rec and counseling.

Residents will write detailed and succinct progress notes, sticky notes, iVents, and intervention tracking on their patients in order to ensure appropriate communication between inter- and intra-disciplinary teammates.

If patients require pharmacy management and the resident was not comfortable making the interventions, the resident is expected to discuss this with the clinical pharmacist to receive guidance on how to proceed. This is expected to be more frequent during the early rounding experience and become less frequent as the resident gains more confidence making autonomous recommendations.

Rounding:
The best way to prepare for rounds is to develop a solid profile review and documentation process. Some past residents have found it helpful to review patients the evening before to better understand what patients they will be rounding on. Each hospitalist keeps an updated ‘Patient List’ within Epic which can be viewed and printed before rounding. Residents are encouraged to use the Epic ‘RPh Navigator’ and Sticky Notes to assist with profile reviews, rounding, follow-up and future Sticky Note documentation more efficient.

Clinical responsibilities for assigned patients may need to be performed during morning hours requiring immediate attention (ex: vancomycin dosing). Hospitalists are understanding of this responsibility and will allow residents to step away from rounds during these situations. Ideally, the resident will complete dosing, monitoring, and clinical management in real-time during rounds, but interventions may be made in the afternoon as long as patient care does not suffer as a result.
### Challenge

Floor pharmacist is unaware that a resident is completing all clinical pharmacy monitoring for a particular patient and completes monitoring before resident does.

Floor pharmacist verifies order that requires clinical intervention while resident is rounding unavailable.

### Strategy to Overcome

- Conduct verbal pass-off to both floor pharmacists at the start of the day explaining your role in the patient’s care.
- Meet with floor pharmacists after rounds to discuss the patients you are rounding on and clearly communicate your role in pharmaceutical care for that day.
- Document appropriate daily sticky notes in the ‘RPh Navigator’
- Carry out above strategies and instruct floor pharmacist to contact you when/if this happens.

### Hours:

The resident is expected to carry out rotation responsibilities for 8.5 hours/day as their 30 min lunch does not count toward rotation hours. The exception is Friday afternoons when professional development and project time is scheduled. Typical hours for weeks 1-2 are 0830-1700 (except orientation day 1) and weeks 3-8 are 0630-1500. Resident will receive a calendar from the preceptor specifying day to day activities/hours during the rotation. The resident may discuss and agree upon a plan with the preceptor if time must be dedicated to non-rotation responsibilities during the rotation.

### Throughout the rotation:

The preceptor will make a point to introduce the resident to different interdisciplinary healthcare professionals to help facilitate an understanding of the big picture. This creates the foundation for an environment of mutual respect for each other on an interdisciplinary team. The resident will be introduced to hospital specialists, such as emergency medicine providers, cardiologists, nephrologists, pulmonologists, and palliative care providers during the rotation. The resident is encouraged to shadow these specialists if they are following the resident’s patients or if they are conducting procedures that the resident is interested in observing.

Pharmacists will also page residents if there are any interesting procedures occurring in the hospital for which a pharmacist plays a key role, such as a medical emergency, rapid sequence intubation, or procedural sedation. Residents are expected to communicate with their hospitalist if they are pulled away from rounds for these unique situations.

Residents are expected to become ACLS certified to encourage confidence and effectiveness as an ACLS team member. Residents will respond to and participate as an active team member during all medical emergencies called throughout the organization during their inpatient rotation and are encouraged to respond even when not on their inpatient rotation.

### Evaluations:

Evaluations are recorded in PharmAcademic and are the responsibility of the Primary Preceptor. Formal evaluations are completed by the preceptor unless otherwise noted below:
• Weekly Topic Discussions and Feedback
  o Weekly Feedback Form (*resident)
  o Other pharmacists, residents, or students may attend topic discussion
• Week 2 Check-In
  o Purpose is to identify what is working well and things to improve for the rest of the rotation
• Week 4 Evaluations:
  o Summative evaluation
  o Self-evaluation (*resident)
• Week 8 Evaluations:
  o Antimicrobial Stewardship project
  o Patient Case presentation
  o End-of-rotation summative evaluation
    • TPN
    • Anticoag
    • Renal dosing
    • Admission medication reconciliation
    • Discharge medication education
    • Pharmacokinetics
  o End-of-rotation self-evaluation (*resident)
  o Learning Experience Evaluation (*resident)
  o Preceptor evaluation (*resident)

Project:

Residents are expected to complete a project (usually related to antimicrobial stewardship) during the eight week rotation. Projects generally will include updating or creating new policy, guidelines, and processes that will benefit the department and the hospital.

Rotation goals and objectives

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

R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

R1.2 Ensure continuity of care during patient transitions between care settings

E5.1 Participate in the management of medical emergencies
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<tr>
<td>R1.1.1(Applying) Interact effectively with health care teams to manage patients' medication therapy</td>
<td>☐ Resident rounds with the hospitalist and serves as a drug-information resource, providing clinical recommendations to the physicians.</td>
</tr>
<tr>
<td>R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy</td>
<td>☐ Resident independently obtains accurate medication histories using all available sources (patient, family members, health care facilities, pharmacies, electronic medical record etc).</td>
</tr>
<tr>
<td>R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy</td>
<td>☐ Resident independently completes admission medication reconciliation (documents pertinent information in a consult note and communicates recommendations to the provider).</td>
</tr>
<tr>
<td>R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</td>
<td>☐ Resident is proficient with clinical pharmacist responsibilities including but not limited to: profile review, antimicrobial stewardship, pharmacokinetic dosing, anticoagulation management, parenteral nutrition monitoring, renal dosing, and discharge medication counseling.</td>
</tr>
<tr>
<td>R1.1.6(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions</td>
<td>☐ Resident shall dose pharmacist-to-dose medications as directed by the physician and ensure appropriate monitoring as necessary.</td>
</tr>
<tr>
<td>R1.1.8(Applying) Demonstrate responsibility to patients</td>
<td>☐ Resident provides patient-centered care when performing admissions and discharges, as well as clinical monitoring. Resident responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions through communication with the patient as well as the attending provider.</td>
</tr>
<tr>
<td>R1.1.2(Applying) Interact effectively with patients, family members, and caregivers</td>
<td>☐ Resident independently completes admission medication reconciliation (documents pertinent information in a consult note and communicates recommendations to the provider).</td>
</tr>
<tr>
<td>R1.1.7(Applying) Document direct patient care activities appropriately in the medical record or where appropriate</td>
<td>☐ Resident documents monitoring and interventions daily as appropriate (through progress/consult notes, iVents, sticky notes, and antimicrobial stewardship interventions). This includes, but is not limited to, vancomycin, warfarin, and aminoglycoside monitoring notes.</td>
</tr>
</tbody>
</table>
| R1.2.1(Applying) Manage transitions of care effectively | ☐ Resident independently completes discharge medication reconciliation and counseling (reconciles discharge medications against hospital course/plan, reviews discharge medications for accuracy, review and educate patient on discharge medication chart, appropriately provide prescriptions to the patient, ensure appropriate follow-up appointments are
| E5.1.1(Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures | Resident will become ACLS-certified and participate in medical emergencies. | Resident will communicate and clarify medication changes with outpatient pharmacies or other healthcare facilities when appropriate. | understood by patient, answer any patient questions, and document discharge counseling. |
**Internal Medicine Rotation Goals & Objectives Grading Scale**

**Grading Scale:** 5 = Exceptional/Mastered; 4 = Competent/Frequently; 3 = Knows/Developing; 2 = Knows Some/Sometimes/Emerging; 1 = Needs Improvement/Does Not Know

**R1.1** In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

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<th>Needs Improvement/Does Not Know (1)</th>
</tr>
</thead>
</table>
| R1.1.1(Applying) Interact effectively with health care teams to manage patients’ medication therapy | 1) Able to determine if the question is patient-specific, disease-specific or a general question. Addresses appropriately.  
2) Resident gathers appropriate information/background necessary to successfully and completing answer the question.  
3) Resident recognizes urgency of response, and prioritizes appropriately. Consistently responds in the appropriate timeframe to be clinical useful. | |
| R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy | 1) Resident uses appropriate methods resources for searches, and resources used match the level of evidence and specificity required to thoroughly answer the question.  
2) Resident consistently answers with the appropriate level of specificity using appropriate medical terminology. | |
<p>| R1.1.4(Analyzing) Analyze and assess information on | 1) Resident addresses most pertinent information when answering the question. | |</p>
<table>
<thead>
<tr>
<th>R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</th>
<th>2) Resident successfully able to determine the depth, level of detail, time frame requested, and answers accordingly.</th>
</tr>
</thead>
</table>
| 1) Resident uses evidence from studies with sound design, appropriate statistical analysis, and solid conclusions.  
2) Resident uses evidence from current/relevant studies, studies without bias, appropriate references, and reputable sources/journals.  
3) Resident able to compare and contrast the benefits and risks of potential drug therapies for a patient  
4) Resident understands when patients qualify for guideline recommended therapies and when they fall outside of guidelines recommendations based on patient specific characteristics.  
5) Resident is able to design safe and effective therapeutic plans for anticoagulation, TPNs, and pharmacy-to-dose medications independently |  |
| R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions | 1) Resident consistently draws logical and accurate conclusions that answer the question asked.  
2) Resident answers the question clearly and precisely, in a well-organized and logical fashion, whether communicating orally or with written response. Uses appropriate terminology, which is catered to the requester. |
| R1.1.8 (Applying) Demonstrate responsibility to patients | 1) Resident able to consistently identify when drug therapy should be modified to improve patient compliance and outcomes.  
2) Resident independently advocates on behalf of patient during morning rounds.  
3) Resident understands when patients qualify for guideline recommended therapies and when they fall outside of guidelines recommendations based on patient specific characteristics. | 3) Answers with confidence; demonstrates expertise. |
| R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers | 1) Resident educates patients on medications as well as disease states using patient friendly language.  
2) Resident collaborates with the patient when making changes to chronic therapy and deciding temporary outpatient therapies, such as antibiotics, to chose the most appropriate therapy to optimize patient compliance and outcomes. |  |
| R1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate | 1) Resident consistently and independently documents required discharge and anticoagulation education for every patient |  |
| **R1.2 Ensure continuity of care during patient transitions between care settings** | 1) Resident educates patients on medications as well as disease states using patient friendly language. | 1) Resident does not anticipate when interaction/communication with other |
2) Resident anticipates when interaction/communication with other providers is necessary and is able to initiate this interaction without prompting and contacts outside pharmacies, healthcare providers, and healthcare facilities when important drug therapy modifications occur.
3) Resident ensures patient clearly understands monitoring and follow-up plan.
4) Resident recognizes the roles of other specialty areas (i.e. social work, home care, dietary, specialists) and is able to distinguish/interact with the appropriate resource.
5) Resident’s recommendations are derived independently of preceptor and complete with appropriate data and supporting evidence.
6) Resident is assertive, but not aggressive, when making recommendations and/or communicating with other providers.

