

Penobscot Community Health Care



2023-2024

PGY1 Community Pharmacy Residency Program

Welcome To Penobscot Community Health Care 3

Residency Program Overview 4

Residency Structure 5

Learning Experience Map 9

Disciplinary Action..... 10

Resident Responsibilities And Expectations. 11

Orientation Rotation..... 14

Ambulatory Care Services Rotation- Penobscot Community Health Center..... 30

Ambulatory Care Services Rotation- Helen Hunt Health Center..... 19

Ambulatory Care Services Rotation- Brewer Medical Center 22

Transitions of Care Rotation 24

Administration Rotation..... 26

Population Health Management Rotation 24

Controlled Substance Stewardship and High Utilizer Group Interdisciplinary Committees Rotation 30

Patient-Centered Dispensing Rotation 33

Elective Academia Rotation 36

Elective Ambulatory Care Services Rotation - Brewer Medical Center..... 38

Elective Ambulatory Care Services Rotation – Seaport Community Health Center..... 40

Elective Specialty Rotation 42

ASHP Required Competency Areas, Goals, And Objectives For PGY1 Community Pharmacy Residency.. 44

Resident Checklist For Completed Tasks..... 59

Welcome to Penobscot Community Health Care (PCHC)

PCHC is an Accreditation Associate for Ambulatory Health Care (AAAHC) and National Committee for Quality Assurance (NCQA) Level III certified patient centered medical home as well as the largest Federally Qualified Health Center (FQHC) in Maine and a member of multiple Accountable Care Organizations. PCHC consistently demonstrates a steadfast commitment to collaborating with other healthcare, social service, and community organizations through formal and informal arrangement, and working relationships.

PCHC Mission Statement

To provide comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and the Maine communities we serve.

PCHC Vision for Success

Our vision for success is a community in which everyone has access to quality, cost effective health care, where people are empowered to advocate for their personal goals and needs and are supported by community based resources, and where health encompasses physical and emotional wellness, personal dignity and a sense of belonging.

PCHC Pharmacy Mission Statement

To provide patient-centered, high quality, comprehensive, integrated, pharmaceutical care services regardless of ability to pay through innovation, education and collaboration.

PCHC Pharmacy Vision

To be a leader in and mentor for innovative and sustainable comprehensive integrated pharmacy services in primary care.

PCHC Core Principles- Pharmacy Specific

- Provide Access to All: Through ensuring safe affordable access to medications
 - 340B, Az&Me, Share the Care, Direct Relief and PCHC Sliding Scale Program
- Transform Care: Through sustainable innovations and collaborations expanding the role of pharmacists in Primary Care.
 - Integrated pharmacies and pharmacists, Controlled Substances Stewardship, High Utilizer Group
- Measurably Improve Health: Through system enhanced wide integration and patient centered collaboration.
 - Vaccinations, Medication Therapy Management
- Measurably Reduce Costs: Using proven pharmacy cost effectiveness strategies and quality consistent clinical services
 - CHAMP Clinic – Outpatient NAS Clinic
- Teach: Through partnerships with educators developing students and residents, and mentoring of health care providers and organizations
 - PGY1 and PGY2 Pharmacy Residencies, Summer Leadership Interns, APPE Community and Ambulatory Care Students, 340B Peer to Peer Mentor

Residency Program Overview

Purpose

The Post Graduate Year one (PGY1) Community-Based Pharmacy Residency Program at Penobscot Community Health Care (PCHC) provides structured and advanced training to build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications. The program emphasizes training in various aspects of community and ambulatory care pharmacy including integrated general medical care within patient centered medical homes. The graduates of PCHC's PGY1 Community Pharmacy Practice Residency will above all demonstrate the dedication and leadership within the pharmacy profession. Upon successful completion of the program, the residency graduate will demonstrate his or her ability to:

- Provide high-quality, personalized, evidence-based medication therapy management and disease state management services
- Initiate and provide highly useful clinical pharmacy services within the community and ambulatory care setting as a member of the interdisciplinary healthcare team
- Demonstrate proficiency in professional education and teaching
- Exercise leadership and practice management among multiple healthcare disciplines

Program Description

Penobscot Community Health Care's PGY1 Community Pharmacy Residency is a full time, one-year position in compliance with the *American Society of Health-System Pharmacists and the American Pharmacy Association's Regulations on Accreditation of Pharmacy Residencies*. During each rotation, the resident will work towards functioning as an independent pharmacist with all associated responsibilities. Residency preceptors will collaborate with the Residency Program Director (RPD) to evaluate the resident's progress and identify areas of competence and deficiency. The program will remain in compliance with updated ASHP regulations on accreditation by updating policies and procedures in this manual with each revision.

Educational Outcomes

- R1. Patient Care (70% of residency time)
- R2. Leadership and Management (10% of residency time)
- R3. Advancement of Community-based Practice and Improving Patient Care (10% of residency time)
- R4. Teaching, Education, and Dissemination of Knowledge (10% of residency time)

PCHC's PGY1 Community Pharmacy Residency will remain in compliance with updated ASHP regulations on accreditation by updating policies and procedures in this manual with each revision.

Residency Advisory Committee

The Residency Advisory Committee (RAC) aids the RPD in governance of the residency program and is comprised of preceptors, pharmacists and interdisciplinary staff. Interactive feedback within the committee is utilized to direct the resident in his/her current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. Each member of the RAC is expected to:

- Act as an advocate for the resident
- Provide feedback and suggestions on improving rotations and identifying future rotations
- Provide feedback and suggestions on improving the current structure of the residency

Residency Structure

Successful completion of PCHC's PGY1 Community Residency Program requires the achievement of 75% of the required ASHP Residency Program Learning System (RLS) outcomes, goals and objectives. The resident's progress towards achieving RLS goals will be monitored by the RPD and members of the RAC via PharmAcademic. No objectives can have a final assessment of "Needs Improvement".

Required Rotations

- Orientation
- Ambulatory Care Services – Penobscot Community Health Center
- Ambulatory Care Services – Helen Hunt Health Center
- Ambulatory Care Services – Brewer Medical Center
- Transitions of Care
- Administration
- Population Health Management
- Patient-centered Dispensing
- Controlled Substance Stewardship and High Utilizer Group Interdisciplinary Committees

Elective Rotations

- Ambulatory Care Services – Adult Wellness Center
- Ambulatory Care Services – Seaport Community Health Center
- Academia – Husson University
- Low-Barrier Access – Brewer Medical Center/Bridge Clinic
- Specialty

Elective Rotation Requests

Rotation requests for electives, or request for changes, must be requested at least one month prior to the start of the rotation.

Global Rotation Expectations

- Excellent communication and interpersonal skills are vital to the success in each experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.
- Each preceptor will meet with the resident both formally and as needed.

Committee and Meeting Involvement

Residents will attend meetings at the discretion of the RPD and the preceptor.

- *Resident Meetings*: The resident will attend biweekly scheduled resident meetings with the RPD.
- *Pharmacy and Therapeutics (P&T) Committee*: The resident is required to attend and present at one of the biannual P&T meetings. As medications are added to the formulary, this will require development of a concise summary of the monograph and final formulary decisions to be disseminated to providers for implementation of formulary recommendations.
- *Pharmacy Administration Meetings*: Each resident is required to attend all pharmacy administration meetings while on their administration rotation to keep current on the practices of all PCHC pharmacies and present updates on drug information or ongoing processes to the other pharmacists.
- *Clinical Leadership Meetings*: Each resident may be required to attend one of the monthly clinical leadership meetings for presentation of new medication policies or recommendations pertinent to his or her projects.
- *Recruitment*: Each resident will assist with the residency recruitment efforts of the department, which may require presence at a variety of residency showcases.
- *ASHP Midyear Conference*: Each resident is required to attend Midyear for continuing education, recruitment, and poster presentation purposes.
- *State Pharmacists' Conference(s)*: Each resident is required to attend and present their research project at either the Maine Pharmacists' Association Conference or the Maine Society of Health System Pharmacists' Conference in the spring (whichever PCHC has elected to participate in during a given year).

Evaluations

An essential component of developing the skills of a resident and continuous improvement of the residency program is frequent two-way feedback between resident and preceptor. Specific program rotation feedback may be given via multiple formats depending on the learning experience. In addition to the required on-line PharmAcademic evaluations, verbal face-to-face discussions are encouraged. The resident will have opportunity for feedback from the RPD in the biweekly residency meetings. The goals of such discussions are:

- Discuss the resident's achievement of learning objectives established for each rotation.
- Provide feedback to assist the resident with future rotations or practice.
- Provide feedback to preceptors for continuous improvement to strengthen future rotations.
- Provide feedback to the RPD and Residency Coordinator to improve the residency program.

Evaluations to be Completed in PharmAcademic

- Resident's Self-Assessment Evaluation
 - The resident will assess his /her progress for each rotation.
- Resident's Evaluation of Preceptor and Rotation
 - The resident will assess the overall rotation experience as well as preceptor involvement/performance at the end of each rotation.
- Preceptor's Evaluation of the Resident's Rotation Performance
 - Each preceptor will complete an electronic summative form for the resident.
- Resident Customized Training Plan
 - The resident will develop a customized training plan to be sent to and evaluated by the RPD. The RPD will discuss desired outcomes with the resident, and continuously refer back to the training plan through the year long program.

Evaluation Strategy

- PharmaAcademic will be used for documenting scheduled evaluations.
- For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assignment evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. Discussion will provide feedback for both on performance of the activities in clinic. Evaluations will then be signed in PharmAcademic.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Residents should be provided with information they need to make improve performance in the clinic.
- **Summative evaluations:** These evaluations summarize the resident's performance after the experience. Feedback should include specific comments and information the resident can use to improve in their learning experiences moving forward.
- **On-demand evaluations:** These evaluations can be generated at any time during a rotation to document any feedback to occurs outside of the scheduled evaluation timeline.

Definition of Evaluation Ratings

- **Needs Improvement:** The resident is deficient in knowledge/skills in the area and significant improvement is needed.
- **Satisfactory Progress:** The resident has adequate knowledge/skills in the area but still sometimes requires assistance to complete objectives. Further improvement is still needed.
- **Achieved:** The resident is proficient in the area and is able to achieve objectives independently.

- **Achieved for Residency:** The resident consistently shows mastery of the goals/objectives and is able to take their skills/knowledge to a new work experience. This needs to be approved by the RAC before any objective is determined to be Achieved for Residency for any resident.

Learning Experiences Map

Residency Year Calendar

	7/3-7/27	7/31-9/7	9/11-10/19	10/23-11/30	MidYear 12/3-12/7	12/11-1/19	1/22-2/29	3/4-4/12	4/15-5/24	5/27-6/21	Wrap Up Week 6/24-6/28
		Patient-centered Dispensing/Controlled Substance Stewardship and High Utilizer Group Interdisciplinary Committees									
		Population Health Management									
Resident #1	Orientation	Admin	HHHC	PCHCenter	Posters finalized by 11/15 to practice presenting before	PCHCenter	TOC	Elective (4wk)	BMC		
Resident #2	Orientation	BMC		HHHC		TOC	PCHCenter		Admin	Elective (4wk)	
Resident #3	Orientation	HHHC	Admin	BMC		BMC	Elective (4wk)	TOC	PCHCenter		
Resident #4	Orientation	PCHCenter		TOC		Admin	BMC		HHHC	Elective (4wk)	

Example Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
HHHC	Rotation	Rotation	Patient-centered Dispensing/CSS	Rotation	Project Day/ Double Coverage Day
PCHCenter	Rotation	Rotation	Patient-centered Dispensing/CSS	Project Day/ Double Coverage Day	Rotation
Admin	Rotation	Project Day/ Double Coverage Day	Patient-centered Dispensing/CSS	Rotation	Rotation
BMC/TOC	Project Day/ Double Coverage Day	Rotation	Patient-centered Dispensing/CSS	Rotation	Rotation

Example Bi-Weekly Schedule in Details for Resident on PCHCenter Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
Resident	8:00am-4:00pm Rotation	8:00am-4:00pm Rotation	8:00am-6:00pm Patient-centered Dispensing or CSS	Project Day	8:00am-4:00pm Rotation
	8:00am-4:00pm Rotation	8:00am-4:00pm Rotation	8:00am-6:00pm Patient-centered Dispensing or CSS	8:00am-6:00pm Double Coverage Day	8:00am-4:00pm Rotation

Example Rotation for Patient-centered Dispensing Rotation

	Resident #1	Resident #2	Resident #3	Resident #4
Weds #1	PCHC	SCHC	CSS	BMC
Weds #2	BMC	PCHC	SCHC	CSS
Weds #3	CSS	BMC	PCHC	SCHC
Weds #4	SCHC	CSS	BMC	PCHC

PCHC	When at PCHC, BMC and SCHC you will be working with the preceptors at each site to work as primary pharmacist in pharmacy, work on MTMs and targeted interventions for the community pharmacy and see patients for pharmacy vaccine clinic
BMC	
SCHC	
CSS	Work up patients in AM, present patients in PM

Disciplinary Action

The resident is expected to conduct themselves in a professional manner at all times and to follow all relevant PCHC and Residency Program policies. Disciplinary action must be documented in PharmAcademic and will be taken if a resident:

- Does not follow policies and procedures of PCHC, Department of Pharmacy, or Residency Program
- Does not present him/herself in a professional manner
- Does not earn satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements (e.g. project, manuscript, CE presentations, seminar)
- Demonstrates gross negligence

If a resident fails to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. The resident shall be given a verbal warning by their preceptor and the RPD will be notified. Steps that are taken include suggestions for improvement in meeting the requirement of the rotation / residency program and the consequences of not correcting the problem. Counseling notes must be taken and forwarded to the RPD.
2. If satisfactory improvement is not seen within one week, the RPD will meet with both the preceptor and resident, and the resident will be given a written warning. The performance deficiency and minimum expectations that must be achieved within a time frame will be documented in their personnel file by the Residency Program Director. This document should also state that continued instances of unsatisfactory behavior or performance will result in further corrective action up to and including termination. Documentation of this discussion must be placed in the employee's Human Resources file.
3. If the resident continues to fail to meet deadlines or objectives, the RPD will meet with the resident, and the resident shall be given a Final Written Warning.
4. If the preceptor determines that the resident will not complete the residency program in the normal time frame, a plan to adequately complete the requirements shall be presented and reviewed by the RPD. No action shall be taken against the resident until the Director of Pharmacy reviews the report and recommendations concerning any action. If the Director of Pharmacy feels that the action recommended by the Preceptor/RPD is appropriate, the action will be implemented. Action may include remedial work or termination.
5. When and if dismissal is recommended by the RPD, the Director of Pharmacy and the RAC will have a meeting to discuss the final decision, which may include termination. Termination is the final step of the disciplinary process and documentation will clearly reflect that prior progressive corrective action has failed to produce an acceptable change in the employee's behavior and/or performance. Termination action must be approved through Human Resources prior to meeting with the employee.

