

PGY1 – Practice Management Learning Experience

Preceptors

ARRMC: Matthew White, Pharm.D., MHA

ATRCM: Gwendolyn Moscoe, Pharm.D., MBI, BCPP

Hours (may vary based on meetings and other special learning opportunities):

ARRMC: 0800 to 1700 M-F

ATRCM: 0730 to 1630 M-F

General Description

During this four-week rotation the resident will devote time to more thoroughly understanding the management role. Through a series of readings and interactions with the preceptor, the resident will learn about administrative and management issues that range from hiring to budget preparation. The resident will have opportunities to work on a variety of committees, both as a member and a leader. The resident will be exposed further to safety and process improvement initiatives. The resident will gain more breadth in this experience by working with managers from both Asante Three Rivers Medical Center and Asante Rogue Regional Medical Center as well as spending time with leaders across Asante such as Pharmacy Service Line Director Amy Watson, the Manager of Ashland Community Hospital (49 beds licensed) and non-pharmacist leaders as appropriate. The amount of time at alternate sites will vary based on individual interest but in all cases the majority of the resident's time will be spent at the resident's home site.

Staffing/Meeting Attendance

Staffing: The resident is required to notify the resident's primary preceptor/preceptor of the day of any scheduled staffing/project days

- As deemed necessary by the Residency Director and preceptor

Preceptor Interaction

Monday – Friday: Leadership Check In (0730 @ ATRMC, 0800 @ ARRMC)

Daily: Scheduled meetings with follow up debriefings. Topic discussions.

Communication

Daily as necessary with preceptor

E-mail: Residents shall read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. Appropriate for routine, non-urgent questions and problems.

Office extension: Appropriate for urgent questions pertaining to patient care.

Halo: Residents to Halo preceptor for urgent/emergency situations pertaining to patient care

Personal phone number: Provided to resident at time of learning experience for emergency issues

The resident's achievement of the goals of the residency is determined through assessment of the resident's ability to perform the associated objectives. The table below demonstrates the relationship between the activities the resident 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.		
Objective Number	Objective	Associated Activities
2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.	<ul style="list-style-type: none"> • Compare assigned aspect of the hospital’s medication-use system to best practice utilizing ASHP best practice documents or other sources (e.g., ISMP, ASPEN, NCCN). Identify opportunities for improvement, and discuss with preceptor • Review the Institute of Safe Medication Practices (ISMP) publication of safety reports to identify potential weaknesses in organization’s medication use process and provide report on potential recommendations to the Medication Safety Council
Competency Area R3: Leadership and Management		
GOAL R3.1 Demonstrate leadership skills.		
Objective Number	Objective	Associated Activities
3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Demonstrates effective time management by completing assignments on time. • Manages conflict effectively engaging others in productive discussions. • Demonstrates ability to lead inter-professional teams. • Uses effective communication skills and styles. • Demonstrates understanding of perspectives of various health care professionals by listening and being respectful of others ideas and positions. • Effectively expresses benefits of personal profession-wide leadership and advocacy. • Develops professional relationships that are focused on improving care for patients and show mutual respect as the team works towards that goal. • The pharmacist’s work within the team reflects skillful application of group process skills such as negotiation, time management, conflict management, communication, and consensus building • Keeps the group focused • Reviews meeting agendas prior to meetings to be prepared, and minutes after the meeting to assure accuracy. • Attends meetings with department leaders

		<ul style="list-style-type: none"> • Discuss various leadership philosophies observed in various meetings • Compare and contrast the effectiveness of different styles in different settings • Identify good meeting facilitation practices • Discuss change management and leadership styles and philosophies • Identify effectiveness of change management techniques used in meetings
3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Accurately summarizes one’s own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors). • Effectively uses a self-evaluation process for developing professional direction, goals, and plans. • Effectively engages in self-evaluation of progress on specified goals and plans. • Demonstrates ability to use and incorporate constructive feedback from others. • Discuss group dynamics • Makes accurate, criteria-based assessments of own ability to perform practice tasks • Routinely seeks applicable new learning when performance does not meet expectations • Sets realistic expectations of performance • Regularly integrates new learning into subsequent performances of a task until expectations are met • Documentation of the ability to perform practice tasks is concise and readily interpretable by a peer • Evidences the assumption of responsibility for work quality • System for staying current with literature includes review of literature pertinent to the area of practice • System for arranging and storing pertinent literature is efficient and effective
GOAL R3.2 Demonstrate management skills.		
Objective Number	Objective	Associated Activities
3.2.1	(Understanding) Explain factors that influence departmental planning.	<ul style="list-style-type: none"> • Identifies and explains factors that influence departmental planning, including: <ul style="list-style-type: none"> ○ Basic principles of management. ○ Financial management. ○ Accreditation, legal, regulatory, and safety requirements.