<table>
<thead>
<tr>
<th>E5.1 Participate in the management of medical emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the</td>
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</table>
| organization’s policies and procedures | intravenous mixtures extemporaneously, etc.  
2) Resident acts confidently within the medical emergency team to ensure patient receives ACLS recommended care.  
3) Resident independently assesses patient information to identify the correct ACLS guideline recommended algorithm (Vtach vs PEA, for example). | 3) Resident does not actively participate and contribute pharmacy expertise to emergency situations.  
4) Resident does not attend medical emergency and code situations for his/her patients when on rotation. |
Pharmacotherapy Lab Teaching

This 4-week rotation is split into two 2-week sessions, typically one in each 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 Preceptors

Susanne Barnett, Pharm D

Specialty: Clinical Assistant Professor

Practice Highlights:

Susie joined the University of Wisconsin School of Pharmacy in October 2008 as a coordinator for the second-year Doctor of Pharmacy student Introductory Pharmacy Practice Experiences. She also is a co-coordinator of the Pharmacotherapy Lab. Susie received her PharmD from the University of Wisconsin in 2004. After graduation she completed a PGY-1 residency with Aurora Health Care in Milwaukee, WI. Susie’s practice experience has been inpatient with a focus on critical care medicine and infectious diseases. She currently practices at the Veterans Administration Hospital in Madison and is involved with antimicrobial stewardship efforts. Her research interests focus on educational based scholarship and improving the health literacy of patients through adequate training and awareness of healthcare professionals.

Andrea Porter, PharmD
Specialty:
Clinical Assistant Professor

Practice Highlights:

Andrea joined the University of Wisconsin School of Pharmacy faculty in November 2008. She is involved in coordinating the Introductory Pharmacy Practice Experiences courses for the first-year Doctor of Pharmacy students and is the Pharmacotherapy Lab Coordinator for second-year students. Andrea received her PharmD from the University of Wisconsin in 2006. After graduation, she completed a Pharmacy Practice Residency at the Denver Veterans Affairs Medical Center in Denver, Colorado.

Casey Gallimore, PharmD

Specialty:
Clinical Assistant Professor

Practice Highlights:

Casey joined the University of Wisconsin School of Pharmacy as a Coordinator of the Pharmacotherapy Lab in August 2007. Casey Gallimore received her PharmD from the University of Wisconsin in 2005. After graduation she completed a two-year residency at the University of Minnesota focused in academia and ambulatory pharmacy. During her residency she taught in the University of Minnesota College of Pharmacy and practiced in several ambulatory care settings including the Community University Health Care Center and Broadway Family Medicine Clinic in Minneapolis, and Bethesda Family Practice Clinic in St. Paul. Currently Casey practices pharmacy at Wingra Family Medicine Clinic in Madison. Her clinic practice focuses on chronic disease state management. She also has a strong interest in psychiatric pharmacy and is working to
establish psychiatric pharmacy services. Casey's research interest is focused in educational based scholarship.

**Rotation goals and objectives:**

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

R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

R4.2 Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>R4.1.2(Applying) Use effective presentation and teaching skills to deliver education</td>
<td>• Operate as proctors in lab, facilitate group discussions</td>
</tr>
<tr>
<td>R4.1.3(Applying) Use effective written communication to disseminate knowledge</td>
<td>• Make use of appropriate grading tools to grade assignments and provide written feedback as needed</td>
</tr>
<tr>
<td>R4.1.4(Applying) Appropriately assess effectiveness of education</td>
<td>• Apply rubrics and/or other grading tools and feedback to assess effectiveness</td>
</tr>
<tr>
<td>R4.2.1(Analyzing) When engaged in teaching, select a preceptor role that meets learners’ educational needs</td>
<td>• Determine the teaching method that will best meet learners’ needs during lectures and group activities</td>
</tr>
<tr>
<td>R4.2.2(Applying) Effectively employ preceptor roles, as appropriate</td>
<td>• Demonstrate the ability to teach at different levels to cater to individual learner’s needs</td>
</tr>
</tbody>
</table>

**Evaluations:**

Scheduled evaluations for this LE include the following:

- **Week 2 Evaluations (Fall):**
  - Summative evaluation by preceptor
  - Custom lab teaching evaluation

- **Week 4 Evaluations (Spring):**
  - Custom lab teaching evaluation
  - LE evaluation by resident
- Summative evaluation by preceptor
- Preceptor evaluation by Resitrak
Primary Care

The resident or student will work with the primary care pharmacist to serve as a drug information resource to the department and gain experience with medication therapy management visits, annual wellness visits, and transitions of care visits. This experience is designed to teach the learner how to apply pharmaceutical care as an integrated member within a primary care clinic setting. The learner will be directly involved in the assessment, development, and monitoring of medication treatment regimens for patients. Learners are expected to be able to recall and implement clinical practice guidelines, landmark clinical trials, or consensus documents as they relate to solutions for patients’ problems. The learner will work closely with the preceptor to provide chronic disease management and patient/caregiver education. Emphasis is placed on the independent assessment and development of a pharmaceutical care plan for patients with chronic disease. The learner will be expected to resolve drug information questions and assist in other non-direct patient care activities (PA requests, clinical practice management, etc).

Lead Preceptor:

Jacob Keeffe, PharmD

Specialty: Clinical Pharmacist

Practice Highlights:
Jacob graduated from the University of Wisconsin – Madison with a doctor of pharmacy degree in 2013. He completed a Pharmacy Practice Post-Graduate Year 1 residency in ambulatory care at Monroe Clinic. He worked for two years at the Monroe Clinic hospital pharmacy before switching to primary care. Interests include diabetes, geriatrics, and asthma/COPD management.

Office Hours: by appointment

Required Prerequisites:
Learners are encouraged to have a working understanding of the following disease states and care guidelines.

- Asthma
- COPD
- Chronic Kidney Disease
- Chronic Pain/Neuropathy
- Cholesterol
- Diabetes
- Dementia
- Depression/Anxiety
- Heart Failure
- Hypertension
**Expected progression of learner responsibility**: 

- **Day 1**: Preceptor will review learning activities, rotation requirements, expectations, and specific goals for the rotation with the learner. Introduce the work space (department layout and exam rooms) and staff. Set up clinic lists and view the schedule.

- **Week 1**: Learner will observe preceptor’s normal clinical activities. By the end of the week, the learner should have an understanding of the pharmacist’s role in the primary care clinic. The learner is expected to work-up assigned patients and present to the preceptor. The learner will respond to drug-information questions, as appropriate.

- **Weeks 2-4**: Learner will work-up assigned patients and present to preceptor prior to clinic visit. Assigned visits will be led by the learner. The preceptor may be present and participate, coaching the learner. By weeks 3 and 4, the learner may lead patient visits independently. The preceptor may attend and observe the visit. The preceptor will always be available for questions and may follow patients independently to monitor learner skill development in all aspects of the learning experience. The learner will respond to drug-information questions and assist with other non-direct patient care activities, integrating themselves fully into the primary care clinic.

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

**Activities**: 
The learner will complete:
- 4 - Weekly topic discussions (drug products, disease states, history gathering, managing a practice, etc)
- 1 - Drug Information Question or Drug Information Newsletter
- Daily documentation of clinical interventions
- Encounter types include: general medication management consultation, nursing home transitions of care, annual wellness visits, diabetes management, hypertension management, walk-in medication questions

**Evaluations**: 
Scheduled evaluations for this Learning Experience include the following:
- Weekly Self-Assessment completed by learner
- Weekly Topic Discussion completed by preceptor
- Week 4 Evaluations:
  - Drug Information Question evaluation by preceptor
  - Summative Evaluation by preceptor
  - Learning Experience by learner
  - Preceptor and Course evaluation by learner
**Objectives:**  
Learners will demonstrate sufficiency in meeting the goals and objectives of this rotation through the following activities:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>R1.1.1(Applying) Interact effectively with health care teams to manage patients' medication therapy</strong></td>
<td>Residents will communicate therapeutic plans to providers, answer provider questions, and assist nursing staff.</td>
</tr>
<tr>
<td><strong>R1.1.2(Applying) Interact effectively with patients, family members, and caregivers</strong></td>
<td>Residents will perform medication reconciliation and answer drug/disease questions. They will educate patients and caregivers about medications and lifestyle changes in a way that is understandable to lay public.</td>
</tr>
</tbody>
</table>
| **R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy** | Gather pertinent history, including but not limited to:  
  - Adherence or barriers (system, motivation, understanding, recall, financial)  
  - Medications (Rx, OTC, herbal, oral, injections, inhalations, topical, etc)  
  - Social History (EtOH, smoking, diet, exercise)  
  - Past Medical History  
  - Labs, Allergies, Vitals, Imaging, etc |
| **R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy** | Using information gathered, determine level of control of conditions and/or possible adverse reactions. For example, a lab value or patient complaint may indicate gaps in therapy. Supplement knowledge of conditions or treatment practices with:  
  - Drug Information Question(s) |
| **R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)** | By the end of the rotation, residents should be comfortable recommending and placing orders for:  
  - Medications  
  - Labs  
  - Consultation/Specialty services  
  - Follow up (Med Mgmt or PCP) |
| **R1.1.7(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.** | Notes will be timely, complete, and concise documenting the patient interaction, assessment, and plan. Keep in mind other providers or pharmacists will refer to these notes to make their own assessments and plans. |
Learners have the option to extend the Primary Care rotation with an additional 4-week elective block later in the year (see next page).