Resident Responsibilities and Expectations

The resident is expected to comply with Human Resources policies, along with those set forth in this manual.

Prior to Licensure

- The resident must have a current and valid Maine Pharmacy Intern license before the residency start date.
- The resident may document within EMR before licensure, but notes must be cosigned before final signature by the preceptor or a designated licensed pharmacist.

Licensure

Participation in PCHC's PGY1 Community Pharmacy Program is contingent on securing and maintaining a Pharmacist and an Administration of Drugs and Immunizations License without restriction in the state of Maine. The resident must have scheduled all board exams prior to residency start date and it is expected that the resident will have taken the NAPLEX and Maine MPJE exams by **July 15th**.

- If the resident is not licensed by the end of Orientation, resident's schedule will be adjusted to have non-patient care rotations first.
- If the resident is not licensed by the end of **90 days** of starting residency, their ability to continue the program will be reviewed by the Residency Advisory Committee. This will result in a remediation plan or dismissal from the program.
- Per ASHP Residency Standards, the resident must be licensed for a minimum of 2/3 of residency. Therefore, if the resident is not licensed after the first **120 days** of residency, the resident is subjected to either dismissal from the program or being placed on Leave of Absence (LOA) without pay until all appropriate licensure is obtained.
 - Refer to the Professional, Family, Sick and Extended Leave section for the full LOA policy
 - LOA may be granted for up to 8 weeks. Any time granted for LOA will have to be made up for at the end of the residency program.
 - A remediation will also be created to ensure resident meets all requirements for completion of the residency program
- The resident will provide the pharmacy department with a copy of their licensure to remain on file during the resident's employment. Failure to attain proper licensure is grounds for dismissal from the residency program. Residents should contact the RPD should any issues arise with licensure.

Professional, Family, Sick and Extended Leave

- The resident is expected to comply with PCHC's LOA policy. Refer to section 6 of the Employee Handbook for the complete policy.
- An LOA must be granted by the Director of Pharmacy and is without pay.
- If LOA is 2 weeks or less, resident will not be required to extend their time in the residency program. However, the resident will have to complete additional assignments to ensure all program requirements are met by the program's original end date.
- If LOA is greater than 2 weeks, resident will be required to extend their time up to 8 weeks maximum to complete a full 12-month program to ensure all goals and objectives of the program have been met.
 - An extended absence for a period longer than 8 weeks may not be granted and may be subject to dismissal from the residency program.

Professional Conduct

It is the responsibility of the resident of Penobscot Community Health Care, and the profession of pharmacy to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice, including when present at professional conferences representing PCHC.

Dress Code

The resident is expected to dress in appropriate professional attire when present in the institution or attending any function as a representative of PCHC. Attire should conform to the dress code stated in the PCHC policy and procedures, as can be found in the employee handbook.

Employee Identification Badges

All employees are required to wear his/her identification badge at all times within PCHC facilities in accordance to AAAHC regulations.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the highest concern for the patients' and families' emotional as well as physical well-being. All residents will undergo Health Insurance Portability and Accountability Act (HIPAA) training during orientation and abide by HIPAA regulations during practice.

Attendance

- The resident is expected to attend functions as required by the Residency Program, the RPD, the RPC, and preceptors.
- PCHC's PGY1 residency program will remain in compliance with the Accreditation Council for Graduate Medical Education hours. No resident will be allowed to work more than 80 hours per week.
- The resident is responsible for his/her assigned staffing schedule and for assuring that these commitments are covered in the event of an absence.
- The resident is expected to complete all work relating to patient care before leaving the facility.
- Vacation requests should be discussed with preceptors/RPD at least two weeks in advance.

Time Management

Each resident will learn time management techniques during their residency year. One area to highlight is adding "buffer" times to deadlines. This will allow adequate time for review of a project by a preceptor or outside party, as well as allowing time to make changes to a project.

Time Commitment

The resident is expected to be present at work Monday through Friday, as well as for any assigned weekend staffing shifts. Any work not completed during normal work hours is to be completed on the resident's own time; this may include preparing for meetings, presentations, and lectures from home. Additionally, the resident is expected to travel amongst the many PCHC facilities as part of their normal duties. The resident will be responsible for a minimum of 460 staffing hours between the end of the orientation rotation and the completion of residency. Staffing hours will be tracked on the time sheets reported every two weeks and audited in UltiPro.

Requirements for Completion of the Residency

- **The resident is expected to have earned an assessment of “Achieved” for at least 75% the required objectives of the residency program. No objectives can have a final assessment of “Needs Improvement”.**
- **The resident is required to complete every items listed under “Elements for Portfolio and Pharmacademic” in order to graduate from the residency program. Resident is required to use the “Resident Checklist for Completed Tasks” on page 55 of this handbook to keep track of this process.**

Duty Hours

- The residency program complies with ASHP duty hour requirements.
- Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes scheduled direct patient care, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.
- *Duty hours do not include: reading, studying and academic preparation time for presentations, journal clubs or travel time to and from conferences and hours not scheduled by the RPD or preceptor.*
- Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all residency scheduled activities and all moonlighting.

External Employment Policy (Moonlighting)

- The residency program is considered the primary priority of each resident.
- External employment is discouraged, but if moonlighting is desired, must not interfere with the resident’s responsibilities or requirements and opportunities should be sought within the organization first.
- The responsibilities of the resident do not correspond with the normal 9:00 AM to 5:00 PM scheduled forty-hour work week. Extra hours of coverage (weekends, evenings) are necessary to maintain residency requirements. Fluctuations in workload, unusual service demands or patient loads, or cross coverage may all determine the hours of the resident service
- Resident must complete Duty Hours Log form in Pharmacy Academic by the end of each month to report any moon lighting hours and to attest that they have not gone over the duty hour requirements.

Orientation Rotation

Preceptor: Meagan Rusby, PharmD

Position: Clinical Pharmacy Manager and Residency Coordinator

Email: mrusby@pchc.com

Phone Extension: 1764

Type: Block rotation

Time: 40 hours/week x 4 weeks

The orientation is a 4-week learning experience designed to introduce incoming residents to PCHC Pharmacy Services and to outline the expectations of the residency year. Residents will be trained to work in the community pharmacies by pharmacists, pharmacy technicians, and previous residents, and will be expected to gain good understanding of the roles of all retail pharmacy staff members. The resident is responsible for understanding and carrying-out the duties necessary during the medication dispensing process to become an independent practitioner in the dispensing role by the end of the residency year.

The orientation will consist of a week of getting familiar with the organization and department, completing the New Employee Orientation Program, and completing the required organizational NetLearning trainings. During this week, residents will also meet with the RPD to go over the residency handbook in details, general rotation expectations and all requirements for successful completion of the program. The remainder of the orientation period will entail training in the in-house pharmacies with one or two experiences shadowing the primary care pharmacist in the health centers. Short 1-2 hour mid-day trainings will be held to orient the residents to the electronic medical record, HealthInfoNet, the Prescription Monitoring Program, drug information resources and response delivery, 340B basics, and policies and procedures that the residents will regularly be exposed to.

Also in this time, residents are responsible for completing topic discussions for chronic disease states and familiarizing themselves with the organization/department to identify needs and opportunities for research projects. While community and professional engagement will occur throughout residency, a resident-specific plan for both will be developed during the orientation period.

Rotation Activities:

Activity	Goal
Demonstrate general understanding of roles and responsibilities of the resident and all team members within the pharmacy department. The resident will go over the residency handbook in details with the RPD to review expectations and requirements for the year.	R1.1.1
Demonstrate understanding of day-to-day workings of the PCHC community pharmacies as depicted in the pharmacy technician competency checklist and pharmacist competency checklist. This includes, but is not limited to, effective use of the EMR and pharmacy computer systems, prescription entry and filling, customer service, inventory use and management, 340B basics and proper utilization of resources for patients that cannot afford their medications.	R2.1.1
Demonstrate understanding of the self-evaluation process and expectations for self-evaluation throughout the year. Utilize such understanding to develop the first Resident Development Plan with the RPD.	R2.2.2
Decide which state and national organizations to become involved with and develop a plan for the residency year for professional organization engagement based on interests and career goals.	R2.2.4
Identify community service opportunities through organization affiliations and community groups and develop a plan for the residency year for service involvement.	R2.2.5

Identify quality improvement project.	R3.1.1
Identify business plan for new or enhanced service.	R3.2.1
Identify research project in collaboration with the RAC and obtain approval from appropriate authorities (IRB, clinical leadership, etc.)	R3.3.1

Expected Progression of Resident Responsibility

Weeks 1-2	Resident to attend PCHC's New Employee Orientation Program (NEOP), review residency year layout and rotation schedules, review residency handbook and program requirements, attend training sessions on EMR, Pharmacy Software Systems, Communication and Customer Service and shadow pharmacy technicians and pharmacists.
Weeks 3	Resident and RPD develop the initial Resident Development Plan and start planning the residency year according to the individualized plan discussed. Resident continue to train in the community pharmacies using the competency checklists.
Weeks 4	Resident to complete topic discussions on all commonly seen chronic disease states at PCHC. Resident will be expected to have good general knowledge of these chronic conditions and treatment options prior to starting the first clinical rotation. Resident should also have identified all required longitudinal projects for the year and obtained approval.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.1	Demonstrate responsibility and professional behaviors as a member of the healthcare team.
R2.1.1	Manage dispensing and patient care services at the community-based practice site.
R2.2.2	Apply a process of an on-going self-evaluation and personal performance improvement.
R2.2.4	Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.
R2.2.5	Demonstrate commitment to the community through service.
R3.1.1	(Creating) Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.
R3.2.1	(Creating) Identify the need and develop a business plan for a new or enhanced service.
R3.3.1	(Creating) Identify and design a practice-related project significant to community-based practice.

Elements for Portfolio and PharmAcademic

- 340B University OnDemand Certificate
- Chronic disease state topic discussion materials
- Entering resident interest form
- Resident bio
- Technician and pharmacist competency checklist with updated progress
- Proposals for QI project, research project and business plan
- Professional Involvement and Service Activities form
- 1st completed pharmacy desktop consult
- Initial Resident Development Plan within 30 days of starting residency
- Proof of completions of all POC trainings

Ambulatory Care Services Rotation- Penobscot Community Health Center

Preceptor: Kathryn Sawicki, PharmD, BCACP

Position: Assistant Clinical Professor for the University of New England, Primary Care Pharmacist at Penobscot Community Health Center

Email: ksawicki@pchc.com

Phone Extension: 1496

Type: Extended rotation

Time: 24 hours/week x 6 weeks

Pharmacist's role: Primary Care Pharmacist – University Faculty

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.
- University faculty pharmacists also serve as preceptors for pharmacy students participating in training experiences at PCHC and teaching opportunities through the University of New England.

This ambulatory care learning experience is a six-week rotation that provides direct patient centered care along with the potential opportunity to precept fourth year pharmacy students. The resident will work in collaboration with the clinical pharmacist and fellow health care providers to design therapeutic plans for the management of chronic disease states. 24 hours each week will be dedicated to direct patient care, and 8 hours will be reserved for project time and preceptor office desktop coverage.

The resident will provide drug therapy and disease management education to patients, caregivers, clinical staff, and pharmacy students. The resident will be exposed to a variety of chronic disease states but this rotation will heavily focus on anticoagulation and diabetes. The resident will be expected to develop evidence-based recommendations that are individualized to the patient's needs. Proper documentation in the electronic health record (EMR) is expected and the collaboration with other members of the health care team is emphasized.

In the event students are on rotation, the resident will participate in and facilitate topic discussions with pharmacy students and will be expected to engage in their learning experience by asking questions and providing feedback.

During clinic the resident will gradually take on responsibility for direct patient care. For anticoagulation visits a resident must be able to facilitate at least 3 INR visits and complete the documentation required independently by the end of the work day under supervision of the preceptor prior to facilitating these visits in the absence of direct supervision. Similarly, the resident must be able to successfully facilitate 3 diabetes visits prior to being able to see patients independently for this condition. For all other disease states, the number of successful visits prior to the resident seeing patients independently will be up to the discretion of the preceptor. Resident independence will be at the discretion of the preceptor in the event more supervision is needed.

The resident should be able to create efficient strategies for prioritizing and accomplishing the required activities in six weeks. Achievement of these goals will be determined through assessment of ability to perform the associated objectives outlined in the table below. These learning experiences will be assessed using PharmAcademic.