		<ul style="list-style-type: none"> ○ Facilities design. ○ Human resources. ○ Culture of the organization. ○ The organization’s political and decision-making structure. ● Explains the strategic planning process ● Discuss and understand system errors ● Review process improvement ideas that have significant potential to improve the existing process ● Discuss automation and technology ● Understand current regulatory and safety requirements ● Describes the importance of these regulations and safety requirements ● Discusses how the regulations and safety requirements affect practice ● Discusses the process by which the regulations and safety requirements are implemented ● Accurately explains the data elements of a productivity matrix (e.g., clinical activities, budgets, FTE justification) ● Accurately explains the implications for pharmacy reimbursement of the current health care environment (regulatory issues, manpower shortages, Medicare Modernization Act, Value Based Purchasing, Hi-Tech Act, quality mandates) ● Accurately explains sources of revenue for the pharmacy and health system ● Discuss departmental organizational structure and strategic plan
3.2.3	(Applying) Contribute to departmental management.	<ul style="list-style-type: none"> ● Serve as a pharmacy department member for the Asante P&T committee during residency year. ● Participate in budget, financial plans, and reimbursement planning ● Participate in supply chain issues. Participate in drug shortage and drug purchasing issues, applying knowledge of group purchasing organizations and wholesalers, and the medication procurement process. ● Participate in Epic/Pharmacy meetings ● Participate in issues surrounding 340b ● Participate in the DNV accreditation process ● Actively participates in departmental planning process ● Evaluate one of our pharmacy’s processes and compare and contrast that to the best practices such as those found in DNV,

		TJC, ASHP and other resources. Make a recommendation for change if areas for improvement are found.
Competency Area R4: Teaching, Education, Dissemination of Knowledge		
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.		
Objective Number	Objective	Associated Activities
4.1.1	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> • Provide a brief presentation to pharmacy leadership team on a topic related to leadership / management • Selects presentation content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices. • Includes accurate citations and relevant references and adheres to applicable copyright laws in presentation.
4.1.2	(Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> • Demonstrates rapport with learners. • Captures and maintains learner/audience interest throughout the presentation. • Implements planned teaching strategies effectively. • Effectively facilitates audience participation, active learning, and engagement of leadership team • Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive “ah’s” and “um’s”). • Body language, movement, and expressions enhance presentations. • Summarizes important points at appropriate times throughout presentations. • Transitions smoothly between concepts. • Effectively uses audio-visuals and handouts to support learning activities.
4.1.3	(Applying) Use effective written communication to disseminate knowledge.	<ul style="list-style-type: none"> • Prepares either a Power Point or one-page hand-out for leadership team presentation that is easily understandable and free of errors. • Presentation demonstrates thorough understanding of the topic and has appropriately cited references. • Interest is built into the presentation by using tables, graphs, and figures, when appropriate. • Creates one’s own work and does not engage in plagiarism.

Expected Progression of resident responsibility on this learning experience

Day 1: Preceptor to review learning activities and expectations with resident.

Week 1 - People Management/Change Management:

Resident to read “Who Moved my Cheese” and “Leading from the Heart” and is able to discuss the book and what it means for leading people and effecting change in an organization

Week 2 - Licensure and Accreditation:

Resident reviews the Oregon Board of Pharmacy Pharmacist-in-Charge self inspection report.

Week 3 – Excellence/Safety:

Resident chooses 3 ASHP Best Practices and compares them to existing practice, makes recommendation for any changes. Discuss the Culture of Safety, including low risk behaviors.

Week 4 - Budget and finances:

Resident reviews pharmacy budget with manager and discusses the budgeting process.

*The resident will be tasked with appropriate, timely assignments – including a presentation to leadership - during each week that will help reinforce the material being covered.

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.

Pharm Academic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). The resident and preceptor will independently complete the evaluations. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and resident self-assessment skills. Following discussion, preceptor will provide documentation of the discussion and correlation of resident self-assessment on the preceptor evaluation prior to submitting evaluation in Pharm Academic. Evaluations will be completed no later than due date specified below.

What	Who	When
Summative	Preceptor	End of week 4
Summative Self-evaluation	Resident	End of week 4
Preceptor/Learning Experience Evaluation	Resident	End of week 4

Content of the evaluation

The preceptor is expected to grade the resident on the following scale: NI (Needs Improvement), SP (Satisfactory Progress) and Ach (Achieved) depending on the performance of the resident.

A grade of “NI” means that the resident needs more exposure and additional formal evaluation on the topic, likely in two separate rotations. Any grade of NI *must* be accompanied by actionable feedback (what must the resident to do improve) for every objective graded NI.

A grade of “SP” means that the 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. Any goal graded with an “SP” should have actionable feedback (what must the resident to do improve) provided to the resident about what they must do to “achieve” that particular goal. This may also be provided at the objective level if the preceptor wishes to. An objective graded “SP” should receive additional formal evaluation, possibly for as little as a single rotation.

A grade of “Ach” means that the 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. “Achieved” does not mean that the resident *cannot* improve, but it means that the resident would not likely benefit much from further additional formal evaluation. Examples of why the resident deserves the “Ach” are necessary for every goal marked “Ach.”

Timing of the Evaluation

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