Rotation goals and objectives – Part II (elective 4 week add-on)

Second block elective rotation goals under construction at this time.

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<td>* In addition to the above responsibilities, learners will be expected to complete responsibilities below</td>
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<td>R1.2.1(Applying) Manage transitions of care effectively</td>
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<tr>
<td>R3.2.4(Applying) Manages one’s own practice effectively</td>
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Primary Care Rotation Goals & Objectives Grading Scale

Grading Scale: 5 = Exceptional/Mastered; 4 = Competent/Frequently; 3 = Knows/Developing; 2 = Knows Some/Sometimes/Emerging; 1 = Needs Improvement/Does Not Know

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<td>R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</td>
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<td>R1.1.2(Applying) Interact effectively with patients, family members, and caregivers</td>
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R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
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<th>R1.1.6(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions</th>
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Community Pharmacy Practice – Outpatient Medication Management

During this rotation, the resident’s primary responsibilities will be to identify, provide, document and bill for medication therapy management (MTM) services, including product-focused level I interventions and level II comprehensive medication reviews. To identify opportunities and eligible patients, the resident will spend part of the day staffing in the Clinic Pharmacy (verifying prescriptions, counseling patients and answering questions from patients and other health care providers). The resident will also use online MTM platforms (Aprexis, OutcomesMTM, MirixaPro) to identify appropriate opportunities for the provision of MTM services. The resident will have an opportunity to screen for and provide immunizations to eligible patients. Opportunities for student precepting (IPPE students) may be available as scheduling allows. The resident will participate in improvement projects and new service implementation as appropriate.

Lead Preceptor:

Dani Liegel, PharmD

Specialty:
Clinic Pharmacy Coach

Practice Highlights:

Dr. Dani Liegel graduated from the University of Wisconsin-Madison School of Pharmacy in 2011 and completed the PGY-1 residency at Monroe Clinic the following year. She is currently the Pharmacy Coach at the Monroe Clinic Pharmacy where one of her focuses is implementing and expanding clinical services.

Required Prerequisites

- WPQC certification
- Sign up and complete required training for OutcomesMTM and MirixaPro
- Immunization certification

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. Resident introduction to work environment and staff.

**Week 1:** Preceptor will review MTM services currently offered in the Clinic Pharmacy. Resident will perform profile reviews, pediatric dose checks and patient counseling upon prescription pick-up. Resident will begin performing and billing level I interventions and scheduling level II comprehensive medication reviews. Resident will select a patient or technician education mini-project.

**Weeks 2-4:** Resident will perform at least two level II comprehensive medication reviews and have the opportunity to administer immunizations.

*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
- Patient or Technician Education Mini-Project

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
</table>
| R1.1.1(Applying) Interact effectively with health care teams to manage patients’ medication therapy | • Answer medication-related questions from other health care providers  
• Contact health care providers with requests for clarification or recommendations for optimizing patient medication regimens (verbally or via the medical record) |
<p>| R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy | • Collect pertinent information from the medical record, refill history and patient report to understand the patient’s current medication regimen and health status for MTM services, OTC recommendations, the provision of immunizations or other medication-related questions |
| R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy | • Identify and prioritize medication-related problems or opportunities for medication optimization for level I product-focused interventions or level II comprehensive medication reviews |</p>
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| R1.1.5(Creating) | Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)  
  - Assess the patient’s preferences and goals of therapy compared with provider or guideline-based goals of therapy  
  - Create a medication action plan and personal medication record incorporating goals of therapy, patient preferences and evidence-based guidelines following comprehensive medication reviews  
  - Recognize financial concerns and utilize the sample and patient assistance programs as appropriate |
| R1.1.6(Applying) | Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions  
  - Ensure appropriate patient follow-up and adjust recommendations based on follow-up results |
| R1.1.8(Applying) | Demonstrate responsibility to patients  
  - Assume ownership of following up with patients or other members of the health care team as appropriate |
| R1.1.2(Applying) | Interact effectively with patients, family members, and caregivers  
  - Provide education and training on the appropriate use of medications and medical devices during comprehensive medication reviews and prescription consultations  
  - Assess patient/caregiver literacy level and adjust communication to ensure understanding  
  - Use translator services (typically via phone) to overcome language barriers |
| R1.1.7(Applying) | Document direct patient care activities appropriately in the medical record or where appropriate  
  - Document and bill for level I medication therapy management interventions in the Forward Health Portal, Aprexis, MirixaPro and OutcomesMTM.  
  - Document comprehensive medication reviews in the medical record and applicable MTM platform (as above) |
| R1.3.1(Applying) | Prepare and dispense medications following best practices and the organization’s policies and procedures  
  - Verify accuracy of prescription preparation by performing the final verification  
  - Dispense prescriptions in compliance with legal requirements and according to best practices (verification of 2 identifiers, show and tell, patient engagement strategies) |
| R1.3.3(Applying) | Manage aspects of the medication-use process related to oversight of dispensing  
  - Oversee pharmacy technician responsibilities related to order transcription; preparation and/or compounding and labeling of the prescription  
  - Ensure compliance with state and federal medication laws  
  - Answer pharmacy technician questions |

**Evaluations:**
Scheduled evaluations for this LE include the following:
- Weekly Topic Discussion Evaluations by preceptor
- Week 4 Evaluations:
- Drug Information Question evaluation by preceptor
- LE evaluation by resident
- Summative evaluation by preceptor
- Preceptor evaluation by resident
Community Pharmacy Practice Rotation Goals & Objectives Grading Scale

Grading Scale: 5 = Exceptional/Mastered; 4 = Competent/Frequently; 3 = Knows/Developing; 2 = Knows Some/Sometimes/Emerging; 1 = Needs Improvement/Does Not Know

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<td>R1.1.1.1 (Applying)</td>
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</tr>
<tr>
<td>R1.2.1</td>
<td>Manage transitions of care effectively</td>
<td></td>
</tr>
<tr>
<td>R1.1.7</td>
<td>Document direct patient care activities appropriately in the medical record or where appropriate</td>
<td></td>
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<tr>
<td>R1.3.1</td>
<td>Prepare and dispense medications following best practices and the organization’s policies and procedures</td>
<td></td>
</tr>
<tr>
<td>R1.3.3</td>
<td>Manage aspects of the medication-use process related to oversight of dispensing</td>
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</table>
Medication Use & Drug Policy

This 4-week rotation will be spent with the Director of Pharmacy and Hospital Pharmacy Coach. Residents will meet daily with the preceptor to review various topics. Administrative tasks and projects will be delegated to residents.

Lead Preceptor

Dave Grinder, RPh, MS

Specialty: Pharmacy Director

Practice Highlights:
Mr. Grinder 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: See below

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. Preceptor will identify administrative project for resident to complete during the 4-week rotation.

Weeks 1-4: Resident will discuss 1-2 topics per day with preceptor. Required readings can be found in the following folder:
Projects and research will come from these discussions. Resident will accompany preceptor to administrative meetings. Resident will work on administrative rotation project and complete prior to end of rotation.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Objectives and Reading Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 1</strong></td>
<td></td>
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<tr>
<td>Joint Commission Standards</td>
<td>• Objectives:</td>
</tr>
<tr>
<td></td>
<td>o Describe the Joint Commission accreditation standards for medication management and National Patient Safety Goals</td>
</tr>
<tr>
<td></td>
<td>o Define “Deemed Status” and discuss organization implications</td>
</tr>
<tr>
<td></td>
<td>• Readings:</td>
</tr>
<tr>
<td></td>
<td>o Monroe Clinic Joint Commission Report</td>
</tr>
<tr>
<td></td>
<td>o Medication Management Accreditation Requirements</td>
</tr>
<tr>
<td></td>
<td>o CMS requirements of Hospital Pharmacy</td>
</tr>
<tr>
<td>Policies, Protocols, and Procedures</td>
<td>• Objectives:</td>
</tr>
<tr>
<td></td>
<td>o Understand the difference between a policy and protocol.</td>
</tr>
<tr>
<td></td>
<td>o Become familiar with the Monroe Clinic process for policy, protocol, and procedure approval process</td>
</tr>
<tr>
<td></td>
<td>• Reading:</td>
</tr>
<tr>
<td></td>
<td>o CMS Manual System Pub. 100-07 State Operations.</td>
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<tr>
<td>Associating practice with patient outcomes</td>
<td>• Objectives</td>
</tr>
<tr>
<td></td>
<td>o Discuss with understanding the concept of assignable variation</td>
</tr>
<tr>
<td></td>
<td>o Define “Evidenced Based Practice” and discuss levels of evidence. Discuss which level local evidence resides.</td>
</tr>
<tr>
<td></td>
<td>o Provide examples of how local data may be more compelling than published data and explain why</td>
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<tr>
<td></td>
<td>o Differentiate between primary and secondary outcomes and process outcomes</td>
</tr>
<tr>
<td></td>
<td>• Project Idea</td>
</tr>
<tr>
<td></td>
<td>o From bench to bedside: implement new PONV initiative based on 2016 project results</td>
</tr>
<tr>
<td></td>
<td>• Readings</td>
</tr>
<tr>
<td></td>
<td>o PONV Analysis May 2009 Monroe Clinic</td>
</tr>
<tr>
<td></td>
<td>o Postoperative Pain Management Monroe Clinic 2006</td>
</tr>
<tr>
<td></td>
<td>o Heart Failure: Outcomes at Monroe Clinic August 2013</td>
</tr>
<tr>
<td></td>
<td>Impact of NSAIDs on Cardiovascular, Gastrointestinal, and Renal Outcomes in Patients at Monroe Clinic June 2014</td>
</tr>
<tr>
<td></td>
<td>• Objectives</td>
</tr>
<tr>
<td></td>
<td>o Discuss with understanding the concept of assignable variation</td>
</tr>
<tr>
<td></td>
<td>o Define “Evidenced Based Practice” and discuss levels of evidence. Discuss which level local evidence resides.</td>
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<td></td>
<td>o Provide examples of how local data may be more compelling than published data and explain why</td>
</tr>
<tr>
<td></td>
<td>o Differentiate between primary and secondary outcomes and process outcomes</td>
</tr>
</tbody>
</table>
### Session 4
**Discharge Counseling and HCAHPS**