Rotation Activities:

Activity	Goal
Observe patient visits and then demonstrate respect and empathy appropriately. Engage patient appropriately in making care decisions and respects the patient, family members, and or caregivers during one on one patient interactions.	R1.1.2
Demonstrate realistic, measurable goals of therapy for achieving clinical outcomes for the patient's overall health care goals and access to care. Establish evidence based and cost effective care plans that include medication, dose, route, and frequency. This plan should be created in collaboration with other health care professionals.	R1.1.5
Engages with the patient by providing education about medication mechanisms, routes of administration, and how to administer to optimize medication therapy. Communicates appropriate details of the care plan effectively and efficiently with all relevant health care professionals.	R1.1.6
Reassess medications for appropriateness, effectiveness, safety, and patient adherence during each follow up visit. Identify any appropriate modifications needed to a patient's care plan. Communicate any changes to a care plan with patient, caregivers, and other health care professionals involved in the patient's care.	R1.1.7
Engage with pharmacy students when the opportunity presents itself in a clinical setting to model appropriate direct patient care. Communicate with the students and provided opportunities for them to learn via observation and practice (i.e. vaccine administration, POC INR, or POC A1C testing).	R4.2.1
When engaging with students, provide feedback on various projects, including topic discussions, journal clubs, and CSS responses. Engage students in active learning by prompting students with questions following their topic discussion presentations or after a didactic lecture.	R4.2.2

Expected Progression of Resident Responsibility

Day 1	Preceptor is to review learning activities and expectations with the resident, and discuss expectations for precepting students, if appropriate during the rotation. The resident will be provided a tour of the building and introduction to other healthcare providers they will work with during this rotation.
Weeks 1-2	The resident will work specifically with the preceptor daily, model the preceptor's role as a faculty member and observe the balance of responsibilities in clinical practice and teaching.
Weeks 3-4	Resident should be comfortable participating in patient visits by obtaining relevant clinical information through patient interviews and chart reviews. The resident should start to become comfortable creating clinical recommendations based on evidence based guidelines and all recommendations should be reviewed by the preceptor. The resident will also serve as drug information resource for providers within the clinic by documenting medication related questions in the EMR when appropriate. The resident should be prepared to participate in student topic discussions and journal club reviews by asking questions and providing feedback when appropriate.
Weeks 5-6	The resident should be able to independently conduct a patient visit with the supervision of their preceptor in the room. Resident should be proficient in obtaining relevant clinical information via patient interview skills and chart review. The resident should be comfortable making clinical recommendations that are guideline based. The preceptor will be present, but will encourage the resident to take on most responsibilities within patient visits. The resident should continue to serve as drug

	information resource for providers within the clinic by documenting medication related questions in the EMR when appropriate. Resident should be able to facilitate student topic discussions and provide constructive feedback during student presentations as appropriate.
--	--

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.2	(Responding and Analyzing) Establish a patient-centered relationship with the individual patient, family members, and /or caregivers
R1.1.5	(Valuing and Crating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers
R1.1.6	(Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers
R1.1.7	(Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patients, and caregivers as required.
R4.2.1	(Analyzing) Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs
R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning

Elements for Portfolio and PharmAcademic

- At least 3 de-identified samples of notes form the electronic medical record of comprehensive disease management appointments.
- At least 3 de-identified samples of notes from the electronic medical record of collaboration with other management, mental health, nutritionist, PCP.
- Documentation of when the resident provided a student with an opportunity to observe direct patient care (ie. Flu shot administration or POC testing) if appropriate.
- At least 2 examples of documentation of feedback given to students following a topic discussion or journal club presentation if appropriate.

Ambulatory Care Services Rotation- Helen Hunt Health Center

Preceptor(s):

Position: Primary Care Pharmacist

Email:

Phone Extension:

Type: Extended rotation

Time: 24 hours/week x 12 weeks

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

This ambulatory care learning experience is a twelve-week rotation (24 hours per week) that provides the resident with direct patient-centered care experience. The resident works collaboratively with the clinical pharmacist and fellow health care providers to design therapeutic plans for the management of chronic disease states.

The resident will provide drug therapy and disease management education to patients, caregivers, clinical staff, and pharmacy students. The resident will be exposed to a variety of chronic disease states but this rotation will focus heavily on the management of diabetes, hypertension, hyperlipidemia, hepatitis C and smoking cessation. This rotation will also emphasize the gathering of comprehensive subjective and objective information through effective patient interviewing, development of an individualized evidence-based care plan for each patient, and continued monitoring and follow up of each patient. By the end of the rotation, the resident is expected to be able to conduct appointments autonomously, with the preceptor available for assistance if the resident requires it.

For anticoagulation visits a resident must be able to facilitate at least 6 INR visits and complete the documentation required independently by the end of the workday under supervision of the preceptor prior to facilitating these visits in the absence of direct supervision. Similarly, the resident must be able to successfully facilitate 6 diabetes visits and 2 hypertension visits prior to being able to see patients independently for these conditions. For all other disease states, the number of successful visits prior to the resident seeing patients independently will be up to the discretion of the preceptor.

Rotation Activities:

Activity	Goal
In the course of appointment, establish a trusting and professional relationship with the patient and family or caregivers present to facilitate effective patient interview for pertinent subjective information to guide individualized care plan.	R1.1.2
Drawing on information gathered from the medical record and patient, work with the patient to develop a prioritized care plan that may include incorporation of other members of the health care team.	R1.1.5
Implement the care plan. Where appropriate, provide disease state or medication counseling or leverage motivational interviewing to increase engagement or compliance with care plan.	R1.1.6

Resident will complete follow-up calls or appointments to monitor effectiveness of implemented changes to the care plan and address any concerns regarding adverse effects or non-compliance, involving the patient's primary care provider or care manager if necessary or appropriate.	R1.1.7
Resident will document in the EMR the visits appropriately and will be expected to complete documents within 24 hours post-visit.	R1.1.10

Expected Progression of Resident Responsibility

Day 1	Resident to become oriented to Helen Hunt Health Center, review rotation expectations with preceptor.
Month 1	Preceptor will attend and participate in team discussions and patient appointments with the resident, modeling pharmacist's role within the interdisciplinary team and in direct patient care. Documentation activities within the EMR will be reviewed by the preceptor for input.
Month 2	Resident to work independently with supervision by conducting patient visits. Resident will be expected to obtain all relevant clinical information via patient interviews and/or chart reviews. Resident to create clinical recommendations based on evidence-based guidelines. The preceptor will be available, but will encourage the resident to take on more responsibility within the patient visits and with other providers. Resident to serve as a drug information resource for providers and document activities within the electronic medical record with the preceptor available for guidance when appropriate.
Month 3	Resident to work independently by participating in team discussions and conducting patient visits.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.2	(Responding and Analyzing) Establish a patient-centered relationship with the individual patient, family members, and /or caregivers
R1.1.5	(Valuing and Crating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers
R1.1.6	(Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers
R1.1.7	(Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patients, and caregivers as required.
R1.1.10	(Applying) Document patient care activities appropriately and efficiently.

Elements for Portfolio and PharmAcademic

- At least 5 de-identified samples of notes from the EMR of appropriate recommended therapy, with at least 1 note for each of the following disease state:
 - Diabetes
 - Hypertension
 - Hyperlipidemia
 - Hepatitis C
 - Smoking Cessation
 - Weight loss
 - Asthma/COPD
- At least 2 de-identified samples of notes from the electronic medical record of follow-up phone calls or appointments for monitoring of recently implemented or changed care plans

- At least 1 reflection regarding a patient who achieved a specific therapeutic goal during the course of the resident's rotation, focusing on areas of intervention that were successful in enabling patients to achieve goals, areas for future improvement, challenges of reaching patient goal, and solutions that enabled the resident to overcome these challenges
- At least 3 collaborative visit notes with a provider for chronic disease management

Ambulatory Care Services Rotation- Brewer Medical Center

Preceptor: Caitlin Morrow, PharmD, BCACP, AE-C

Position: Primary Care Pharmacist at Brewer Medical Center

Email: cmorrow@pchc.com

Phone Extension: 2136

Type: Block rotation

Time: 24 hours/week x 12 weeks

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

This ambulatory care learning experience is a twelve-week rotation that provides direct patient centered care along with the potential to co-precept fourth year pharmacy students. The resident will work in collaboration with the primary care pharmacist and fellow health care providers to design therapeutic plans for the management of chronic disease states. 24 hours each week will be dedicated to direct patient care, and 8 hours will be reserved for project time and non-clinic patient care.

The resident will work towards becoming competent in prioritizing referrals from providers for assistance in managing a variety of disease states such as diabetes, hypertension, anticoagulation, asthma, COPD, hepatitis C and medication assisted treatment (MAT). This rotation provides ample opportunity to utilize effective communication strategies both for working within the interdisciplinary team and for educating patients and caregivers.

During clinic the resident will gradually take on responsibility for direct patient care. For anticoagulation visits a resident must be able to facilitate at least 6 INR visits and complete the documentation required independently by the end of the workday under supervision of the preceptor prior to facilitating these visits in the absence of direct supervision. Similarly, the resident must be able to successfully facilitate 6 diabetes visits and 2 hepatitis C visits prior to being able to see patients independently for these conditions. For all other disease states, the number of successful visits prior to the resident seeing patients independently will be up to the discretion of the preceptor.

Rotation Activities:

Activity	Goal
Develop rapport with providers and medical assistants to establish cooperative, collaborative, and communicative working relationships. Participate in joint visits with primary care provider and/or care management when this service would benefit the patient.	R1.1.1
Demonstrate appropriate communication with patients, family members, and caregivers in appointment setting.	R1.1.2
Examine patient medical record and prioritize problem list.	R1.1.3
Using information collected from medical record and patient appointments, distinguish patient needs and evaluate current treatment regimens for safety and appropriateness.	R1.1.4

Expected Progression of Resident Responsibility

Day 1	Resident to become oriented to Brewer Medical Center, review rotation expectations with preceptor.
Month 1	Resident will attend and participate in team discussions and patient appointments with the resident, modeling pharmacist's role within the interdisciplinary team and in direct patient care. Documentation activities within the EMR will be reviewed by the preceptor for input.
Month 2	Resident to work independently with supervision by conducting patient visits. Resident will be expected to obtain all relevant clinical information via patient interviews and/or chart reviews. Resident to create clinical recommendations based on evidence-based guidelines. The preceptor will be available but will encourage the resident to take on more responsibility within the patient visits and with other providers. Resident to serve as a drug information resource for providers and document activities within the electronic medical record with the preceptor available for guidance when appropriate.
Month 3	Resident to work independently by participating in team discussions and conducting patient visits.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.
R1.1.2	(Responding and Analyzing) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.
R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.
R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.

Elements for Portfolio and PharmAcademic

- At least 3 de-identified samples from the electronic medical record of patient encounters or consults for any of the following disease states:
 - Diabetes
 - Anticoagulation
 - Congestive Heart Failure
 - Hypertension
 - Dyslipidemia
 - Asthma/COPD
 - Hepatitis C
- At least 3 de-identified samples from the electronic medical record of referral to or collaboration with other members of the health care team, such as care management, mental health, nutritionist, or PCP.

Transitions of Care Rotation

Preceptor: Casey Heath, PharmD

Position: Primary Care Pharmacist in Transitions of Care

Email: casey.heath@pchc.com

Phone Extension: 2596

Type: Block rotation

Time: 24 hours/week x 6 weeks

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

The transitions of care rotation, is a six-week learning experience designed to have the resident work in the role of a primary care pharmacy in a transitions of care role, with responsibilities including working collaboratively with nurse care managers, social workers, medical assistants, primary care nurses, and primary care providers at PCHC to conduct comprehensive medication reviews, home visits, and hospital follow up visits for patients recently discharged from the hospital. Hospital follow up visits will be conducted within a primary care office determined by the preceptor. The resident will assist in facilitating the safe transition between the hospital, home, and follow-up primary care provider visit.

Home visits are catered to the specific needs of the patient, but may include comprehensive medication reconciliation and education, assessment of barriers to treatment, assessment of home safety, physical assessment, coordination with ancillary services (home health nurse, counseling, physical therapy, etc.), assessment of durable medical equipment needs, refilling medications, or education regarding additional services at PCHC that the patient may benefit from. All documentation of assessments and recommendations is to be recorded in the PCHC electronic medical record and sent to the primary care provider for review.

Resident must successfully conduct 6 home visits or hospital follow up visits, and independently complete the required documentation by the end of the workday under supervision of the preceptor. Resident must work up patient and review with the preceptor prior to facilitating these visits in the absence of direct supervision. Resident must completely a minimum of 4 patient encounters under direct preceptor supervision prior to independently completing visits at the preceptor's discretion.

