

PGY1 – Formulary and Medication Use Learning Experience

Preceptor

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Hours: Monday to Friday, variable hours

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General Description

This 4-week learning experience is designed to build the resident's knowledge and skills in multiple aspects of the medication use process. This rotation is located at Asante Rogue Regional Medical Center and occurs concurrently with the 4-week Medication Safety learning experience. A primary aim of the rotation is to provide opportunities for experience in the preparation of a drug class review, monograph, treatment guideline, or protocol. The resident will participate in a medication use evaluation. During drug class reviews and drug utilization evaluations the resident will seek to identify opportunities for improvement in the medication use system. The learning experience strengthens leadership skills by offering opportunities in the evaluation usage trends, informational presentations to health providers and committees.

Expectation of the Resident

In general, the resident is committed to complete a formulary request evaluation/monograph, MUE, drug class review, protocol or order set review, and present/attend related planning meetings (actual activities are dependent on the need to of the organization at time of rotation). The resident collaborates with the clinical coordinator, manager, and other members of the team as necessary throughout the rotation. This will include members of the medical and nursing staffs. The resident is a vital contributor to formulary-related and medication use-related initiatives.

Staffing/Meeting Attendance

Rotation Attendance: Required five days per week.

- Pharmacy & Therapeutics Committee: Required attendance. The resident is encouraged to present reports and recommendations to the P&T Committee and/or System Formulary Management Committee
- Staffing: Residents are required to notify the primary preceptor/preceptor of any scheduled staffing or requested project days. The primary preceptor reserves the right to shift these days to optimize days working together.
- Case Conference or Journal Clubs: The resident may attend any case conference or journal clubs for students.
- Absences: Scheduled time off is not allowed when resident is scheduled with the primary preceptor.
- Others: As deemed necessary by the Residency Director, residency program, and/or preceptor.

Formulary Review

The resident should be exposed to a drug class review. **A template and expectations of the drug class review will be provided by the preceptor.** Class reviews are planned years in advance. Preceptor to assign class according to P&T timeline of rotation.

Potential Formulary Drug Class Reviews:

Opiates	Anti-depressants	H2 Antagonists	Diuretics	Hematopoetic agents	LMWH
Insulin	Contrast Media	Beta Blockers	Respiratory agents	Anti-infective classes	Anti-coag
NSAIDS	PPIs	Calcium Chanel Blockers	Inhaled steroids	Topic agents	Anti-platelet
EENT Preparations	Antidotes	Endocrinology Misc	Parkinson's agents	Cholesterol medications	Anti-emetics

Medication Utilization Evaluation

The preceptor will provide the MUE collection template. The preceptor and resident will collaborate to make specific revisions for the specific medication being evaluated. These may include prescribing advisories/ restrictions or other data as directed by medical or pharmacy leadership.

Educational Goals/Objectives

Your achievement of the goals of the residency is determined through assessment of your ability to perform the associated objectives. The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

Goals to be TAUGHT and FORMALLY EVALUATED

Competency Area R2: Advancing Practice and Improving Patient Care	
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.	
(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol. Criteria: <ul style="list-style-type: none"> • Displays objectivity. May gather ideas from various meetings and sources • Effectively synthesize information from the available literature. Pursues obtaining alternate sources of literature and resources • Applies evidenced-based principles. Utilizes appropriate guidelines • Consults relevant sources & identifies personnel to help collect information • Considers medication-use safety and resource utilization • Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties • Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders 	R2.1.1

<p>(Applying) Participate in a medication-use evaluation.</p> <ul style="list-style-type: none"> • Uses evidence-based medicine to develop criteria for use • Demonstrates a systematic approach to gathering data • Accurately analyzes data gathered • Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders • Implements approved changes, as applicable 	<p>R2.1.2</p>
<p>(Analyzing) Identify opportunities for improvement of the medication-use system. Criteria:</p> <ul style="list-style-type: none"> • Appropriately identifies problems and opportunities for improvement and analyzes relevant background data • Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement • Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders. 	<p>R2.1.3</p>
<p>(Applying) Participate in medication event reporting and monitoring (i.e., drug shortages). Criteria:</p> <ul style="list-style-type: none"> • Communication with pharmacy staff as necessary to ensure a more thorough understanding of specific shortage responses 	<p>R2.1.4</p>
<p>Competency Area R3: Leadership and Management</p>	
<p>Goal R3.1 Demonstrating Leadership Skills</p>	
<p>(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership. Criteria:</p> <ul style="list-style-type: none"> • Demonstrates effective time management. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals. 	<p>R3.1.1</p>
<p>(Applying) Apply a process of on-going self-evaluation and personal performance improvement.</p> <ul style="list-style-type: none"> • Demonstrates ability to use and incorporate constructive feedback from others. • Documentation of the ability to perform practice tasks is concise and readily interpretable by a peer • Effectively engages in self-evaluation of progress on specified goals and plans. • Sets realistic expectations of performance 	<p>R3.1.2</p>

Communication

Daily as necessary with preceptor

E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.

Halo: Appropriate for urgent matters

Expected Progression of resident responsibility on this learning experience

Complete **Formulary and Medication Use Learning Experience Rotation Checklist**

Evaluation Strategy

The preceptor will provide both written and verbal formative feedback during the course of the rotation. Additional customized assessments and/or snapshots may be conducted at the discretion of the preceptor or directive of the RPD to assess the resident's skill in a particular area.

What	Who	When
Summative	Preceptor	End of rotation
Preceptor/Learning Experience Evaluation	Resident	End of rotation

Content of the evaluation

The preceptor is expected to grade the resident on the following scale: NI (Needs Improvement):

Resident needs a more exposure and additional formal evaluation on the topic, likely in two separate rotations. Will be accompanied by actionable feedback from the preceptor.

SP (Satisfactory Progress): Resident is doing what they need to be doing, considering the place they are in the program, but the preceptor does not yet feel that they have achieved the goal. Will be accompanied by actionable feedback from the preceptor.

Ach (Achieved): Resident is doing what would be expected of a resident at or near the end of his or her program or comparable to a pharmacist with a year of time spent working. Does not mean that the resident cannot improve, but it means that the resident would not likely benefit much from further additional formal evaluation.

Timing of the Evaluation

At the end of the learning experience (preferably on the final day, if able, but no longer than 7 days) the preceptor will discuss the evaluation – with a copy of the evaluation in hand – of the learning experience with the resident, in person, to help clarify any potential misunderstandings and to ensure that residents get the most out of the feedback provided.