**Objectives:**
- Describe how HCAHPS is administered nationally.
- Describe the current incentives for HCAHPS participation.
- Describe the HCAHPS questions impacted by Medication Management

**Readings:**
- HCAHPS Fact Sheet – 2012
- Patient Satisfaction and Outcomes. NEJM Jan 2013
- Pharmacists boost patient satisfaction scores AHJP May 2013
- HCAHPS – Communication About Medications
- Sokol MC, et al Impact of Medication Adherence on Hospitalization Risk and Healthcare Cost Medical Care 2005

### Session 5
**Financial management and structure of a hospital pharmacy**

**Objectives:**
- Identify statistics used to drive a pharmacy budget and describe their relationships to financial projections
- Identify when zero-based budgeting is appropriate
- Assess monthly cost report for the hospital pharmacy
- Explain the impact of depreciation, interest, and deductions to revenues on cash flow
- Interpret the organization balance sheet from one month to the next

**Readings**
- Frazier J. Trends in Prices of Pharmaceuticals Producer Price Index 2013

### Session 6
**Pharmaceutical Supply Chain**

**Objectives**
- Define Group Purchasing Organization, Prime Vendor, Charge Backs, and Cost Minus
- Describe how these definitions create the supply chain
- Discuss the role of Pharmacy Benefit Management

**Readings**
- Quarterly Review of the Pharmacy & Therapeutics Committee 1st Quarter 2017 “The Pharmaceutical Supply Chain.”

### Session 7
**Samples Management and Charity Care**

**Objectives:**
- Describe the advantages and disadvantages of samples and samples inventory
- Describe patients eligible for Charity Care
- Distinguish between 340b and the Charity Care program
- Describe the use of a formulary for the Charity Care program
### Session 8

#### Specialty Pharmacy

- **Objectives:**
  - Define Specialty Pharmacy Services
  - Identify all the drugs that require Specialty Pharmacy dispensing
  - Identify the use of these drugs at Monroe Clinic
  - Describe manufacturer, operation, and staffing requirements for Specialty Pharmacy

- **Project Idea**
  - Develop business proposal for Specialty Pharmacy Services

- **Readings:**
  - ASHP Webinar Slides 4/27/16 – Advancing the Ambulatory Care Enterprise. Focus on Lisa Mascardo, Director of Ambulatory Pharmacy Services, University of Iowa Hospitals and Clinics – Specialty Pharmacy Presentation.
  - AJHP June 2016 journal will be dedicated to Specialty Pharmacy, review articles published in June 2016 AJHP.

### Session 9

#### Ambulatory Care Pharmacy Billing

- **Objectives:**
  - Differentiate difference between potential payers for pharmacist services
  - Describe barriers to reimbursement
  - Identify the major pharmacist billing codes and define them

- **Project Idea**
  - Develop dashboard metrics to monitor billing and reimbursement practices

- **Readings:**
  - 2014 BCACP Chapter – Managing a Clinical Practice. Section VI. Reimbursement for Pharmacist Services in the Ambulatory Setting.

### Session 10

#### Formulary process

- **Objectives:**
  - Describe the formulary process at Monroe Clinic from approval to use.
  - Discuss the intended benefits of a hospital formulary
  - Differentiate criteria for an inpatient formulary and an ambulatory care formulary
  - Discuss when various methods of formulary enforcement should be used
### Session 11: Medication Optimization

**Objectives:**
- Accurately assess a variety of scenarios in terms of pharmacist performance

**Readings:**
- Orders of Physicians and Independent Licensed Practitioners RC-001-MS
- Review and Entry of Medication Orders by a Pharmacist policy and procedure 4.10.1

### Session 12: Medication Safety

**Objectives:**
- Describe the difference between an individual failure and a system failure
- Identify a system problem for any medication error from the medication error database
- Describe technology related safety nets in place at Monroe Clinic
- Analyze medication error data using appropriate tools within the database such as pivot tables and filtering

**Reading:**

**Assignment:**
- Write the 2014 Safe Medication Task Force Annual report

### Session 13: Safety of Culture Survey Results

**Objectives:**
- Discuss different surveys that hospitals may use to assess patient and employee satisfaction.
- Describe the difference between surveys that hospitals may use to assess safety of culture.
- Describe the importance between patient safety culture and outcomes.
- Identify how the surveys were graded and how this impacts the assessment of the data.
- Identify trends and the implications.

**Readings:**

<table>
<thead>
<tr>
<th>Session 14</th>
<th>Strategic Plan</th>
</tr>
</thead>
</table>
| **Objectives:** | Discuss the aspects of a strategic plan  
Discuss the process for strategic plan development |
| **Readings:** |  
Sorra J, et al. Exploring Relationships Between Patient Safety Culture and  
Hospital Incident Reporting Systems Do Not Capture Most Patient Harm  

<table>
<thead>
<tr>
<th>Session 15</th>
<th>Workload and Performance Measures</th>
</tr>
</thead>
</table>
| **Objectives:** | Develop assessment tools to determine predict workload  
Develop a prioritization of services to be provided by pharmacists |
| **Readings:** | Scope of Contemporary Pharmacy Practice: Roles, Responsibilities, and  
Functions of Pharmacists and Pharmacy Technicians. Counsel on  
Credentialing in Pharmacy 2009  
ASHP National Survey of Pharmacy Practice in Hospital Settings:  
Dispensing and Administration. AJHP 2008 |

<table>
<thead>
<tr>
<th>Session 16</th>
<th>Performance Evaluations</th>
</tr>
</thead>
</table>
| **Objectives** | Discuss Catalytic Coaching Process  
Contrast with 360 degree assessment |
| **Readings** | Traynor AP, et al. Using Personal Strengths with Intention in Pharmacy:  
Implications for Pharmacists, Managers, and Leaders. AJHP 2010  
Zilz DA, et al. Leadership Skills for a High-Performance Pharmacy Practice  
AJHP 2004  
Coaching Skills for Pharmacists. Journal of the American Pharmacists  
Association. 2003 |
| **Assignments:** | Complete Catalytic Coaching – Start with Yellow Sheet |

<table>
<thead>
<tr>
<th>Session 17</th>
<th>Pharmacy Forecast 2016 – 2020</th>
</tr>
</thead>
</table>
| **Objectives:** | Formulate and share your opinion of changes to be seen in pharmacy practice in the next 5 to 10 years  
Describe any significant differences between the 2013 – 2016 forecasts |
| **Reading:** | ASHP Pharmacy Forecast 2016 – 2020  
ASHP Pharmacy Forecast 2015 – 2019  
ASHP Pharmacy Forecast 2014 – 2018  
ASHP Pharmacy Forecast 2013 – 2017 |

<table>
<thead>
<tr>
<th>Session 18</th>
<th>Clinical Content Management</th>
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</thead>
</table>
| **Objectives:** | Discuss the use of information captured in the electronic health record  
Identify at least three examples of the use of clinical content to improve patient care. |
<table>
<thead>
<tr>
<th>Session 19</th>
<th>Alert Fatigue</th>
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</table>
| **Objectives:** | • Discuss different sources for drug alert information (ex: MediSpan database)  
• Identify different methods for filtering drug alerts  
• Discuss the liability of filtering information  
• Differentiate between best practice alert and drug alerts  
• Identify the intent of best practice alert and drug alerts for the organization  
• Describe the impact of alert fatigue on performance and outcomes |
| **Readings:** | • Pharmacy and Therapeutics Newsletter Feb 2012  
• Optional: yellow binder in Dave’s office with articles about alert fatigue |

<table>
<thead>
<tr>
<th>Session 20</th>
<th>Competency Assessment</th>
</tr>
</thead>
</table>
| **Objectives** | • Define competence as it relates to a variety of pharmacy practice settings  
• Describe various methods of competency assessment and provide examples of when each method becomes the method of choice |
| **Reading:** | • Age-based Competency Assessment of Pharmacists—part 1. *Journal of Pediatric Pharmacy Practice* May 1997.  
• Competency Assessment in Health Care, Donna Wright |
| **Assignment:** | • Develop a competency assessment tool for parenteral nutrition services by a pharmacist |

<table>
<thead>
<tr>
<th>Session 21</th>
<th>Drug Shortages</th>
</tr>
</thead>
</table>
| **Objectives:** | • List 5 reasons for a particular drug shortage  
• Develop a strategy for managing at least one drug shortage |
| **Readings:** | • Rockefeller JD, et al. An Examination of Why Hospitals Are Forced to Pay Exorbitant Prices for Prescription Drugs Facing Critical Shortages. Senate Report 2012 |

<table>
<thead>
<tr>
<th>Session 22</th>
<th>USP 797</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives:</strong></td>
<td>• Describe the Sterile Admixture Policy as it relates to USP 797</td>
</tr>
</tbody>
</table>
| **Reading:** | • Pharmacy Policy: Sterile Admixtures  
• USP 797 Standards |

<table>
<thead>
<tr>
<th>Session 23</th>
<th>Smart Pump</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives:</strong></td>
<td>• Identify how updates are processed in the smart pump system and Epic MAR</td>
</tr>
</tbody>
</table>
Identify the need for smart pump.
  ▪ Help identify if drug dose, dosing unit, or dosing rate are outside of usual limits

Readings:

**Session 24**

**Ethics in Pharmacy Practice**

- Objectives:
  o Define truth, honesty, virtue, and ethics
  o Describe several ethical issues within the pharmacy of practice
  o Harmonize your ethics with your desired virtues

- Readings:
  o Gallop Pole Results 2013
  o Dessing RP. Ethics Applied to Pharmacy Practice. Pharmacy World & Science 2000
  o Munz P, et al. When Zombies Attack: Mathematical modeling of an Outbreak of Zombie Infection. Infectious Disease Modelling Research Progress

*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:
- 1 – Medication use project
- 1 – Formal presentation during a Pharmacy & Therapeutics committee meeting
- 1 – Written Pharmacy & Therapeutics newsletter
- 1 – Take minutes from a Pharmacy & Therapeutics meeting
- 1 – Written Safe Medication Task Force report
- 1 – Review a Policy & Procedures document