Rotation Activities:

Activity	Goal
Establish an effective and trusting relationship with patient and family members or caregivers in the home to facilitate meaningful patient interview and subsequent assessment and recommendations.	R1.1.8
Collaborate with care managers to perform medication and care reviews for patients recently discharged from the hospital. For each patient encounter: <ul style="list-style-type: none">• Identify patient-specific long term therapeutic goals to avoid re-admission to the hospital.• Design a patient-centered, evidence-based regimen to meet the identified therapeutic goals to prevent re-admission.	R1.1.9

<ul style="list-style-type: none"> • Develop a long-term monitoring plan to ensure achievement of the established patient-centered goals to prevent re-admission. • Communicate in a time appropriate manner urgent needs for the patient 	
Document assessment and recommendations from all patient care activities (visits and phone calls) in the electronic medical record within 24 hours of encounter and hold to the patient's primary care provider and any other affected provider to coordinate services.	R1.1.10
Review discharge notes and conduct patient interviews for individuals recently discharged from the hospital to identify opportunities for pharmacist intervention and develop a plan for meeting the needs of each specific patient.	R1.3.1
For any patients requiring additional services, coordinate with outside pharmacies, durable medical equipment providers, home health providers, or others as appropriate to ensure patient needs are met during care transition to prevent re-admission.	R1.3.2

Expected Progression of Resident Responsibility

Week 1	Observe the transitions of care and/or primary care team dynamic, patient home visit and hospital follow up visit structure, and documentation requirements.
Weeks 2-3	Assist in the pre visit planning, patient interaction, and medication reconciliation during the home visit or hospital follow up visit and document appropriately with minimal assistance. Complete medication reconciliation visits via telehealth and document appropriately.
Weeks 4-6	Independently perform and complete documentation of daily home visits and collaborate with other health care professionals on the transitions of care team and primary care team.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.8	Collaborate and communicate effectively with patients, family members, and caregivers.
R1.1.9	Collaborate and communicate effectively with other health care team members.
R1.1.10	Document patient care activities appropriately and efficiently.
R1.3.1	Identify needs of individual patients experiencing care transitions.
R1.3.2	Manage and facilitate care transitions between patient care settings.

Elements for Portfolio and PharmAcademic

- At least 5 de-identified samples of notes from the electronic medical record of medication reconciliation, home visit assessment, hospital follow-up assessment and recommendations
- At least 3 different examples of situations where the transitions of care service may have prevented a hospital readmission (process of Discharge -> Home Visit -> Intervention -> Discussion/Rationale)
- At least 5 documented collaborative visits with another healthcare professional in which a different skill set was used

Administration Rotation

Preceptor: Frank McGrady, PharmD, BCPS

Position: Director of Pharmacy, Residency Program Director

Email: fmcgrady@pchc.com

Phone Extension: 1539

Type: Block rotation

Time: 24 hours/week x 6 weeks

Pharmacist's role: Director of Pharmacy

- The Director of Pharmacy works to develop and communicate departmental mission, vision, and goals, and is responsible for the design, operation, and improvement of PCHC's medication management system. The Director of Pharmacy works with the PCHC leadership team including Vice-President of Operations and Vice-President of Medical Affairs to develop, implement and expand integrated pharmacy services across the organization.

The administration rotation is a six week rotation exposing the resident to the activities involved in managing a community and ambulatory care pharmacy practice model within a Federally Qualified Health Center (FQHC).

The resident will work closely with the Director of Pharmacy, Pharmacy Operations Manager and Pharmacy Clinical Manager to gain experience in operations management of four community pharmacies, assist in the development and coordination of clinical pharmacy services within the institution, and review pharmacy finances and 340B program management. Residents will become familiar with the definitions and structures of Accountable Care Organizations (ACOs), as well as work on targeted projects with a focus on quality improvement initiatives, demonstrating outcomes from pharmacy services.

Rotation Activities:

Activity	Goal
Participate in weekly discussions focused on leadership, clinical and operational management topics: <ul style="list-style-type: none">• PCHC organizational and operational structure• 340B operations and audits• Roles of community pharmacy and ambulatory care pharmacy within an FQHC in our community• Finance and budgeting• Human resource – important policies and processes, personnel management and development• The today pharmacist's roles in advancing the profession of pharmacy	R2.1.3
Participate in monthly pharmacy financial reviews and planning for department growth and activities in the context of financial viability.	R2.1.2
Attend meetings the Director of Pharmacy has with other members of the organization's leadership and management team to plan and monitor organizational initiatives. By the last two weeks of rotation, can accurately explain the role of each participant in such meetings.	R2.1.2
Demonstrate professionalism and appropriate communication during meetings.	R2.2.3
Analyze an existing collaborative practice agreement, standing order, or process within the pharmacy department and develop a new protocol that expands the scope of practice for community-based pharmacists at PCHC.	R2.1.4

Complete any administrative projects designated by the Director of Pharmacy in a timely manner. Administrative projects will vary based on departmental needs at the time the resident is on the Administration rotation.	R2.2.1
Evaluate the outcome of the administrative projects and the process of completing such projects.	R2.2.2
Attend national, state and/or local professional organization meetings with the Director of Pharmacy and work on projects that align with such organization's needs at the time.	R2.2.4
Perform at least 1 community service activity.	R2.2.5

Expected Progression of Resident Responsibility

Week 1	Resident to orient to the organization's mission and begin developing an understanding of how this translates to departmental goals and initiatives. Resident to identify rotation projects with Director of Pharmacy.
Weeks 2-3	Resident to be familiar with various aspects of the organization and department's structure. Resident to work on identified or assigned projects. Resident may be called upon to help oversee APPE students and their projects.
Weeks 4-6	Resident to have a broad understanding of the organization and department's structure. Resident is expected to have adequate knowledge of the purpose of each meeting they attend during the rotation and the role of each participants in those meetings.

*The length of time spent in each phase of learning will depend on the resident's progression.

Formal PharmAcademic Evaluation:

R2.1.2	Participate in organizational level management activities, functions, and/or decision-making.
R2.1.3	Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.
R2.1.4	Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.
R2.2.1	Manage one's self effectively and efficiently.
R2.2.2	Apply a process of on-going self-evaluation and personal performance improvement.
R2.2.3	Demonstrate effective leadership skills and behaviors.
R2.2.4	Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.
R2.2.5	Demonstrate commitment to the community through service.

Elements for Portfolio and PharmAcademic

- Analysis of existing new collaborative practice agreement, standing order, or process and develop new protocol to expand the scope of practice for community-based pharmacists at PCHC.
- Any documents created as a result of the meetings attended with the Director of Pharmacy with copies of working products and feedback
- Administrative projects completed during rotation
- Evidence of resident's community service

Population Health Management Rotation

Preceptor: Meagan Rusby, PharmD

Position: Clinical Pharmacy Manager and Residency Coordinator

Email: mrusby@pchc.com

Phone Extension: 1764

Type: Longitudinal rotation

Time: 4 hours/week throughout the year

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

The Population Health Management Rotation is a longitudinal rotation that starts immediately after Orientation and ends prior to the conclusion of the residency year. The purpose of the rotation is to provide guidance for resident on all of his/her longitudinal projects. Resident will be held accountable to strict timelines and is expected to have all projects implemented and evaluated before the end of the year. This rotation also provides resident with opportunities to learn more about preceptor roles and precept IPPE/APPE students from local pharmacy schools.

Rotation Activities:

Activity	Goal
Implement the quality improvement project. Resident is expected to report progress to preceptor monthly to determine if adjustment is needed. Implementation has to be completed in April or earlier.	R3.1.2
Evaluate the impact of the quality improvement project on patient care quality. Evaluation has to be completed and presented to the Director of Pharmacy by the end of the residency year.	R3.1.3
Implement the planned new or enhanced service. Resident is expected to report progress to preceptor monthly to determine if adjustment is needed. Implementation has to be completed in April or earlier.	R3.2.2
Evaluate the impact of the new or enhanced service. Evaluation has to be completed and presented to the Director of Pharmacy by the end of the residency year.	R3.2.3
Implement the research project. Resident is expected to report progress to preceptor monthly to determine if adjustment is needed. Implementation has to be completed in March.	R3.3.2
Evaluate the outcomes and impact of the research project.	R3.3.3
Present to research project process and outcomes at MSHP Spring Meeting.	R3.3.4
Create a CME or CPE presentation for local providers and/or pharmacists.	R4.1.1
Present the CME or CPE presentation.	R4.1.2
Create a patient education handout on a topic designated by preceptor.	R4.1.3

Expected Progression of Resident Responsibility

Quarter 1	Resident to identify baseline data needed to carry out the projects. Project implementation has to start in quarter 1. Resident to identify topic for the CME/CPE presentation.
Quarter 2	Resident to evaluate the implementation process and make any needed adjustments to ensure successful implementation of the projects. Resident should have CME/CPE presentation created by the end of Quarter 2.
Quarter 3	Resident to start collecting and analyzing data on outcomes of projects. Resident should have presented the CME/CPE presentation by the end of Quarter 3.
Quarter 4	Resident to wrap up all longitudinal projects and develop evaluations on the impact of all projects.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R3.1.2	(Applying) Implement a quality improvement project.
R3.1.3	(Evaluating) Evaluate the impact of a quality improvement project.
R3.2.2	(Applying) Implement the planned new or enhanced service.
R3.2.3	(Evaluating) Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.
R3.3.2	(Applying) Implement a practice-related project significant to community-based practice.
R3.3.3	(Evaluating) Accurately assess the impact of the practice-related project including sustainability, if applicable.
R3.3.4	(Responding and Creating) Effectively develop and present, orally and in writing, a final project report.
R4.1.1	(Creating) Design effective education and/or training activities based on the learners' level and identified needs.
R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.
R4.1.3	(Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

Elements for Portfolio and PharmAcademic

- All drafts and final products of project protocols
- All drafts and final products of platform presentation and written manuscript
- Evidence of resident's implementation of quality improvement project
- Evidence of resident's implementation of new/enhanced service
- Written evaluations of all longitudinal projects
- Patient education handout (must include topic name, presenter, dates and audience)
- CME/CPE presentation (must include topic name, presenter, dates and audience)

Controlled Substance Stewardship

Preceptor: Irene Madrigal, PharmD, BCPS
Position: Controlled Substance Stewardship Pharmacist
Email: irene.madrigal@pchc.com
Phone Extension: 2506

Co-preceptor: Kristopher Ravin, PharmD
Position: Pharmacy Operations Manager
Email: kravin@pchc.com
Phone Extension: 2105

Type of Rotation: Longitudinal

Time: 4-8 hours/month throughout the year

Pharmacist's role: Controlled Substance Stewardship (CSS) Pharmacist

- The CSS pharmacist works with the CSS Committee in reviewing patients receiving controlled substances. This pharmacist works up patients for weekly meetings, contributes to pharmacotherapy recommendations, develops taper plans, and corresponds with providers throughout PCHC and at contracting sites.
- The primary preceptor will be responsible for assigning cases to be worked for presentation at weekly meetings. The primary preceptor will also provide feedback to the resident on write-ups and responses and relay responses to providers.

Pharmacist's role: Pharmacy Operations Manager

- Pharmacy managers at PCHC are responsible for the operations and growth of in-house retail pharmacy services, pharmacy residency programs, pharmacy clinical services and 340B Drug Pricing program.
- The co-preceptor will be responsible for running the CSS committee meetings and providing feedback to the resident in regard to the most appropriate recommendations to communicate back to the primary care providers.

The Controlled Substance Stewardship (CSS) committee is an interdisciplinary committee comprised of a pharmacist, family doctor, psychiatrist, family nurse practitioner, pain and addiction specialist, and nurse care manager. The committee reviews patients, whose medical history is worked up by the pharmacist prior to meeting, within the organization and for contracted organizations that are on controlled medications to review appropriateness and safety. The resident will conduct weekly case reviews of patients that are on controlled substances and are at an increased risk for dangerous adverse events or inappropriate use. The resident will prepare case reviews each week and present them to the controlled substance stewardship initiative (CSS) committee, with a goal of supporting the organization in safe and evidence based treatment. The committee will discuss each case and make recommendations, and the resident will communicate these recommendations back to the primary care providers.

Rotation Activities:

Activity	Goal
Present assigned case in a comprehensive manner at interprofessional CSS team meetings involving psychiatry, family medicine, pain management and social work.	R1.1.1
Prior to weekly CSS meeting, collect appropriate and necessary information from patient's electronic medical record and organize in a patient write-up.	R1.1.3
Participate and contribute in discussion of treatment recommendations with goal of promoting patient-specific and organizational goals for improving controlled substance stewardship organization-wide.	R1.1.4

After each weekly CSS meeting, draft a summary of recommendations to be submitted to prescriber and/or PCP, after review and approval by preceptor.	
---	--

Expected Progression of Resident Responsibility

Quarter 1	In week 1, attend CSS meetings and participate in CSS training with preceptor to gain understanding of the process involved in patient write-ups and presentations. Attend and observe interdisciplinary group dynamics and preceptor contribution. Starting week 2, resident is responsible for working up 1 CSS case per week, presenting the work up to the CSS committee, making taper plan recommendations and develop the provider response with close oversight of preceptors.
Quarter 2	Continue CSS responsibilities as assigned in quarter 1 with less guidance needed. Resident should feel comfortable in performing a self-assessment evaluation and discuss these findings in a constructive manner to the preceptor.
Quarter 3	Become an independent member of the CSS team. Complete all patient write-ups, follow-up recommendations and meeting participation with minimal involvement of preceptor required. Resident is expected to present 2 patients at CSS per week by mid-residency.
Quarter 4	Continue to be independent CSS team member. Resident may attend CSS meetings without preceptor if needed. Resident can participate in giving feedback to APPE students' case work-ups.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team
R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care
R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care

Elements for Portfolio and PharmAcademic

- At least 3 de-identified samples of patient reviews for presentation at CSS meeting
- At least 3 de-identified samples of provider recommendations, suggested during CSS meetings and drafted for submission to prescriber and/or PCP

Patient-Centered Dispensing

Preceptor: Paul Morrow, PharmD
Position: Pharmacist in Charge
Email: paul.morrow@pchc.com
Phone Extension: 4202

Co-Preceptor: Nicole Atkins, PharmD
Position: Pharmacist in Charge
Email: nicole.atkins@pchc.com
Phone Extension: 4005

Co-Preceptor: Jesse Graffam, PharmD
Position: Pharmacist in Charge
Email: jesse.graffam@pchc.com
Phone Extension: 4303

Type: Longitudinal rotation

Time: 10-20 hours/week throughout the year

Pharmacist's role: Pharmacist in Charge

- Pharmacists in Charge at PCHC supplies, prepares and dispenses medications, and advises on their appropriate use. They ensure compliance with all laws and regulations governing the operations of their respective pharmacy. They also perform supervisory responsibilities for all pharmacy staff within their community pharmacy.