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
</table>
| R2.2.1(Analyzing) Identify changes needed to improve patient care and/or the medication-use system | o Formulate and share your opinion of changes to be seen in pharmacy practice in the next 5 to 10 years.  
  o Identify at least three examples of the use of clinical content to improve patient care. |
| R2.2.2(Creating) Develop a plan to improve the patient care and/or the medication-use system | The resident will complete:  
• 1 – Medication use project |
|---|---|
| R2.2.3(Applying) Implement changes to improve patient care and/or the medication-use system | The resident will apply knowledge received by completing:  
• 1 – Medication use project |
| R2.2.4(Evaluating) Assess changes made to improve patient care or the medication-use system | The resident will complete:  
• 1 – Review a Policy & Procedures document |
| R3.1.1(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership | o Define competence as it relates to a variety of pharmacy practice settings  
o Describe various methods of competency assessment and provide examples of when each method becomes the method of choice |
| R3.2.1(Understanding) Explain factors that influence departmental planning | o Discuss the aspects of a strategic plan |
| R3.2.2(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system | o Accurately assess a variety of scenarios in terms of pharmacist performance  
o Define “Evidenced Based Practice” and discuss levels of evidence. |
| R3.2.3(Applying) Contribute to departmental management | o Discuss the process for strategic plan development |
| R2.1.1(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol | The resident will complete:  
• 1 – Formal presentation during a Pharmacy & Therapeutics committee meeting |
| R2.1.2(Applying) Participate in a medication-use evaluation | The resident will complete:  
• 1 – Review a Policy & Procedures document  
• 1 – Formal presentation during a Pharmacy & Therapeutics committee meeting |
| R2.1.3(Analyzing) Identify opportunities for improvement of the medication-use system | o Describe the difference between an individual failure and a system failure  
o Identify a system problem for any medication error from the medication error database |
R2.1.4(Applying) Participate in medication event reporting and monitoring

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<tbody>
<tr>
<td>o</td>
<td>Describe technology related safety nets in place at Monroe Clinic</td>
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<tr>
<td>o</td>
<td>Analyze medication error data using appropriate tools within the database such as pivot tables and filtering</td>
</tr>
</tbody>
</table>

**Evaluations**

Scheduled evaluations for this LE include the following:

- Week 4 Evaluations:
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - Preceptor evaluation by resident
**Medication Use Rotation Goals & Objectives Grading Scale**

**Grading Scale:**
- 5 = Exceptional
- 4 = Competent
- 3 = Knows/Developing
- 2 = Needs Improvement
- 1 =/Does Not Know

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Exceptional 5</th>
<th>Good 4</th>
<th>Needs Improvement 3</th>
<th>Does Not Know 1-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R2.1.1(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol</td>
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<tr>
<td>R2.1.2(Applying) Participate in a medication-use evaluation</td>
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<tr>
<td>R2.1.3(Analyzing) Identify opportunities for improvement of the medication-use system</td>
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<tr>
<td>R2.1.4(Applying) Participate in medication event reporting and monitoring</td>
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</tbody>
</table>

**R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Exceptional 5</th>
<th>Good 4</th>
<th>Needs Improvement 3</th>
<th>Does Not Know 1-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R2.2.1(Analyzing) Identify changes needed to improve patient care and/or the medication-use system</td>
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<tr>
<td>R2.2.2(Creating) Develop a plan to improve the patient care and/or the medication-use system</td>
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<tr>
<td>R2.2.3(Applying) Implement changes to improve patient care and/or the medication-use system</td>
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<tr>
<td>Requirement</td>
<td>Description</td>
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<tr>
<td>R2.2.4(Evaluating)</td>
<td>Assess changes made to improve patient care or the medication-use system</td>
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<tr>
<td><strong>R3.1 Demonstrate leadership skills</strong></td>
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<td></td>
</tr>
<tr>
<td>R3.1.1(Applying)</td>
<td>Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership</td>
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<tr>
<td><strong>R3.2 Demonstrate management skills</strong></td>
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<tr>
<td>R3.2.1(Understanding)</td>
<td>Explain factors that influence departmental planning</td>
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<tr>
<td>R3.2.2(Understanding)</td>
<td>Explain the elements of the pharmacy enterprise and their relationship to the health care system</td>
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<tr>
<td>R3.2.3(Applying)</td>
<td>Contribute to departmental management</td>
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</table>
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.

In addition to a main public health outreach project, Residents will also hold bi-weekly medication education sessions for Monroe Clinic cardiac rehabilitation patients. These sessions are held every first and third Friday of the month, and there are three sessions each day. Residents are responsible for finding a sub and/or informing cardiac rehab should they not be able to make a session.

Expected timeline for project development:

By the end of month 2: Identify project and preceptor

By the end of month 3: Project outline and details of implementation

During months 3-8: Implementation of project

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
</table>
| E8.1.1(Creating) Design and deliver programs for health care consumers that center on disease prevention and wellness promotion | • Create, plan, and implement a public health outreach project.  
• Lead bi-monthly cardiac rehab educational sessions. |

Evaluations:

Scheduled evaluations for this LE include the following:

- End of experience summative evaluation by preceptor
- 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 guide the resident in design, implementation, and analysis of 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 a poster at the PSW Educational Conference in April. In addition, they are required to present his or her findings at the Great Lakes Residency Conference in late 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

Quarter 1: Completion Deadline September 30
- Present literature review and project outline/abstract to project preceptor, P&T, and ethics committees (as appropriate)
- Consider poster presentation at PSW Annual Meeting

Quarter 2: Completion Deadline December 31
- “Hard Stop” meeting with pharmacy team to evaluate data collection points/outcomes
- 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
- Option to present poster at ASHP Midyear
- Start first draft/outline of manuscript

Quarter 3: Completion Deadline March 31
- Continue data collection and analysis
- Submit first draft/outline of manuscript to preceptor(s)
  o At a minimum, draft should include introduction/background, methods, and statistical methods
- Complete Great Lakes presentation
Quarter 4: **Completion Deadlines**

<table>
<thead>
<tr>
<th>Task</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete data collection and analysis</td>
<td>April 15th (extension may be approved by project preceptor)</td>
</tr>
<tr>
<td>Present Great Lakes presentation at Inservice</td>
<td>As scheduled on inservice calendar</td>
</tr>
<tr>
<td>Present Great Lakes presentation at GLPRC</td>
<td>GLPRC</td>
</tr>
<tr>
<td>Completed draft of manuscript to project preceptor</td>
<td>June 1st</td>
</tr>
<tr>
<td>Present results to P&amp;T and/or Grand Rounds, as applicable</td>
<td>June 15th</td>
</tr>
<tr>
<td>Final manuscript to project preceptor and RPD</td>
<td>June 30th</td>
</tr>
</tbody>
</table>

### Rotation goals and objectives:

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

R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system

R3.2 Demonstrate management skills

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
</table>
| R2.2.5(Creating) Effectively develop and present, orally and in writing, a final project report | • Compose a publication-ready manuscript.  
• Design and present results of the project at the Great Lakes Pharmacy Residency Conference with an option to present as a Continuing Medical Education presentation at Monroe Clinic. |
| R3.2.4(Applying) Manages one’s own practice effectively                    | • Organize time efficiently and effectively to complete projects on time and meet all deadlines. |
| E1.1.1(Creating) Design, execute, and report results of investigations of pharmacy-related issues | • Design and implement a year-long residency project. |
Evaluations:

Scheduled evaluations for this LE include the following:
- Quarterly summative evaluations by preceptor
- Quarterly LE evaluation by resident
- Quarterly preceptor evaluation by resident
Public Speaking and Presentations

The resident should build a foundation for effective public speaking during their residency. The resident should also develop a method for collecting, organizing, and retrieving pertinent information and articles for various disease states they may encounter throughout the year. These skills will be developed by preparing for multiple public speaking opportunities, including presentations and in-services, throughout the residency.

Inservices are held every Thursday at 12:15pm throughout the year. Pharmacists, medical residents and fellows, and physicians are invited to attend. Pharmacy residents are responsible for presenting all required presentations during the inservice hour, except for the CME (presented in Founder's Hall). Topics should be pertinent to the resident’s current rotation.

The Inservice schedule can be found: H:\SHAREDPT\Pharmacy\Department\Inservices

Residents are responsible for sending an email reminder 1 day in advance of their inservice presentation. Residents should bring printed handouts to presentations, but try to be green about it. Final presentations should always be saved in the Inservice folder once finished.

The longitudinal requirements for this rotation do not include presentations required by individual rotations. For example, residents are expected to present a 20-30 min topic discussion every week to providers during their elective rotations.

Preceptor

Parissa Moghimi, PharmD

![Parissa Moghimi, PharmD](image)

**Specialty:**
Clinical Pharmacist

**Practice Highlights:**
Parissa earned her Doctorate of Pharmacy from the University of Arizona in 2015 then went on to complete an acute care PGY-1 residency at Aurora St. Luke's Medical Center in Milwaukee. She works as a clinical pharmacist in the hospital, where she serves on the Antimicrobial Stewardship Committee. Her clinical passions are infectious disease and critical care.
Rotation requirements
- 3 – Journal Club presentations
- 4 – Topic Discussion presentations
- 1 – Case Presentation (hospital rotation requirement)
- 2 – Great Lakes presentations (1 draft, 1 final)
- 1 – Continuing Medical Education Seminar presentation

Topic Discussions
During elective rotations, the resident will lead a discussion on a relevant topic weekly with their preceptor. They are then invited to share that information at an upcoming inservice with the pharmacy department. Presenting a powerpoint is required. Development of an active learning activity (such as a patient case, quiz questions, game, etc) is highly encouraged to keep the group engaged.

Journal Clubs
During required rotations, the resident will choose a recent journal article to present. The resident will summarize the article, facilitate a discussion about the findings, and discuss the merits of the article during the inservice hour. Completing and presenting the Journal Club Outline works best. Creating a powerpoint is encouraged. Again, an active learning activity is encouraged.

Case Presentation
A case presentation is required during the hospital rotation. This will be presented over the inservice hour. Refer to the hospital rotation manual for details.

Great Lakes Presentation
Residents will present their annual project at the Great Lakes Pharmacy Residency Conference. Great Lakes has specific presentation criteria that must be reviewed, understood, and followed by each resident. To prepare for the Great Lakes presentation, each resident will present their project to pharmacy staff twice. Feedback given after the first round is expected to be incorporated into the second round.

Continuing Medical Education Seminar
The resident will develop and present a Continuing Medical Education Seminar. CME Seminars are given on Fridays over the lunch hour and lunch is served. It is recommended to complete this activity with a medical resident, fellow, or other provider. This presentation has traditionally been completed within the last 1-2 months of the residency year; however, the CME presentation may be delivered earlier if desired.

The CME Activity Request Form must be completed and turned in to the Clinical Education department at least 1 month prior to the desired date of the presentation. The presentation slides should be submitted at least 2 weeks prior to the presentation so they can be reviewed for bias and handouts can be printed.

The CME topic should be based on need at Monroe Clinic. Is there a quality metric or literature that supports the need for presenting the topic? Residents should look at whether or not the impact of their presentation can be measured and how it can be measured. Annual resident projects have traditionally made good CME presentations; however, non-project based presentations have been very good in the past. It’s never too early to think about a topic!
Statistics
The resident will gain introductory knowledge to the world of statistics. The goal will be to run statistical analysis on the resident’s annual project through what is learned during this longitudinal rotation.

Required Reading:


Expected progression of resident responsibility
The resident will always be responsible for autonomous development of presentations. Resident is responsible for printing and bringing Presentation Feedback Forms for audience members to complete after every inservice. Resident will log and track feedback scores in the Presentation Feedback Scores spreadsheet throughout the year and discuss with the preceptor.

The preceptor will provide more regular feedback in the beginning of the year, which will slowly taper down throughout the year as the resident progresses. It may also be necessary for the resident to present to the preceptor prior to giving the presentation. This will be determined on a case by case basis, but is also encouraged if the resident feels more comfortable.

Statistics may seem scary; however, the power of data must not be taken for granted. Take the time this year to ask statistical questions, understand what type of data needs to be collected, and how to run statistical analysis.

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

R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>R4.1.1(Applying) Design effective educational activities</td>
<td>☐ ☐ The resident will create presentations on an interesting patient case or other pertinent topic and present this as an in-service.</td>
</tr>
<tr>
<td>R4.1.2(Applying) Use effective presentation and teaching skills to deliver education</td>
<td>☐ ☐ The resident will develop an effective method to organize and present information from a journal article.</td>
</tr>
<tr>
<td>R4.1.3(Applying) Use effective written communication to disseminate knowledge</td>
<td>☐ The resident will provide power-point slides or other handout for each inservice as appropriate.</td>
</tr>
<tr>
<td>R4.1.4(Applying) Appropriately assess effectiveness of education</td>
<td>The resident will incorporate active learning techniques in presentations as appropriate.</td>
</tr>
</tbody>
</table>

**Evaluations:**

Scheduled evaluations for this LE include the following:

- Reflections after every presentation/inservice by resident
- Quarterly summative evaluations by preceptor
- Quarterly LE evaluation by resident
- Quarterly preceptor evaluation by resident
Distribution/Staffing

The resident will be required to work as the clinical staff pharmacist every third weekend, hours 8am-6pm Saturday and Sunday. These hours will be scheduled during orientation week. Holiday weekends will be split up evenly, as applicable. The resident will work with the preceptor for finalization of staffing schedule.

Should the resident have a conflict with a day they are scheduled to staff, it is their responsibility to arrange to switch shifts with another resident or pharmacist.

By the end of the residency year, the resident will have completed:

1) Parenteral Nutrition
   - A minimum of 10 Parenteral Nutrition progress notes
     o 1 progress note must be written for a Total Parenteral Nutrition initiation
     o Experience writing Parenteral Nutrition progress notes for a minimum of 3 distinct patients

2) Pharmacokinetics
   - A minimum of 10 Pharmacokinetic progress notes
     o 3 progress notes must be written for initiation of therapy
     o Experience writing Pharmacokinetic progress notes for a minimum of 3 distinct patients

3) Anticoagulation
   - A minimum of 10 Anticoagulation progress notes
     - 3 progress notes must be written for a warfarin initial note for current admission
     - Experience writing Anticoagulation progress notes for a minimum of 3 distinct patients

Co-Lead Preceptors:

Alison Goebel, PharmD  Lindsey Crubaugh, PharmD
Practice Highlights:

Co-Preceptors:

Shawn Ferguson, PharmD

Kyle Schimek, PharmD

Chris Becker, PharmD

Parissa Moghimi, 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 and outpatient infusion), profile review, drug interaction monitoring, intervention completion and documentation, unit dose distribution, sterile products preparation, pharmacy policy and protocols, medication reconciliation, anticoagulation, and technician supervision.

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

Quarters 2-4: Demonstrate competency in all processes as described requiring little to no supervision.
Residents will demonstrate sufficiency in meeting the goals and objectives of this rotation through the following activities:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
</table>
| R1.1.1(Applying) Interact effectively with health care teams to manage patients’ medication therapy | - Resident demonstrates appropriate communication skills when talking to other health care professionals  
- Resident clearly communicate with team and express concerns regarding medication management. (utilizing SBAR or other communication tools as applicable) |
| R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy | - Resident accurately reviews patient profiles, refer to credible sources, use protocols to assess clinical monitoring. Demonstrates individualized therapy plans after discussion with health care team of nurses/CNAs/MDs/PT/OT/RT, etc. |
| R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy | - Resident accurately and efficiently applies information gathered from profile review, sources, protocols to make safe interventions on an individualized patient basis.  
- Resident consistently reviews medication orders for appropriateness prior to verification or dispensing of medication. |
| R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) | - Resident is effective and accurately uses templates for documentation of patients medication management plan (TPN, warfarin, admission templates, etc.)  
- Resident holistically monitors patient to ensure appropriate inpatient therapy and trend toward safe and applicable outpatient plan. |
<p>| R1.1.6(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions | - During profile review, monitor MAR administrations, pertinent lab draws ordered, timing of lab draws, and be able to notify MD when appropriate monitoring is missing in regards to medication management. Follow-up with nursing staff if notice medications are held for further clarification and assess need for changes (N/V -&gt; convert to IV, NPO -&gt; convert to IV, NG-&gt;convert to crushable formulations, etc.) |</p>
<table>
<thead>
<tr>
<th>R1.1.8(Applying) Demonstrate responsibility to patients</th>
<th>• Resident identifies potential inappropriate medication orders and addresses concerns with treatment team member (MD, RN, etc.) prior to distribution of the medication.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1.1.7(Applying) Document direct patient care activities appropriately in the medical record or where appropriate</td>
<td>• Resident accurately documents clinical monitoring and/or interventions in progress notes (TPN, Warf, Vanc, heparin gtt, etc.), sticky notes or other monitoring tools as required. • Resident identifies potential inappropriate medication orders and addresses concerns with treatment team member (MD, RN, etc.) prior to verification and distribution of the medication.</td>
</tr>
<tr>
<td>R1.3.1(Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.</td>
<td>• Resident verifies appropriate medication packaging (unit dose) and sterile compounding. • Resident understands the distribution of medications from order verification to administration to patient and is able to timely and accurately provide distribution of medications.</td>
</tr>
<tr>
<td>R1.3.2(Applying) Manage aspects of the medication-use process related to formulary management</td>
<td>• Resident is able to make appropriate formulary substitutions, recommend alternative regimens that does not change the intent of original regimen and is discussed with hospitalist and other healthcare professionals as applicable.</td>
</tr>
<tr>
<td>R1.3.3(Applying) Manage aspects of the medication-use process related to oversight of dispensing</td>
<td>• Resident professionally manages technician workflow, prioritizing orders, manages central pharmacies duties (i.e. ability to navigate med carousel and omni cells on PRN basis).</td>
</tr>
<tr>
<td>R2.1.4(Applying) Participate in medication event reporting and monitoring</td>
<td>• Resident reports incidents when applicable.</td>
</tr>
</tbody>
</table>
• Resident documents medication errors as it applies to pharmacy department med error reduction goals.

• Resident accurately documents clinical monitoring and/or interventions in progress notes, sticky notes or other monitoring tools as required.

Evaluations:

Evaluations for this LE include the following:

• Quarterly summative evaluations by preceptor
• Quarterly LE evaluation by resident
• Quarterly preceptor evaluation by resident
### Dispensing/Staffing Goals & Objectives Grading Scale

**Grading Scale:** 5 = Exceptional/Mastered; 4 = Competent/Frequently; 3 = Knows/Developing; 2 = Knows Some/Sometimes/Emerging; 1 = Needs Improvement/Does Not Know

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Exceptional/Mastered (5)</th>
<th>Needs Improvement/Does Not Know (1)</th>
</tr>
</thead>
</table>
| R1.1.1(Applying) **Interact effectively with health care teams to manage patients’ medication therapy** | ● Resident demonstrates appropriate communication skills when talking to other health care professionals  
 ● Resident clearly communicate with team and express concerns regarding medication management. (utilizing SBAR or other communication tools as applicable) | |
| R1.1.3(Analyzing) **Collect information on which to base safe and effective medication therapy** | ● Resident accurately reviews patient profiles, refer to credible sources, use protocols to assess clinical monitoring. Demonstrates individualized therapy plans after discussion with health care team of nurses/CNAs/MDs/PT/OT/RT,etc. | |
| R1.1.4(Analyzing) **Analyze and assess information on which to base safe and effective medication therapy** | ● Resident accurately and efficiently applies information gathered from profile review, sources, protocols to make safe interventions on an individualized patient basis.  
 ● Resident consistently reviews medication orders for appropriateness prior to verification or dispensing of medication. | |
<p>| R1.1.5(Creating) <strong>Design or redesign safe and effective patient-centered therapeutic</strong> | ● Resident is effective and accurately uses templates for documentation of patients | |</p>
<table>
<thead>
<tr>
<th>Regimen and Monitoring Plans (Care Plans)</th>
<th>Medication Management Plan (TPN, Warfarin, Admission Templates, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resident holistically monitors patient to ensure appropriate inpatient therapy and trend toward safe and applicable outpatient plan.</td>
<td></td>
</tr>
</tbody>
</table>

| R1.1.6(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions | • During profile review, monitor MAR administrations, pertinent lab draws ordered, timing of lab draws, and be able to notify MD when appropriate monitoring is missing in regards to medication management. Follow-up with nursing staff if notice medications are held for further clarification and assess need for changes (N/V -> convert to IV, NPO -> convert to IV, NG-> convert to crushable formulations, etc.) • Resident identifies potential inappropriate medication orders and addresses concerns with treatment team member (MD, RN, etc.) prior to distribution of the medication. |

| R1.1.8(Applying) Demonstrate responsibility to patients | • Resident professionally, timely and accurately answers any questions from nursing staff, MD, techs, etc. • Resident identifies potential inappropriate medication orders and addresses concerns with treatment team member (MD, RN, etc.) prior to verification and distribution of the medication. |