This is a longitudinal rotation beginning once the resident has completed orientation, is fully licensed to practice pharmacy and administer vaccines through the State of Maine, and the preceptor has determined that the resident is proficient as an independent pharmacist. Proficiency is determined based on direct observation by the preceptor that the resident conducts themselves in an appropriate and professional manner, is able to carry out all basic aspects of the Rx Check process independently and is able to effectively communicate with patients and customers. The resident's staffing bank begins immediately following the Orientation rotation, however only hours staffed independently after the resident obtains licensure count toward the bank of requires hours.

This rotation ensures the development of professional practice and distribution skills so as to provide safe and effective pharmaceutical care to our patients. Over the course of the year residents will participate in direct patient care activities such as providing counseling on prescriptions, diabetic testing supplies and OTC items and administering vaccines. Additionally, the residents will support our patients by developing a commanding knowledge of PCHC's discounted medication list, Affordable Care Program (ACP) and Medication Assistance Program (MAP) as well as working jointly with the Prescription Assistance department to help our patients afford their medications. The resident will also develop insight into operations and policy and procedures of community practice through 340B stewardship, inventory and technician management and auditing activities. The resident will be expected to maintain and direct an efficient workflow and provide constructive feedback to staff members. Residents will also gain experience with retail pharmacy law and record keeping, pharmaceutical recalls, employee evaluations, conflict resolution, Board of Pharmacy inspections, wholesaler returns and credits, inventory outdating and destruction and insurance audits. Residents will also apply their knowledge and experience developed in other block rotation to appropriately respond to provider consult requests and independently conduct medication therapy management using MTMOutcomes/Mirixa.

Resident must successfully perform all tasks as outlined in the staffing checklist under preceptor's direct supervision prior to practicing independently in the pharmacy without preceptor's presence.

Rotation Activities:

Activity	Goal
Use constructive feedback in an appropriate and professional manner to improve communication with preceptors and health care staff. Identify medication related or administrative/regulatory issues and pursue appropriate resolutions working with other members of the health care team.	R1.1.1

Identify patients with unmet health care needs and facilitate services as appropriate (i.e. vaccine screening, smoking cessation, etc.)	R1.1.4
Examine and accurately check prescriptions in a timely manner.	R1.2.1
Demonstrate appropriate ability to check, counsel, administer and document vaccinations to patients	R1.2.2
Using new prescriptions for blood glucose monitors as your identifier, counsel all patients on the set up, use, testing technique and care of the machine and supplies.	R1.2.3
Identify patients who would benefit from CMR MTM services who have not been otherwise flagged through MTMOutcomes or other means	R1.2.3
Execute all aspects of a CMR using MTMOutcomes independently.	R1.2.3
Properly distinguish and refers patients to the ACP or Prescription Assistance department for help affording their medication.	R1.2.4
Identify need for and complete counseling on new medication initiation, medication changes, and self-care related questions and concerns	R1.2.4
Demonstrate knowledge of PCHC's "discounted medication list" by recommend appropriate alternative therapies to providers for our uninsured/underinsured patients.	R1.2.4
Demonstrate appropriate management of inventory (keep adequate stock and timely return to stock).	R2.1.1
Investigate and correct discrepancies found on routine auditing reports to maintain 340B compliance.	R2.1.1
Demonstrate ability to handle patient complaints, insurance rejections, provider questions and prescription filling questions independently.	R2.1.1
Schedule and coordinates with co-residents to run a monthly HTN Screening Clinic at the community pharmacy.	R2.1.1
Demonstrate ability to prioritize work and plan ahead to complete all dispensing duties and documentation before the end of the shift.	R2.2.1
Organize and prioritize workflow and plan ahead to complete all dispensing duties and documentation before the end of the shift as well as support and direct pharmacy staff.	R2.2.3

Expected Progression of Resident Responsibility

Quarter 1	Resident should complete task checklist and be comfortable with pharmacy systems and devices (Pioneer, centricity, POS and EyeCon). Be familiar with auto sub policy and discounted medication list. Understand nightly and other routine audit reports. Establish working relationships with pharmacy technicians and other members of the health care team that regularly utilize pharmacy services. Become familiar with local, state, and federal regulations that apply to pharmacy operations. Conduct supervised CMR's using MTMOutcomes.
Quarter 2	Accurately completing nightly and other routine auditing reports and fixing discrepancies. Completing controlled substance inventories. Residents to assume responsibility for all actions in the pharmacy. Conduct CMR's using MTMOutcomes independently. Recognize and address issues related to pharmacy compliance with local, state, and federal regulations.
Quarter 3	Resident to handle most prescription processing issues independently in collaboration with their bench crew. Understand mechanisms for inventory control and identify and provide recommendations for areas needing attention
Quarter 4	Resident to handle the majority of patient complaints, insurance rejections, provider questions and prescription filling questions.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.
--------	--

R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.
R1.2.1	(Analyzing) Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.
R1.2.2	(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.
R1.2.3	(Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.
R1.2.4	(Applying) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.
R2.1.1	(Applying) Manage dispensing and patient care services at the community-based practice site.
R2.2.1	(Valuing and Applying) Manage one's self effectively and efficiently.
R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.

Elements for Portfolio and PharmAcademic

- Completed Staffing Checklist
- Completed counseling review checklist
- At least 15 de-identified notes from completed drug information questions or patient consults
- At least 10 examples of patient counseling on new medication initiation or medication changes and/or recommendations involving patient self-care (i.e. OTC medications, referral for further care).
- At least 3 examples of successful interventions related to identification and resolution of prescription issues involving safe and effective patient centered care (i.e. therapeutic duplication, dosing, allergies, cost related concerns, etc.)
- At least 4 examples of completed MTMOutcomes CMR's.
- Documentation of completed health and wellness activities including naloxone education, smoking cessation education, vaccine screening and other vaccine related programs

Elective Academia Rotation

Preceptor: Frank McGrady, PharmD, BCPS

Position: Director of Pharmacy

Email: fmcgrady@pchc.com

Phone Extension: 1539

Type: Block rotation

Time: 24 hours/week x 4 weeks

Pharmacist's role: University Faculty

- University faculty pharmacists provide didactic lectures on topics of their professional expertise, contribute to the ACPE accreditation process at the school of pharmacy, participate in research activities and serve on various school of pharmacy's committees.
- University faculty pharmacists also serve as preceptors for pharmacy students participating in APPE training experiences at their practice sites.

This is a four-week elective rotation designed to introduce and prepare the resident for careers in academia. The resident will spend 1 day each week on Husson University's campus to discuss different aspects of academia relative to the pharmacist faculty role with Husson School of Pharmacy staff. Topics will include:

- ACPE Accreditation and Standards
- Faculty Development
- Curriculum Development
- Experiential Education

Off-campus days will be spent at PCHC, where residents will work on their teaching philosophies, teaching reflections, presentation evaluations and other topic discussions.

Rotation Activities:

Activity	Goal
Participate in topic discussions on roles and responsibilities of academia pharmacists.	R4.2.1
Develop personal teaching philosophy.	R4.2.1
Present 1 lecture from the longitudinal teaching certificate program to PCHC peers and preceptors.	R4.1.2
Give effective feedback and critique on other residents' lectures.	R4.2.2

Expected Progression of Resident Responsibility

Week 1	Resident will learn about ACPE Accreditation Standards and the faculty member's role in assuring standards are met. Resident will also learn about various faculty development activities required by the Husson School of Pharmacy.
Week 2	Resident will learn about how to develop a curriculum and how to deliver lectures effectively. By the end of week 2, resident should be able use such knowledge to improve a previously made presentation and present it the RAC.
Week 3	Resident will learn about classroom management techniques and the various types of learning. At the end of week 3, resident should be able to come up with solutions for various commonly encountered difficult scenarios during lectures.

Week 4	The resident will learn about the design of selecting and developing APPE sites. At the end of week 4, resident will have clear comprehension of the logistics of “the spin” and the requirements for establishing new APPE sites.
---------------	--

Formal PharmAcademic Evaluation:

R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.
R4.2.1	(Analyzing) Identify experiential learning activities and select appropriate preceptor roles too meet learners’ educational needs.
R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.

Elements for Portfolio and PharmAcademic

- Weekly reflections
- Teaching philosophy
- Lecture pre- and post-feedback
- Peer lecture evaluation form

Elective Ambulatory Care Services Rotation – Seaport Community Health Center

Preceptor(s): Khris Welch, PharmD, BCACP

Position: PCHC Primary Care Pharmacist & CCPM Director of Pharmacy

Email: kawelch@pchc.com

Phone Extension: 1633

Type: Block rotation

Time: 24 hours/week x 4 weeks

Pharmacist's role: Primary Care Pharmacist

- **Primary Care Pharmacist:** Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost-effective healthcare.
- **Director of Pharmacy:** Community Care Partnership of Maine (CCPM) is the accountable care organization (ACO) that PCHC is a part of. An ACO is a group of healthcare providers/healthcare systems who voluntarily form partnerships to collaborate and share accountability for quality and cost of care delivered to patients of all the providers within the ACO. The CCPM Director of Pharmacy develops and coordinates service lines and resources to assist organizations within the ACO in meeting pharmacy related quality metrics.

This ambulatory care learning experience is a six-week rotation (24 hours per week) that provides the resident with direct patient-centered care experience as well as population health experiences. In the clinic, the resident works collaboratively with the clinical pharmacist and fellow health care providers to design therapeutic plans for the management of chronic disease states. For the ACO the resident works collaborative with the director of pharmacy to facilitate organizational service line development and delivery.

While in the clinic, the resident will provide drug therapy and disease management education to patients, caregivers, clinical staff, and pharmacy students. The resident will be exposed to a variety of chronic disease states, but this rotation focuses heavily on the management of diabetes, obesity, hypertension, and hepatitis C. The resident will be expected to develop evidence-based recommendations that are individualized to the patient's needs. Proper documentation in the EMR is expected and the collaboration with other members of the health care team is emphasized. By the end of the rotation, the resident is expected to be able to conduct appointments autonomously, with the preceptor available for assistance if required.

A resident must be able to facilitate at least 3 visits and complete the documentation required independently by the end of the workday under supervision of the preceptor prior to facilitating these visits in the absence of direct supervision. Similarly, the resident must be able to successfully facilitate 3 collaborative visits with another health care provider before being able to see patients independently.

For the ACO, the resident will become familiar with the definitions and structures of Accountable Care Organizations (ACOs). The resident will also assist with development and coordination of pharmacy service lines and work on targeted projects with a focus on quality improvement initiatives.

Rotation Activities:

Activity	Goal
In the course of an appointment, establish a trusting and professional relationship with the patient and family or caregivers present to facilitate an effective patient interview for pertinent subjective information to guide individualized care plan.	R1.1.2
Drawing on information gathered from the medical record and patient, work with the patient to develop a prioritized care plan that incorporates other members of the health care team.	R1.1.5
Implement the care plan. Where appropriate, provide disease state or medication counseling or leverage motivational interviewing to increase engagement or compliance with care plan.	R1.1.6
Resident will complete follow-up calls or appointments to monitor effectiveness of implemented care plan and address any concerns regarding adverse effects or non-compliance, involving the patient's primary care provider or care manager if necessary or appropriate.	R1.1.7
Resident will document in the EMR the visits appropriately and will be expected to complete documents within 24 hours post-visit.	R1.1.10
Attend meetings the CCPM Director of Pharmacy has with other ACO leadership and management to plan and monitor organizational initiatives. Resident should be able to accurately explain the role of an ACO in supporting high quality patient care.	R2.1.2
Complete any projects designated by the CPPM Director of Pharmacy in a timely manner. Projects will vary based on ACO needs at the time the resident is on the rotation.	R2.2.1

Expected Progression of Resident Responsibility

Day 1	Resident to become oriented to Seaport Community Health Center, review rotation expectations with preceptor, and tour the facility.
Week 1-2	Preceptor will attend and participate in team discussions and patient appointments with the resident, modeling pharmacist's role within the interdisciplinary team and in direct patient care. Documentation activities within the EMR will be reviewed by the preceptor for input. Resident will begin to attend CCPM meetings.
Week 3-4	Resident to work independently with supervision by conducting patient visits. Resident will be expected to obtain all relevant clinical information via patient interviews and/or chart reviews and create clinical recommendations based on evidence-based guidelines. The preceptor will be available, but will encourage the resident to take on more responsibility within the patient visits and with other providers. Resident will be able to describe the ACO goals and projects that are ongoing and begin to work on population health project.
Week 5-6	Resident to work independently by participating in team discussions and conducting patient visits and complete ACO project.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.2	(Responding and Analyzing) Establish a patient-centered relationship with the individual patient, family members, and /or caregivers
R1.1.5	(Valuing and Crating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers
R1.1.6	(Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers
R1.1.7	(Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patients, and caregivers as required.

R1.1.10	(Applying) Document patient care activities appropriately and efficiently.
R2.1.2	Participate in organizational level management activities, functions, and/or decision-making.
R2.2.1	Manage oneself effectively and efficiently.

Elements for Portfolio and PharmAcademic

- At least 3 de-identified samples of notes from the electronic medical record of comprehensive disease management appointments.
- At least 3 de-identified samples of notes from the electronic medical record of collaboration with other healthcare team members.
- At least 3 de-identified samples of notes from the electronic medical record of follow-up phone calls or appointments for monitoring of recently implemented or changed care plans
- At least 1 reflection regarding the role of ACOs in healthcare as well as benefits of ACO membership to the member organizations as well as individual patients.
- ACO project completed during the rotation.