<p>| R1.1.7(Applying) Document direct patient care activities appropriately in the medical record or where appropriate | • Resident accurately documents clinical monitoring and/or interventions in progress notes (TPN, Warf, Vanc, heparin gtt, etc.), sticky notes or other monitoring tools as required. |</p>
<table>
<thead>
<tr>
<th>R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R1.3.1(Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures</strong></td>
</tr>
<tr>
<td>• Resident identifies potential inappropriate medication orders and addresses concerns with treatment team member (MD, RN, etc.) prior to distribution of the medication.</td>
</tr>
<tr>
<td><strong>R1.3.2(Applying) Manage aspects of the medication-use process related to formulary management</strong></td>
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<tr>
<td>• Resident verifies appropriate medication packaging (unit dose) and sterile compounding.</td>
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</tr>
<tr>
<td>• Resident is able to make appropriate formulary substitutions, recommend alternative regimens that does not change the intent of original regimen and is discussed with hospitalist and other healthcare professionals as applicable.</td>
</tr>
<tr>
<td>• Resident professionally manages technician workflow, prioritizing orders, manages central pharmacies duties (i.e. ability to navigate med carousel and omni cells on PRN basis).</td>
</tr>
</tbody>
</table>
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.

The resident will also assist in precepting DPH-4 pharmacy students who are rotating through the Pharmacotherapy Clinic. Residents will be assigned at least one DPH-4 student per year.

The resident is also highly encouraged to participate in the Teaching Certificate Program offered by the UW-Madison School of Pharmacy.

Preceptor:

Julie Bartell, PharmD, CACP, BCACP

Activities/Topics:

- Self-evaluation
- Precepting
- Professional Writing
- Time and stress management and Wellness and Healthy Living
- Interview Day Preparations
- Professionalism, social media, and continued professional development
- Inter-professional relationships and conflict resolution
- Revisiting presentation skills
- One topic of choice identified by RPD or residents
- Precept DPH-4 students
- Teaching Certificate Program (optional)

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

<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
</table>
| R3.1.2(Applying) Apply a process of ongoing self-evaluation and personal performance improvement | • Use the skills reviewed in the self-evaluation professional development session.  
• Practice self-evaluation with a weekly reflection journal. |
<p>| R3.2.4(Applying) Manages one’s own practice effectively | • Develop a time management plan |</p>
<table>
<thead>
<tr>
<th>R4.2.1(Analyzing) When engaged in teaching, select a preceptor role that meets learners’ educational needs</th>
<th>• Evaluate the needs of APPE students when precepting and select a style to best fit their needs. Assist with precepting 4th year students with Pharmcotherapy clinic orientation and clinic responsibilities, student journal clubs, and student rotation projects.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R4.2.2(Applying) Effectively employ preceptor roles, as appropriate</td>
<td>• Practice using different preceptor roles while working with APPE students.</td>
</tr>
<tr>
<td>E6.1.1(Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education</td>
<td>• Describe teaching and assessment strategies learned during the Teaching Certificate Program and/or Professional Development sessions.</td>
</tr>
<tr>
<td>E6.1.2(Understanding) Explain academic roles and associated issues</td>
<td>• Describe academic roles as learned during the Teaching Certificate Program and/or Professional Development sessions.</td>
</tr>
<tr>
<td>E6.2.1(Creating) Develop a teaching philosophy statement</td>
<td>• Formulate a teaching philosophy as required by the Teaching Certificate Program.</td>
</tr>
<tr>
<td>E6.2.2(Creating) Prepare a practice-based teaching activity</td>
<td>• Design an inservice, class, or other teaching activity</td>
</tr>
<tr>
<td>E6.2.3(Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation</td>
<td>• Deliver/present an inservice, class, or other teaching activity</td>
</tr>
<tr>
<td>E6.2.4(Creating) Effectively document one’s teaching philosophy, skills, and experiences in a teaching portfolio</td>
<td>• Assemble a teaching portfolio, either electronically or paper format, as per required by the Teaching Certificate Program</td>
</tr>
</tbody>
</table>

**Evaluations:**

Scheduled evaluations for this LE include the following:

- Quarterly summative evaluations by preceptor
- Quarterly LE evaluation by resident
- Quarterly preceptor evaluation by resident
Adult Medicine/Skilled Nursing Facilities

In this 4-week rotation, the Resident will work in collaboration with internists. 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 providers regarding drug therapy, and document these recommendations in the EMR. The Resident will also counsel the patient on drug therapy as appropriate. There is also the opportunity to visit long term care facilities to assist with medication reviews on Wednesdays and Fridays.

Lead Preceptors

Olivia Wedig, PA-C

Specialty:
Adult Medicine

Practice Highlights:

Offers comprehensive, individualized care for all adults including back pain, abdominal pain, wart treatment, pink eye, GI issues, joint injuries and joint pain, bites, minor burns, cuts and rashes. Conducts annual physicals and sports physicals.
Sarah Endicott, NP

**Specialty:**
Adult Medicine/Geriatrics and Skilled Nursing Facilities

**Recommended Reading:**
TBA

**Office Hours:** By appointment
Office: 608-324-2045
Adult Medicine: 608-324-2200

**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 goals and objectives of this rotation through the following activities:

R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1.1.1(Applying) Interact effectively with health care teams to manage patients’ medication therapy</td>
<td>• Communicate information, recommendations and/or plans to the team</td>
</tr>
<tr>
<td>R1.1.3(Analyzing) Collect information on which to base safe and effective medication therapy</td>
<td>• Evaluate patient charts for pertinent history and information, as well as gather information directly from patients and caregivers.</td>
</tr>
<tr>
<td>R1.1.4(Analyzing) Analyze and assess information on which to base safe and effective medication therapy</td>
<td>• Independently interpret collected information in order to formulate a patient care plan.</td>
</tr>
<tr>
<td>R1.1.5(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</td>
<td>• Independently construct a patient care plan</td>
</tr>
<tr>
<td>R1.1.2(Applying) Interact effectively with patients, family members, and caregivers</td>
<td>• Interview patients during visits, counseling patients and discussing their medication histories, diseases, lifestyle, etc.</td>
</tr>
<tr>
<td>R1.1.7(Applying) Document direct patient care activities appropriately in the medical record or where appropriate</td>
<td>• Demonstrate appropriate documentation of SOAP notes in the EMR.</td>
</tr>
</tbody>
</table>

Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by Preceptor
- Week 4 Evaluations:
  - Drug Information Question evaluation by Preceptor
  - LE evaluation by Resident
  - Summative evaluation by Preceptor
  - Preceptor evaluation by Resident
Emergency Medicine

The Monroe Clinic Hospital Pharmacy department implemented a dedicated Emergency Department pharmacist shift in 2014. This shift is centered on admission medication reconciliation for ED Admits and ED Obs patients along with discharge medication reconciliation and counseling for ED Obs patients. Our pharmacists also provide clinical ED services via cherry picking and provider/nurse consults along with infectious disease culture review and intervention on all discharged ED patients. The ED shift has great potential for expansion, especially if one considers the ED a high acuity ambulatory care clinic.

Lead Preceptor(s)

Chris Becker, PharmD, BCPS

Kyle Schimek, PharmD

Specialty:
Clinical Pharmacist

Required Reading:

- Monroe Clinic ED Pharmacist Job Responsibilities
- Monroe Clinic Urinary Tract Infection treatment algorithm.

Rotation Hours: 0830-1700 daily

Expected progression of resident responsibility*:
Day 1: Preceptor will review rotation expectations, Monroe Clinic’s ED shift, and assign an ED project. Resident will have time to review required readings.

Week 1: Resident will become an expert in admission medication reconciliation process and culture review and intervention of discharged ED patients. The goal is to have the resident take over these responsibilities with confidence by the end of the week. Resident will gain familiarity with ED clinical services.

Week 2-4: Resident will sit at the ED pharmacist workstation. Resident will assume all admission med rec and culture review responsibilities. ED culture review is most effectively and efficiently completed first thing at the start of the shift before the ED gets busy. The resident will become more integrated with ED clinical services with the goal of identifying a low hanging fruit process for pharmacists to become more regularly involved in, such as discharge/transitions of care counseling for high risk ED patients.

*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:

- 1 – 45 min topic discussion presented during the Pharmacy Department inservice hour
  - Shall be presented to the preceptor prior to the inservice
  - Evidence-based literature must be utilized and cited

- 1 – Emergency medicine pharmacy project. Examples of projects include:
  - Policy/protocol/guideline development
    - Lipid sink therapy for lipophilic drug overdoses
    - High dose insulin infusion for certain drug overdoses
    - Review/modify STEMI protocol and STEMI kit
    - Procedural sedation
    - Pharmacist medication administration (change current and create new)
  - Pharmacist managed toxicology process for drug overdoses
  - Kcentra procurement and administration education
  - Pharmacist managed immunization practice
  - Improve medication management during transitions of care
    - SNF medication reconciliation
    - High risk medication discharge education
    - New start drug therapy requiring concentration monitoring
  - Research/data analysis
    - Assessment of missed ED doses during admission transition
    - ACPE accredited education on injectable medication administration

- Proactively and autonomously carry out ED clinical services
  - Admission medication reconciliation for ED Admit and ED Obs patients
  - ED culture review and intervention for discharged ED patients
  - Respond and participate in all Medical Emergencies called throughout the organization
  - Provider/cherry picking consults

- 4 – Preceptor led training sessions
**Rotation goals and objectives**

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Associated Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy.</td>
<td>Serve as the primary ED pharmacist. Residents will interact and answer questions from RNs, PAs, ED MDs, and admitting providers. Resident will also help coordinate transitions of care by contacting and coordinating with outpatient healthcare providers.</td>
</tr>
<tr>
<td>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</td>
<td>Use the electronic medical records, nursing home records, and subjective patient information when preparing recommendations for providers.</td>
</tr>
<tr>
<td>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</td>
<td>The resident will be the primary medication reconciliation resource for admitting physicians. Residents will obtain a medication history, evaluate patient labs and presentation, and provide recommendations for medications to be continued on admission for every patient coming into the hospital.</td>
</tr>
<tr>
<td>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</td>
<td>Resident will call patients that were discharged from the ED to discuss culture results. Resident will be required to provide patient education, prescribe an antimicrobial when appropriate based on guidelines and Monroe Clinic Protocol, and ensure proper follow-up with primary care.</td>
</tr>
<tr>
<td>Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.</td>
<td>The resident will complete a longitudinal ED project to create a new pharmacy process/protocol, improve patient care, and/or utilize the medication more efficiently (ensure appropriate prescribing of antimicrobials, etc).</td>
</tr>
<tr>
<td>Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.</td>
<td>Resident will compete a weekly self-evaluation which will focus on strengths and weaknesses from the prior week, action</td>
</tr>
</tbody>
</table>
plan for the next week, and a topic discussion.

Evaluations:

Scheduled evaluations for this LE include the following:

- **Week 1 – 3 Evaluations:**
  - Resident/preceptor weekly feedback sessions

- **Week 4 Evaluations:**
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - Preceptor evaluation by resident
Antibiotic Stewardship

Monroe Clinic’s antimicrobial stewardship program (ASP) was initiated in 2013 with a focus on inpatient ASP initiatives. The resident will work with the hospital pharmacists, infection control, and ASP pharmacist leads (Parisa and Dan) to be trained in ASP strategies, evidence based treatment regimens, and interdisciplinary teamwork. The resident will develop autonomy and confidence in daily inpatient ASP tasks – such as daily prospective audit and feedback, culture/sensitivity analysis, and streamlining strategies – in addition to larger scale population-based initiatives such as policy or protocol development. We recognize that Monroe Clinic’s hospital is small compared to our ambulatory care services and will investigate how our ASP can be integrated into the ambulatory care setting.

Lead Preceptors

Kyle Schimek, PharmD and Parisa Moghimi, PharmD, BCPS

Specialty:
Hospital Clinical Pharmacists

Required Reading:

Rotation Hours: Varies, see below.

Expected progression of resident responsibility*:

Day 1: 0800-1630. Preceptor will review rotation expectations, Monroe Clinic’s ASP, and assign an ASP project. Resident will have time to review required readings.

Week 1: 0730-1600. Resident shall become an expert on antimicrobial stewardship strategies. The resident will learn the process for daily prospective audit and feedback
and begin this process throughout the week. Introduction to hospitalist team to review expectations.

Week 2-4: 0630-1500. Resident and preceptor will round with the hospitalist team with a focus on antimicrobial stewardship. Resident will complete prospective audit and feedback on all hospitalized patients receiving antimicrobials every morning. The goal will be to have the resident become autonomous by the end of the rotation. Resident will meet with preceptor and work on the ASP project and topic discussion in the afternoon.

*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:
- Attend all ASP meetings
- Present one 45 min topic discussion during the pharmacy department inservice hour
  - Shall be presented to the preceptor prior to the inservice
  - Evidence-based literature must be utilized and cited
- Complete one antimicrobial stewardship project and present to ASP
  - Policy/protocol or monograph development
    - Beta-lactam allergy
    - Wait-and-see (aka delayed prescribing)
    - Meropenem monograph
    - Prolonged infusion (meropenem, cefepime)
    - Daptomycin dosing
    - Appropriate treatment duration
  - Research/data analysis
    - Piperacillin-tazobactam DUE
    - IV to PO protocol assessment and optimization
    - Extra-nasal MRSA screening data analysis
    - Automatic monthly report of antibiotic DOT
  - Laboratory optimization
    - MALDI-TOF
    - Rapid viral testing
    - Procalcitonin
    - AmCare point of care testing
- Perform daily prospective audit and feedback of hospitalized patients on antimicrobials
  - Interventions and plans will be documented
- Participate in 4 preceptor guided teaching sessions
- Participate in weekly feedback sessions with the preceptor

Rotation goals and objectives

Residents will demonstrate sufficiency in meeting the goals and objectives of this rotation through the following activities:
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<td>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy.</td>
<td>Resident shall relay ASP recommendations to providers through both verbal and written communication to optimize antimicrobial therapy.</td>
</tr>
<tr>
<td>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</td>
<td>Resident shall perform daily prospective audit using the electronic medical record.</td>
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<tr>
<td>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</td>
<td>Resident shall assess every inpatient’s antimicrobial therapies daily and make recommendations to providers on both empiric therapies as well as therapy modifications (broadening coverage, deescalating, etc…)</td>
</tr>
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<td>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</td>
<td>Once a recommendation has been made, resident shall follow patient daily to ensure ASP recommendation optimized patient’s care.</td>
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<tr>
<td>Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</td>
<td>Antimicrobial stewardship project</td>
</tr>
<tr>
<td>Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.</td>
<td>Weekly feedback sessions</td>
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**Evaluations:**

Scheduled evaluations for this LE include the following:

- **Week 1 – 3 evaluations:**
  - Resident/preceptor weekly feedback sessions

- **Week 4 evaluations:**
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - Preceptor evaluation by resident
Behavioral Health

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 Enstein 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 Co-Preceptor
Vinaya Koppikar, MD

Practice Highlights:
Treating mental and behavioral problems in people of all ages, helping with learning disorders including attention deficit disorders, depression and dementia.
Required Reading:
Website reference: Neuroscience Education Institute (contact Rachel Long for password)

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

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

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**Evaluations:**

Scheduled evaluations for this LE include the following:

- **Weekly Topic Discussion Evaluations by preceptor**

- **Week 4 Evaluations:**
  - Drug Information Question evaluation by preceptor
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - 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.

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

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

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Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by preceptor

- Week 4 Evaluations:
  - Drug Information Question evaluation by preceptor
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - 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.

Required Reading:
Basic review of medications used to treat:
- Multiple Sclerosis
- Epilepsy
- Parkinson’s Disease

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.

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 the 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

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Evaluations:

Scheduled evaluations for this LE include the following:

- Weekly Topic Discussion Evaluations by preceptor

- Week 4 Evaluations:
  - Drug Information Question evaluation by preceptor
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - Preceptor evaluation by resident
Oncology

The resident will see patients along with an oncologist, reviewing medication profiles and counseling patients on side effects, adherence, and treatments. The resident will make recommendations regarding drug therapy and laboratory monitoring as appropriate. The resident will attend morning huddle with the nurses, and be available to oncology staff to answer drug information questions and to counsel infusion patients as appropriate. This is a great way to integrate into the practice, demonstrate what a resource a pharmacist can be, and get a feel for the flow of the day.

This rotation may be offered as an 8 to 12 week rotation 1 day per week.

Lead Preceptor: Robert Hegeman, MD

Practice Highlights:

Providing compassionate cancer care while utilizing the best diagnostic and treatment technologies and a comprehensive team approach with the patient’s needs at the center. Associate Clinical Professor of Medicine, University of Wisconsin Comprehensive Cancer Center.

Required Reading:

NCCN guidelines – focus on treatments and antiemesis

WHO guidelines – focus on management of pain and constipation

Review opiate pain medication and steroid conversions
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 or 8: The resident will continue to attend daily morning huddle with the nurses. The resident will begin providing medication reconciliation services to all patients being seen by the provider. Examples of medication reconciliation services the resident will provide include removing drugs the patient is no longer taking, identifying non-adherence, counseling on timing and administration of medications, explaining when to take oncology related medications (such as antiemesis medications and dexamethasone), and verifying safety of herbal supplements. The resident will work-up pre-identified patients, interview patients, and identify any therapeutic or drug-related problems or questions and present recommendations to preceptor. The resident will also provide medication counseling, counsel on adherence and address any patient concerns as appropriate.

Full time rotation additional activities: The resident will complete one project during the month that contributes to improved practice in Oncology. Past examples include updating antiemesis protocols according to current guidelines and creating patient handouts that correlate with an oral chemotherapy safety initiative. The resident may opt to spend one morning a week in the central pharmacy verifying chemotherapy preparation. Additionally, the resident may opt to spend one day a week working with infusion nurses, addressing drug information questions and assisting with nurse-driven education and counseling 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 (every other week for 8 week rotation)
- One Drug Information Question
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Evaluations:
Scheduled evaluations for this LE include the following:

- Weekly/Biweekly Topic Discussion Evaluations by preceptor
- Week 4 or 8 Evaluations:
  - Drug Information Question evaluation by preceptor
  - LE evaluation by resident
  - Summative evaluation by preceptor
  - Preceptor evaluation by resident
Nephrology

The resident will see patients along with the nephrologist, reviewing medication profiles and counseling patients on side effects, adherence, and treatments. The resident will make recommendations regarding drug therapy and laboratory monitoring as appropriate.

Lead Preceptor: Charles Stuart, MD

Practice Highlights:

Treating patients in a comprehensive way, since diseases of the kidney may affect the function of other body organs.

Comprehensive wound care for patients suffering from chronic or non-healing wounds that are resistant to routine care including pressure ulcers, wounds associated with diabetes or poor circulation.

Required Reading:

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 and side effects, or questions and present recommendations to preceptor. Resident will provide medication counseling, counsel on adherence and address any patient concerns as appropriate. May also help phone nurse with drug-related patient calls.

*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

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

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Evaluations:
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o Drug Information Question evaluation by preceptor
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o Summative evaluation by preceptor
o Preceptor evaluation by resident