Elective Ambulatory Care Services Rotation (Geriatric Focus) – Adult Wellness Center

Preceptor: Casey Heath, PharmD

Position: Primary Care Pharmacist, Adult Wellness Center

Email: casey.heath@pchc.com

Phone Extension: 2596

Type: Block rotation

Time: 24 hours/week x 4 weeks

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost-effective healthcare.

The elective ambulatory care services rotation with geriatric focus is a six-week learning experience designed to provide the resident with collaborative practice experience and direct patient-care experience within PCHC's ambulatory care clinic at the Adult Wellness Center (AWC) to train as a primary care pharmacist.

The resident will have an opportunity to perform comprehensive medication reconciliation and provide care both under the supervision of a primary care pharmacist they have not yet worked with and independently in a new practice setting. The resident will have exposure to the differences in the way individual pharmacists and providers practice. This ambulatory care rotation will include a variety of chronic disease state management experiences, it will emphasize resident exposure to management of:

- Geriatric Care
- Diabetes
- Chronic Kidney Disease
- Polypharmacy
- COPD and Asthma
- Spirometry testing
- Hepatitis C
- Immunizations
- Anticoagulation

Rotation Activities:

Activity	Goal
Develop and provide education to providers on a disease state or medication	R4.1.2
Collect and organize all patient-specific information for patient case work-ups in preparation for patient appointments, consults or group meetings for patient with but not limited to, diabetes, COPD/asthma, chronic kidney disease, Hepatitis C, or geriatric/polypharmacy drug reviews.	R1.1.3
Review patient demographics, most recent labs and vitals, medication list, immunization schedule, allergy list, and problem list to ensure no interactions, unnecessary/inappropriate medications or untreated conditions are present and to ensure patient is up to date with immunizations based on age and comorbid conditions.	R1.1.4

Collaborate with PCP, patient, and/or provider to recommend safe, effective, affordable, individualized patient-centered care plan.	R1.1.5
---	--------

Expected Progression of Resident Responsibility

Week 1	Resident to tour facility. Observe the primary care team dynamic, office visit and collaborative visit structure and documentation requirements. Resident is expected to work up patients prior to appointment and discuss patient with preceptor prior to appointment. Resident is expected to work on consults and geriatric/polypharmacy drug reviews assigned by preceptor.
Week 2-3	Resident is expected to work up all patient visits prior to appointment and discuss care plans with preceptor post appointment. Resident may begin to independently conduct patient visits. Resident is expected to complete consults and geriatric/polypharmacy drug reviews assigned by preceptor.
Week 4	Resident is expected to work up all patient visits prior to appointment and discuss care plans with preceptor post appointment. Resident is expected to lead patient visits. Depending on resident's level of comfort and competency, preceptor may or may not remain in exam room during visits. Documentation of activities within the EMR is expected to be complete and accurate prior to leaving clinic for the day. Resident is expected to complete consults and geriatric/polypharmacy drug reviews assigned by preceptor.

*The length of time spent in each phase of learning with depend on the resident's progression

Formal PharmAcademic Evaluation

R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education to targeted audience
R1.1.3	(Valuing and Analyzing) Collect information to ensure safe and effective medication therapy for ambulatory care patients
R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care
R1.1.5	(Valuing and Creating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient and caregivers

Elements for Portfolio and PharmAcademic

- At least 1 de-identified sample of patient visit note or consult from the electronic medical record for each of the following disease states
 - Geriatric/polypharmacy drug review
 - Diabetes
 - Chronic kidney disease
 - Asthma/COPD
 - Spirometry testing
- At least 1 de-identified sample of collaborative visit note from the electronic medical record
- At least 1 education piece that resident developed and provided/presented to providers on any of the following disease states

- Geriatric Care
- Diabetes
- Chronic Kidney Disease
- Polypharmacy
- COPD and Asthma
- Spirometry
- Hepatitis C
- Immunizations
- Anticoagulation

Elective Infusion Specialty Rotation

Preceptor: Tiffany Carlisle, PharmD

Position: Primary Care Pharmacist for Specialty

Email: tcarlisle@pchc.com

Phone Extension: 1128

Type: Block rotation

Time: 24 hours/week x 4 weeks

Pharmacist's role: Infusion Primary Care Pharmacist

- Infusion Primary Care Pharmacist collaborates with PCHC Infusion department staff as well as staff in the proper management of infusion patients. They are key in the interdisciplinary patient care team, collaborating with infusion benefits investigation team, infusion nurse, infusion nurse director, PCHCenter staff (PSR, lab, providers, pharmacy, PCHCenter medical director, and other health care professionals) to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

This is a six-week elective rotation designed to introduce the resident to PCHC's Infusion Therapy process in monitoring patients with advanced Inflammatory and Autoimmune disease states.

The resident will learn the Infusion Primary Care Pharmacists role, including reviewing patients with various autoimmune diseases including but not limited to Crohn's, Rheumatoid Arthritis, Psoriasis, Ulcerative Colitis, and Multiple sclerosis. The resident also becomes familiar with Anemia and Osteoporosis infusion therapy available at our facility and recommendations to give to providers. The resident will communicate with the infusion nurse and medical assistants if there are order errors to potentially adjust dosing, diluent/volume, infusion rate, and frequency. The resident also contacts providers or nurses to add infusion pre-medications, discuss possible drug-drug interactions, allergies, missing immunizations and pertinent lab values that may be out of range. The resident will become familiar with the administrative side of the infusion department as well.

Rotation Activities:

Activity	Goal
Manage patient care activities and time to effectively maintain workflow between Infusion and PCHC team. Demonstrate effective workload and time management skills and manage time to appropriately meet responsibilities. Stay current with infusion medications monitoring parameters and current studies on possible new approved dosing regimens. . Work actively to identify and pursue resolution of significant medication-related problems if such problems occur. Assume responsibility for patient care outcomes by checking status of patient during and after treatment.	R1.1.1
Prior to appointment, collect appropriate and necessary information from patient's electronic medical record such as appropriate diagnosis, potential drug-drug interactions, potential drug-disease interactions, allergies interactions, labs that may help accurately verify order is ready for infusion and document evaluation of results.	R1.1.3

Make recommendations clearly, concisely, persuasively and in a timely manner on appropriate labs needed prior to initiating infusion and abnormalities on labs during therapy. Able to communicate timely on the need for dose rounding, drug interactions or possible allergies.	R1.1.9
Select appropriate information to document in EMR for both PCHC and WeInfuse. Document in a timely fashion. Follow the practice's documentation policies and procedures. Ensure security of PHI throughout the documentation process.	R1.1.10

Expected Progression of Resident Responsibility

Weeks 1-2	<p>Resident will review Anemia and Osteoporosis patients. Resident becomes familiar with Infusion medications currently on Formulary at PCHC for these disease states and the appropriate dosing, diluents, infusion rate, frequency and pertinent labs required with monitoring parameters.</p> <p>Resident observes the Infusion Primary Care Pharmacist consult note and infusion medication review note and learns documentation needed in both PCHC EMR and Infusion EMR.</p>
Week 3	<p>Resident will review advanced inflammatory disease state patients in Gastroenterology such as Crohn's Disease (CD) and Ulcerative Colitis (UC). Resident becomes familiar with Infusion medications currently on Formulary at PCHC for these disease states and the appropriate dosing, diluents, infusion rate, frequency and pertinent labs required with monitoring parameters.</p> <p>Resident will initiate consult notes and/or preform infusion medication review for anemia, osteoporosis, CD and UC in PCHC EMR.</p> <p>Resident will become comfortable with HIN and finding labs needed for review.</p>
Week 4-5	<p>Resident will review advanced inflammatory disease state patients in Rheumatology and Dermatology such as Rheumatoid arthritis (RA), Ankylosing spondylitis (AS), Psoriatic Arthritis (PSA), Psoriasis (PSO) and Lupus. Resident becomes familiar with Infusion medications currently on formulary at PCHC for these disease states and the appropriate dosing, diluents, infusion rate, frequency and pertinent labs required with monitoring parameters.</p> <p>Resident will perform consult notes and/or infusion medication review for all disease states discussed in previous weeks in PCHC EMR and Infusion EMR.</p> <p>Resident will call provider if issues with labs while performing infusion reviews.</p>
Week 6	<p>Resident will review Multiple Sclerosis patients. Resident becomes familiar with infusion medications currently on formulary at PCHC for this disease state and the appropriate dosing, diluents, infusion rate, frequency and pertinent labs required with monitoring parameters.</p> <p>Resident will perform consult notes and/or infusion medication review for all disease states discussed in previous weeks.</p> <p>Resident will participate in administrative aspects of infusion department such as policy updates, intranet updates, and 340-b compliance.</p> <p>Resident will answer question from infusion nurse on infusion medications if needed.</p>

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.
R1.1.3	(Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.
R1.1.9	(Applying) Collaborate and communicate effectively with other health care team members.
R1.1.10	(Applying) Document patient care activities appropriately and efficiently.

Elements for Portfolio and PharmAcademic

- At least 2 de-identified samples of notes from the electronic medical record of comprehensive specialty consult of anemia or osteoporosis.
- At least 4 de-identified samples of notes from the electronic medical record of communication with providers office on an infusion issue such as labs, order set or patient compliance.
- At least 6 de-identified samples of notes from the electronic medical record of comprehensive specialty review of infusion medication therapy

Elective Low-Barrier Access to Care – Hope House/Bridge Clinic

Preceptor: Sarah Mierz, PharmD,
Position: Primary Care Pharmacist
Email: sarah.mierz@pchc.com
Phone Extension: 2061

Copreceptor: Amy West, FNP
Position: Associate Medical Director, Bridge Clinic
Email:
Phone Extension:

Type: Elective Rotation

Time: 24 hours/week x 4 weeks

Preceptor's role:

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.
- Associate Medical Director, Hope House

This four-week elective rotation provides the resident with collaborative practice experience and direct patient-care experience within PCHC's ambulatory care clinic at Hope House to train as a primary care pharmacist and an ambulatory care recovery pharmacist. The resident will have an opportunity to provide care semi-independently in a practice setting. While this ambulatory care rotation will include a variety of chronic disease state management experiences, it will emphasize resident exposure to management of:

- Substance use disorder medication assisted therapy management
- Hepatitis C
- Anxiety
- Depression
- Bipolar Disorder
- Diabetes
- Asthma and COPD
- Immunizations

Rotation Activities:

Activity	Goal
Develop and provide education to providers on a disease state or medication	R4.1.2
Collect and organize all patient-specific information for patient case work-ups in preparation for patient appointments, consults or group meetings for patient with but not limited to, asthma, COPD, Hepatitis C, psychiatric medication management, and substance use disorder.	R1.1.3
Review patient demographics, most recent labs and vitals, medication list, immunization schedule, allergy list, and problem list to ensure no interactions, unnecessary/inappropriate medications or untreated conditions are present and to ensure patient up to date with immunizations.	R1.1.4
Collaborate with PCP and patient to recommend safe, effective, affordable, individualized patient-centered care plan.	R1.1.5

Expected Progression of Resident Responsibility

Week 1	Resident to shadow visits and is expected to work up patients prior to appointment and discuss patient prior to appointment. Resident will attend weekly huddle and OUD meetings
Week 2-3	Resident is expected to work up all patient visits prior to appointment and discuss care plans with preceptor post appointment, including recovery patients. Resident to work on consults assigned by preceptor
Weeks 4	Resident to lead patient visits. Depends on resident's level of comfort and competency, preceptor may or may not remain in visits. Documentation of activities within the EMR is expected to be complete and accurate.

**The length of time spent in each phase of learning will depend on the resident's progression.*

Formal PharmAcademic Evaluation:

R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education to targeted audience
R1.1.3	(Valuing and Analyzing) Collect information to ensure safe and effective medication therapy for ambulatory care patients.
R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care
R1.1.5	(Valuing and Creating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient and caregivers.

Elements for Portfolio and PharmAcademic

- At least 1 example of patient visit note or consult for each of the following disease state:
 - Screening, linkage to care and treatment for Hepatitis C
 - Substance use disorder medication assisted therapy management
 - Psychiatric medication management
- At least 1 self-reflection on community visit or mental health visit in which the resident participated
- At least 1 education piece that resident developed and provided/presented to provider(s)

ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies

Competency Area R1: Patient Care

Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

Objective	Description	Criteria
R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.	<ul style="list-style-type: none"> • Demonstrates professionalism through appearance and personal conduct. • Interacts cooperatively, collaboratively, and respectfully. • Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct. • Places patient needs above own needs and those of other health professionals. • Accepts consequences for his or her actions without redirecting blame to others. • Maintains competency as a pharmacist. • Stays current with the biomedical literature relative to current areas of practice. • Prioritizes patient care activities appropriately as a part of daily responsibilities. • Takes appropriate ownership of the care for patients. • Works actively to identify and pursue resolution of significant medication-related problems. • Assumes responsibility for patient care outcomes.
R1.1.2	(Responding and Analyzing) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	<ul style="list-style-type: none"> • Demonstrates respect and empathy appropriately. • Establishes rapport and trusting relationships with the patient, family members, and/or caregivers (i.e., establishes therapeutic alliances). • Engages patient appropriately in making care decisions. • Displays respect for the preferences and expressed needs of the patient. • Exhibits cultural competency and respect for diversity when interacting with patients, family members, and/or caregivers. • Keeps commitments made to patients. • Respects patients' privacy.

R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	<ul style="list-style-type: none"> • Identifies and accesses appropriate sources of information. • Collects accurate and complete subjective and objective information for the provision of patient care including the following: <ul style="list-style-type: none"> ○ complete current medication list and medication use history including prescription and nonprescription medications, herbal products, and other dietary supplements; ○ relevant health data including medical history, health and wellness information, biometric test results, physical assessment findings, and pharmacogenomics/pharmacogenetics information; and, ○ patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medication(s) and other aspects of care. • Performs appropriate physical assessment. • Orders laboratory tests, if applicable. • Conducts appropriate point of care testing, if applicable. • Organizes information thoroughly, efficiently and effectively from all relevant sources while excluding extraneous information. • Uses a systematic process for recording information that is functional for subsequent problem solving and decision-making. • Displays understanding of limitations for information collected from the patient and health records. • Clarifies information appropriately when needed.
R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.	<ul style="list-style-type: none"> • Analyzes the information and assesses the clinical effects of the patient's therapy in the context of the patient's overall health goals and to achieve optimal care including assessing: <ul style="list-style-type: none"> ○ each medication for appropriateness, effectiveness, safety, and patient adherence; ○ health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care; and, ○ immunization status and the need for preventive care and other health care services, where appropriate. • Identifies unmet health care needs of patient. • Identifies medication therapy problems accurately. • Prioritizes the patient's needs correctly based on professional judgments as well as the patient's values, preferences, priorities and goals. • Prioritizes the problem list correctly including identifying which problems the pharmacist can manage and which problems require referral.

R1.1.5	(Valuing and Creating) Design a safe and effective individualized patient-centered care plan in collaboration with other health care professionals, the patient, and caregivers.	<ul style="list-style-type: none"> • Chooses and follows the most appropriate and up-to-date guidelines to create the care plan. • Establishes evidenced-based and cost effective care plans that: <ul style="list-style-type: none"> ○ address medication-related problems and optimize medication therapy appropriately; ○ have realistic, measurable goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care; ○ engage the patient through education, empowerment, and self-management; ○ support care continuity, including follow-up and transitions of care, as appropriate; ○ meet the patient’s health care goals including self-care options as appropriate; ○ are appropriate for the disease states being treated and/or prevented; and, ○ are created in collaboration with other health care professionals, the patient and caregivers.
R1.1.6	(Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	<ul style="list-style-type: none"> • Implements the care plan by effectively engaging the patient through education, empowerment, and self-management including: <ul style="list-style-type: none"> ○ addressing medication problems and optimizing medication therapy; ○ initiating, modifying, discontinuing, or administering medication therapy as authorized; and, ○ addressing health related problems through preventive care strategies, vaccine administration, and lifestyle modifications. • Contributes to coordination of care, including the referral or transition of the patient to another health care professional. • Determines and schedules appropriate follow-up care or referrals as needed to achieve goals of therapy. • Communicates appropriate details of the care plan effectively and efficiently with all relevant health care professionals.
R1.1.7	(Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	<ul style="list-style-type: none"> • Monitors patient progress and adjusts care plan appropriately in collaboration with other health care professionals, the patient and caregivers by: <ul style="list-style-type: none"> ○ reassessing all medications for appropriateness, effectiveness, safety, and patient adherence through available health data, biometric test results, and patient feedback; ○ evaluating clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy; ○ identifying appropriate modifications to the care plan; ○ establishing a revised plan in collaboration with other health care professionals, the patient and/or caregivers. • Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant health care professionals. • Establishes appropriate schedule for follow-up care or referral as needed to achieve goals of therapy.

R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	<ul style="list-style-type: none"> • Uses clear and concise language at the appropriate literacy level. • Uses most appropriate communication techniques to engage the patient and elicit accurate and meaningful data and to provide education. • Identifies appropriate communication support services to facilitate communication with diverse patient populations in the practice. • Uses appropriate interviewing techniques (such as using open-ended questions, identifying non-verbal cues). • Uses appropriate motivational interviewing techniques to facilitate health behavior change. • Verifies accurately patient understanding. • Supports and assists patients effectively with health behavior changes. • Provides appropriate supplemental written communication materials.
R1.1.9	(Valuing and Applying) Collaborate and communicate effectively with other health care team members.	<ul style="list-style-type: none"> • Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care. • Makes recommendations clearly, concisely, persuasively, and in a timely manner. • Demonstrates appropriate skills in negotiation, conflict management, and consensus building. • Defuses negative reactions effectively. • Communicates assertively, but not aggressively. • Advocates effectively on behalf of patients to other members of the health care team.
R1.1.10	(Applying) Document patient care activities appropriately and efficiently.	<ul style="list-style-type: none"> • Selects appropriate information to document. • Documents clearly and in an appropriate format. • Documents in a timely fashion. • Follows the practice's documentation policies and procedures. • Documents appropriately to support coding, billing, and compensation. • Ensures security of Protected Health Information (PHI) throughout the documentation process.

Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.

Objective	Description	Criteria
R1.2.1	(Analyzing) Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.	<ul style="list-style-type: none"> • Collects and assesses appropriate information to identify and detect actual or potential therapeutic problems. • Creates and implements a plan to make appropriate interventions to resolve potential or actual therapeutic problems. • Documents appropriately interventions made and outcomes of the intervention.
R1.2.2	(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	<ul style="list-style-type: none"> • Receives the prescription and obtains all required information. • Interprets prescription and performs order entry accurately. • Prepares medications using appropriate techniques and follows the pharmacy's policies and procedures and applicable professional standards in accordance with patient needs. • Completes all steps in the final check of filled prescriptions to ensure accuracy. • Administers medications using appropriate techniques. • Stores prepared medications appropriately. • Completes independently all steps of the patient-centered dispensing process accurately and efficiently.
R1.2.3	(Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	<ul style="list-style-type: none"> • Identifies patients' needs for appropriate available services in the practice to facilitate safe and effective use of medications (e.g., compliance packaging, delivery services, compounded formulations, home care, DME, adherence programs). • Recommends and engages patients in appropriate services to help improve patient outcomes. • Provides needed services. • Assists patients in navigating the health care system, as appropriate.
R1.2.4	(Analyzing) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	<ul style="list-style-type: none"> • Recognizes appropriately when patients need medication counseling and education and maintains compliance with state laws and regulations related to patient counseling. • Educates the patient and/or caregiver effectively about both dispensed and self-care medications. • Employs effective counseling techniques (e.g., teach-back technique, IHS method). • Assists patients in making appropriate self-care product selections. • Determines barriers to patient adherence and makes appropriate adjustments. • Takes appropriate actions to refer patients for other health care services or care by other health care professionals.

Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.

Objective	Description	Criteria
R1.3.1	(Analyzing) Identify needs of individual patients experiencing care transitions.	<ul style="list-style-type: none"> • Recognizes routinely the patients in the community-based practice who are experiencing care transitions. • Obtains an accurate and appropriate history to identify individualized needs of the patient experiencing care transitions. • Conducts medication reconciliation thoroughly and effectively. • Provides medication management when appropriate. • Identifies potential and actual medication-related problems
R1.3.2	(Applying) Manage and facilitate care transitions between patient care settings.	<ul style="list-style-type: none"> • Identifies appropriate resources for patients in transition and makes appropriate connections to resolve issues. • Takes appropriate actions on identified medication-related problems. • Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or other health care professional, as appropriate. • Provides effective education to the patient and/or caregiver in transition. • Follows up with patient in a timely and caring manner. • Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions. • Documents appropriately services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.

Competency Area R2: Leadership and Management

Goal R2.1: Manage operations and services of the practice.

Objective	Description	Criteria
R2.1.1	(Applying) Manage dispensing and patient care services at the community-based practice site.	<ul style="list-style-type: none"> • Adheres to legal, regulatory, and accreditation requirements. • Follows the organization's established policies and procedures. • Demonstrates accurate knowledge and understanding of pharmacy and medication use systems for providing distributive and patient care services. • Uses information systems and web platforms efficiently. • Monitors effectively and efficiently the accuracy of the work of pharmacy technicians, clerical personnel, student pharmacists, and others according to applicable laws and organizational policies. • Understands and adheres to coding, billing, and reimbursement regulations. • Adheres to appropriate safety and quality assurance practices. • Promotes effectively a culture of safety. • Identifies system errors prior to an event. • Prioritizes appropriately workload and organizes and oversees effective and efficient delivery of patient care and dispensing services. • Assists appropriately with training and evaluation of staff at the practice site. • Identifies and contributes suggestions for the creation or enhancement of policies, procedures, and protocols related to services provided.
R2.1.2	(Applying) Participate in organizational level management activities, functions, and/or decision-making.	<ul style="list-style-type: none"> • Knows the organizational structure. • Explains the strategic planning process of the organization correctly. • Explains the quality improvement plan of the organization correctly. • Explains current credentialing and privileging processes of the organization and potential changes for the future correctly. • Determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns accurately using accepted organizational resource and programs. • Participates effectively on committees or informal work groups to complete group projects, tasks, or goals. • Assesses programmatic data against benchmarks correctly. • Develops and presents background information for group projects, tasks, or goals accurately and effectively. • Helps to properly identify and define significant organizational needs. • Helps to develop appropriate policies, guidelines, protocols, or plans that address organizational needs. • Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team and organizational goals.

R2.1.3	(Understanding) Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	<ul style="list-style-type: none"> • Explains correctly how changes to laws and regulations related to medication use, pharmacy practice, and health care impact the practice and services provided. • Explains correctly the purpose of external quality metrics and how they are developed, abstracted, reported, and used in the context of a value-based health care system. • Identifies appropriate stakeholders or entities outside of the practice that impact the practice and its functions. • Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care. • Articulates correctly the current external issues that impact community-based practice. • Understands the changes needed to adjust, comply, or improve the practice in response to external factors.
R2.1.4	(Creating) Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	<ul style="list-style-type: none"> • Articulates correctly the purpose, state laws, regulations and other requirements of collaborative practice agreements, standing orders, and state-based protocols. • Develops or evaluates accurately an existing collaborative practice agreement, standing order, or state-based protocol that reflects applicable state laws, regulations, and other requirements. • Uses appropriate evidence-based treatment guidelines in the development or evaluation of an existing collaborative practice agreement, standing order, or state-based protocol. • Describes correctly how the collaborative practice agreement, standing order, or state based protocol reflects a mutual understanding of all stakeholders. • Discusses accurately how the new collaborative practice agreement, standing order, or state-based protocol could be potentially implemented as part of pharmacy operations.

Goal R2.2: Demonstrate personal and professional leadership skills.

Objective	Description	Criteria
R2.2.1	(Valuing and Applying) Manage one's self effectively and efficiently.	<ul style="list-style-type: none"> • Adheres to organizational policies and procedures. • Works effectively within the organization's political and decision-making structure. • Demonstrates personal commitment to the mission and vision of the organization. • Demonstrates effective workload and time management skills and manages time to appropriately meet responsibilities within the confines of a reasonable workday. • Prioritizes and organizes all tasks appropriately. • Selects appropriate daily activities. • Delegates appropriate work to technical and clerical personnel. • Prepares appropriately to fulfill responsibilities (e.g., patient care, projects, management, and meetings). • Sets and meets realistic goals. • Sets and manages appropriate timelines in harmony with other involved individuals. • Assumes and takes on increased levels of responsibility proactively. • Assumes responsibility for quality of work and necessary improvement. • Recognizes desired life balance and aligns it appropriately with future goals. • Balances personal needs appropriately with the needs of the organization.
R2.2.2	(Valuing and Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Demonstrates ability to accurately self-reflect and self-assess to summarize own strengths and areas for improvement in knowledge, values, qualities, skills, and behaviors. • Engages effectively in self-evaluation process to determine progress on specified goals and plans. • Sets realistic expectations of performance. • Demonstrates ability to accept and incorporate constructive feedback from others. • Integrates new knowledge and skills to meet expectations appropriately. • Uses self-evaluation effectively to develop professional direction, goals, and plans. • Uses effectively principles of continuing professional development (CPD) (reflect, plan, act, evaluate, record, and review).
R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	<ul style="list-style-type: none"> • Demonstrates effective leadership while engaging with management and patient care teams (i.e., lead from where you stand). • Leads working groups and/or committees effectively and efficiently. • Embraces challenges and develops effective solutions. • Embraces and advocates appropriately for changes that improve patient care. • Manages conflict effectively. • Builds consensus effectively. • Demonstrates effective negotiation skills. • Uses effective leadership communication skills and styles. • Builds professional relationships effectively and appropriately. • Influences others in a positive manner. • Serves as a positive role model to student pharmacists, technicians, pharmacists, and other health care professionals.

R2.2.4	(Valuing and Analyzing) Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	<ul style="list-style-type: none"> • Articulates correctly the benefits of active participation in professional associations at all levels. • Demonstrates accurate knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and health care. • Participates appropriately in practice and advocacy activities of national, state, and/or local professional associations.
R2.2.5	(Valuing and Applying) Demonstrate commitment to the community through service.	<ul style="list-style-type: none"> • Understands the importance of community involvement as a core tenant of being a community-based pharmacist practitioner. • Articulates effectively the contribution that community service makes to personal and professional growth and development. • Engages in a community service activity that aligns with the resident's personal goals and schedule. • Fulfills commitments made to provide community service.

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care

Goal R3.1: Conduct a quality improvement project in the medication use system or in patient care service to improve care and safety.

Objective	Description	Criteria
R3.1.1	(Creating) Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	<ul style="list-style-type: none"> • Articulates and demonstrates accurate knowledge of continuous quality improvement (CQI) principles and the practice’s CQI policies and procedures. • Compares practice functions appropriately with established best practices, evidence-based resources, and accreditation guidelines when appropriate to identify opportunities for improvements (e.g., ISMP, national guidelines). • Analyzes relevant data appropriately to identify opportunities for improvement. • Identifies an appropriate topic for a quality improvement project. • Identifies the scope of the issue (i.e., What is the change to implement?) to be addressed within the quality improvement topic. • Develops a feasible design for the project using evidence-based principles when appropriate and a systematic approach that considers who or what will be affected by the project.
R3.1.2	(Applying) Implement a quality improvement project.	<ul style="list-style-type: none"> • Obtains appropriate reviews and approvals from department, organization, and/or external entities. • Follows the designed implementation plan effectively and efficiently. • Uses appropriate electronic data and information from internal information databases, external online databases, internet resources, and other sources of decision support, as applicable. • Collaborates effectively with necessary members of the pharmacy and/or organization team to implement. • Completes the project
R3.1.3	(Evaluating) Evaluate the impact of a quality improvement project.	<ul style="list-style-type: none"> • Collects appropriate outcome data and analyzes the data to assess implemented change • Identifies need for additional modifications or changes. • Determines effectively the impact in terms of quality, safety, cost-effectiveness, significance, and sustainability.

Goal R3.2: Exhibit practice leadership in organizational and management activities.

Objective	Description	Criteria
R3.2.1	(Creating) Identify the need and develop a business plan for a new or enhanced service.	<ul style="list-style-type: none"> • Identifies an unmet need accurately for a new or enhanced service. • Identifies anticipated outcome(s) appropriately for patients through implementation of a new or enhanced service. • Identifies correct resources needed for developing and implementing a new or enhanced service. • Engages team members effectively throughout the development process. • Develops a training plan for team members who will be delivering the new or enhanced service. • Identifies the necessary components of and develops a complete business plan for a new/enhanced service. • Identifies appropriate stakeholders. • Identifies and secures all necessary approvals before moving forward. • Projects the financial impact and the value of the new/enhanced service appropriately for the pharmacy, organization, and patients. • Identifies appropriate potential revenue sources or potential sources of compensation. • Develops a marketing strategy that is appropriate for target audience and integrated with the overall practice’s marketing plan. • Uses appropriate presentation and persuasive skills to secure approval of the proposal for the new or enhanced service.
R3.2.2	(Applying) Implement the planned new or enhanced service.	<ul style="list-style-type: none"> • Implements the components of the business and marketing plans effectively and efficiently to initiate new or enhanced service. • Engages team members effectively throughout the implementation process. • Meets the established timeline and milestones as specified in the implementation plan.
R3.2.3	(Evaluating) Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	<ul style="list-style-type: none"> • Collects appropriate outcome data to assess the new or enhanced service. • Analyzes data appropriately to assess the success of new or enhanced service. • Determines accurately the impact to the practice in terms of quality, safety, cost-effectiveness, significance, and sustainability. • Identifies accurately the need for additional modifications or changes to improve the service.

Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.

Objective	Description	Criteria
R3.3.1	(Creating) Identify and design a practice-related project significant to community-based practice.	<ul style="list-style-type: none"> • Articulates correctly the importance of practice-based research and the sharing of new knowledge and practice experiences. • Identifies potential projects that are in alignment with pharmacy's patient care and/or operational goals. • Analyzes relevant background information including evidenced-based resources and best practices to determine if project warrants investigation. • Selects a project that can be completed in a reasonably expected timeframe. • Identifies appropriately the scope of the issue (i.e., What is the research question?) to be addressed within the project. • Identifies appropriate data and information from internal information databases, external online databases, internet resources, and other sources of decision support, as applicable, required for project. • Develops a feasible design with sound methodology using evidence-based principles and a systematic approach written in the appropriate format. • Creates a comprehensive implementation plan for the project that includes appropriate reviews and approvals required by department, organization, and/or external entities.
R3.3.2	(Applying) Implement a practice-related project significant to community-based practice.	<ul style="list-style-type: none"> • Collaborates effectively with necessary members of the pharmacy and/or organization team to implement the project. • Collects appropriate data and other information for project evaluation. • Completes the project as specified in the implementation plan following established timeline and milestones.
R3.3.3	(Evaluating) Accurately assess the impact of the practice-related project including sustainability, if applicable.	<ul style="list-style-type: none"> • Analyzes data and information collected to assess the success of the project. • Determines and discusses the impact of the project in terms of quality, safety, cost-effectiveness, significance, and sustainability, if applicable. • Identifies limitations of the project and potential modifications or changes. • Draws appropriate conclusions from the analyzed data.
R3.3.4	(Responding and Creating) Effectively develop and present, orally and in writing, a final project report.	<ul style="list-style-type: none"> • Develops an oral report for the project that is well organized and easy to follow. • Presents oral project report with poise and confidence to an external audience. • Responds to questions knowledgeably and accurately. • Summarizes key points at the close of the presentation. • Develops a project poster in an appropriate format that is clear, concise, and easy to follow without typographical or design errors. • Presents professionally a poster to an external audience. • Writes a project manuscript that uses and meets the criteria required for the selected manuscript style. • Completes all report requirements on time and within assigned timeframe.

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

Goal R4.1: Provide effective education and/or training.

Objective	Description	Criteria
R4.1.1	(Creating) Design effective education and/or training activities based on the learners' level and identified needs.	<ul style="list-style-type: none"> • Writes educational objectives that are specific, measurable, at a relevant learning level, and address the audience's defined learning need. • Chooses content for instruction: <ul style="list-style-type: none"> o that is relevant, thorough, evidence-based, and reflects best practices; o based on an accurate assessment of the learner's need and level of understanding; o that has accurate and sufficient information in the instructional materials to meet the needs of the audience; and, o that matches the intent of the stated educational objectives. • Includes accurate citations and relevant references and adheres to applicable copyright laws. • Designs instructional materials that appropriately match the cultural needs and literacy level of the audience.
R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	<ul style="list-style-type: none"> • Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective). • Incorporates multiple appropriate educational techniques to present the program. • Develops and uses effectively audio-visual and handouts to support learning activities. • Demonstrates thorough understanding of the topic. • Organizes and sequences instruction properly. • Presents at appropriate level of the audience. • Speaks at an appropriate rate and volume with articulation and engaging inflection. • Uses effectively body language, movement, and expressions to enhance presentations. • Makes smooth transitions between concepts and slides. • Summarizes important points at appropriate times throughout presentations. • Demonstrates ability to adapt appropriately during the presentation. • Responds to questions from participants in a concise, accurate, and thoughtful manner. • Creates an assessment plan that will accurately measure the participants' attainment of the educational objectives. • Demonstrates willingness to incorporate constructive feedback received from participants.

R4.1.3	(Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	<ul style="list-style-type: none"> • Writes in a manner that is concise, easily understandable, and free of errors. • Demonstrates thorough understanding of the topic. • Notes appropriate citations and references. • Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic. • Develops and uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate. • Writes at a level appropriate for the target readership (e.g. patients, caregivers, and members of the community; pharmacists; and other health care professionals). • Creates visually appropriate documents (e.g., font, white space, and layout). • Creates one's own work and does not engage in plagiarism. • Seeks feedback from the targeted audience.
--------	---	--

Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals).

Objective	Description	Criteria
R4.2.1	(Analyzing) Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	<ul style="list-style-type: none"> • Utilizes knowledge, skills, experiences, and values appropriately to prepare the next generation of pharmacists. • Identifies experiential learning opportunities in the practice setting and engages learners appropriately. • Creates an organized and systematic approach to designing learning experiences for the student. • Moves with ease between the four preceptor roles as learner needs change. • Provides effective, focused direct instruction when warranted. • Models skills by including "thinking out loud," so learners can "observe" critical-thinking skills. • Coaches, including effective use of verbal guidance, feedback, and questioning, as needed. • Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance. • Selects appropriate problem-solving situations for independent work by the learner. • Chooses appropriate preceptor roles to stimulate professional growth in health care professional students and pharmacy technicians.
R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	<ul style="list-style-type: none"> • Identifies appropriate time to provide feedback to the learner. • Uses appropriate methods to provide feedback. • Engages the learner effectively in self-assessment. • Provides criteria-based feedback correctly. • Develops an action plan and monitoring plan in collaboration with the learner to encourage performance improvement. • Identifies and takes appropriate actions when learner fails to meet performance expectations.

Resident Checklist for Completed Tasks

Penobscot Community Health Care PGY1 Community Pharmacy Residency Annual Residency Requirements

Block Rotations

Orientation Rotation	Date Completed
340B University OnDemand Certificate	
Chronic disease state topic discussion materials	
Entering resident interest form	
Resident bio	
Technician and pharmacist competency checklist with updated progress	
Proposals for QI project, research project and business plan	
Professional Involvement and Service Activities form	
1 st completed pharmacy desktop consult	
Initial Resident Development Plan within 30 days of starting residency	
Proof of POC training	

Ambulatory Care PCHC	Date Completed
At least 3 de-identified samples of notes from the electronic medical record of comprehensive disease management appointments.	
At least 3 de-identified samples of notes from the electronic medical record of collaboration with other management, mental health, nutritionist, PCP.	
Documentation of when the resident provided a student with an opportunity to observe direct patient care (ie. Flu shot administration or POC testing) if appropriate.	
At least 2 examples of documentation of feedback given to students following a topic discussion or journal club presentation if appropriate.	

Ambulatory Care HHHC	Date Completed
At least 5 de-identified samples of notes from the EMR of appropriate recommended therapy, with at least 1 note for each of the following disease state: <ul style="list-style-type: none"> • Diabetes • Hypertension • Hyperlipidemia • Hepatitis C • Smoking Cessation • Weight loss • Asthma/COPD 	
At least 2 de-identified samples of notes from the electronic medical record of follow-up phone calls or appointments for monitoring of recently implemented or changed care plans	

At least 1 reflection regarding a patient who achieved a specific therapeutic goal during the course of the resident's rotation, focusing on areas of intervention that were successful in enabling patients to achieve goals, areas for future improvement, challenges of reaching patient goal, and solutions that enabled the resident to overcome these challenges	
At least 3 collaborative visit notes with a provider for chronic disease management	

Ambulatory Care at Brewer Medical Center	Date Completed
At least 3 de-identified samples from the electronic medical record of patient encounters or consults for any of the following disease states: <ul style="list-style-type: none"> • Diabetes • Anticoagulation • Congestive Heart Failure • Hypertension • Dyslipidemia • Asthma/COPD • Hepatitis C 	
At least 3 de-identified samples from the electronic medical record of referral to or collaboration with other members of the health care team, such as care management, mental health, nutritionist, or PCP.	

Transitions of Care	Date Completed
At least 5 de-identified samples of notes from the electronic medical record of medication reconciliation, home visit assessment, hospital follow-up assessment and recommendations	
At least 3 different examples of situations where the transitions of care service may have prevented a hospital readmission (process of Discharge -> Home Visit -> Intervention -> Discussion/Rationale)	
At least 5 documented collaborative visits with another healthcare professional in which a different skill set was used	

Administration	Date Completed
Analysis of existing new collaborative practice agreement, standing order, or process and develop new protocol to expand the scope of practice for community-based pharmacists at PCHC.	
Any documents created as a result of the meetings attended with the Director of Pharmacy with copies of working products and feedback.	
Administrative projects completed during rotation.	
Evidence of resident's community service.	

Longitudinal Rotations

Patient-centered Dispensing	Date Completed
Complete Staffing Checklist	
Completed counseling review checklist	
At least 15 de-identified notes from completed drug information questions or patient consults	
At least 10 examples of patient counseling on new medication initiation or medication changes and/or recommendations involving patient self-care (i.e. OTC medications, referral for further care).	
At least 3 examples of successful interventions related to identification and resolution of prescription issues involving safe and effective patient centered care (i.e. therapeutic duplication, dosing, allergies, cost related concerns, etc.)	
At least 4 examples of completed MTMOutcomes CMR's.	
Documentation of completed health and wellness activities including naloxone education, smoking cessation education, vaccine screening and other vaccine related programs	

Population Health Management	Date Completed
All drafts and final products of project protocols	
All drafts and final products of platform presentation and written manuscript	
Evidence of resident's implementation of quality improvement project	
Evidence of resident's implementation of new/enhanced service	
Written evaluations of all longitudinal projects	
Patient education handout (must include topic name, presenter, dates and audience)	
CME/CPE presentation (must include topic name, presenter, dates and audience)	

Controlled Substance Stewardship Interdisciplinary Committee	Date Completed
At least 3 de-identified samples of patient reviews for presentation at CSS meeting	
At least 3 de-identified samples of provider recommendations, suggested during CSS meetings and drafted for submission to prescriber and/or PCP	

Residency Standards	Date Completed
Presentations (slides or handouts) to 3 audiences <ul style="list-style-type: none"> • CME/CPE to providers/pharmacists (PopHealth rotation) • MSHP presentation to pharmacists/students (PopHealth rotation) • ASHP poster 	
3 written examples of educational information provided to multiple levels of learners <ul style="list-style-type: none"> • Patient education handout (PopHealth rotation) • At least 1 desktop consult • Lecture from teaching certificate to students (Teaching certificate) 	
Quarterly Resident Development Plan	

Closing Interview	
End of year self-reflection	
Completion of all PharmAcademic obligations	
460 hours as independent pharmacist in the community pharmacies	
Teaching certificate	
Assessment of "Achieved" for at least 75% the required objectives of the residency program	
No objective is marked as "Needs Improvement"	

Resident: _____ Residency Director: _____

Date Completed: _____

This form documents resident completion of required residency tasks. The resident is responsible for documenting all completed tasks within the residency year on this form. Once completed, the resident and RPD will review and sign the form. A scanned in copy will be attached to the resident's evaluation materials on PharmAcademic.