PGY-1 Management and Leadership Longitudinal Rotation

Preceptors
At ARRMC: Matthew White
At ATRMC: Gwen Moscoe

Overview
During this year-long longitudinal rotation you will devote time to understanding key principles utilized in hospitals and health systems for leadership and management. Core competencies of leadership are leading yourself, leading others, and leading the profession. These core competencies require self-awareness, adaptability, accountability, communication, relationship building, creative thinking, and service.

Activities will include
A series of readings and discussions with various pharmacy leaders through which you will learn about financial competence, quality and safety, leadership, emotional intelligence and project management. In addition, you will have opportunities to attend a variety leadership development classes.

Leadership Development Classes
Several of the following Asante Leader classes require your attendance for successful completion of the longitudinal learning experience, others are optional, if you have an interest in attending. Sign up in ALEC by searching the catalog and adding the classes below:

Required
• New Leader Executive Overview
• Behavior Based Interviewing
• Emotional Intelligence Series (2 courses)
• Asante Developing & Delivering Presentations
• Asante Influencing and Mentoring

Optional
• Asante Disciplinary Process
• Asante Occupational Safety and Health Education
• Asante Risk Management 101
• Union Free
• Harassment / Bullying
• Engaging Employees, Giving and Receiving Feedback
• As referred by preceptor

Online Course Requirement
• Register and complete all 340b on demand modules before April
  o This is a series of 15 to 20 minutes presentations. The total time commitment ~4 hours
Leadership Resources
- ASHP Foundation Leadership (http://www.ashpfoundation.org/leadership)
- Whitney Award Winner Videos (http://www.harveywhitney.org/)
- ASHP Practice Manager (www.ashp.org/practicemanager)
- Kaiser Family Foundation (https://www.kff.org/)

Meeting Attendance
Residents will attend, at a minimum, over the course of the year the following meetings
- Asante P&T Committee (monthly attendance); Responsibilities: minute taker as assigned, author of article
- Asante Medication Safety Council (once per year during Safety rotation required, additional meetings optional)
- Other managerial meetings as they occur during Management, Formulary and Safety rotations
- Asante Antimicrobial Stewardship Committee (optional)

Involvement in Quality Assessment
Residents will have opportunities to complete administrative audits during: Formulary/Safety, Management, and ID rotations. Activities may include any of the following:
- Conduct medication use evaluations
- Drug class reviews
- Evaluation of compliance with existing policy, procedure, protocol, or regulatory requirement
- Report to P&T on any of the above, as requested

MUEs, and DUEs are tracked by the residents and reported to the RPD in writing at quarterly report. Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization – and all associated objectives will be evaluated in the

Medication Errors and ADRs
Residents will report medications errors that occur into the MIDAS system, and report to the FDA’s MedWatch system when indicated. Residents will report a minimum of two errors each quarter.

Medication Errors are tracked by the residents and reported to the RPD in writing at quarterly report.

Local, State, and National Organization Leadership
Residents are provided with opportunities to attend and go beyond membership to participate in state, regional, and national organizations.
- Residents will have or gain membership in state and national organizations (OSHP and ASHP)
Residents will represent Asante and assist in recruiting at state and national meetings
Residents will present a poster at a state, regional, or national meeting
Residents will present major project as a platform presentation at a regional meeting
Residents may elect to present a continuing education program to members of local Southern Chapter of OSHP

Participation in local, state and national organizations is tracked by the residents and reported to the RPD in writing at quarterly report.

Goals (Trained & Evaluated)

R3.2.1 (Understanding) Explain factors that influence departmental planning
- Identifies and explains factors that influence departmental planning, including:
  - Project management
  - Financial management
  - Safety requirements
  - Risk management
  - Human resources
  - Strategic planning
  - Leadership
  - Operations and quality
  - Regulatory issues

R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system
- Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care
- Explains laws and regulations (e.g., value-based purchasing, reimbursement models) related to medication use
- Explains external quality metrics (e.g., Truven)
- Describes the governance of the health care system and leadership roles

Meeting Schedule

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<tr>
<th>Date</th>
<th>Topic</th>
<th>Activities</th>
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<tr>
<td>July</td>
<td>Orientation</td>
<td>Meet with entity manager to go over syllabus</td>
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| July   | Residency Project overview and IRB | 1. Review project list  
|        |                              | 2. Meet with ARRMC RPD to discuss project overview  
<p>|        |                              | 3. Meet with Clinical Coordinator to discuss IRB process |</p>
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<th>August</th>
<th>Project Management</th>
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|             | 1. Read *Why Transformation Efforts Fail*  
|             | 2. Topic discussion with Gwen Moscoe |

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<th>September</th>
<th>Financial Management &amp; Budgets</th>
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|             | 1. Read *A Primer on Hospital Accounting & Finance*  
|             | 2. Meet with entity Pharmacy Manager to discuss: Budgeting, Responsibility Reports, and Productivity |

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<th>September</th>
<th>Patient Safety and Process Improvement</th>
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|             | 1. Review the *NCCMERP Harm Index* for Categorizing Medication Errors  
|             | 2. Review the Executive Summary: *The Toyota Way*  
|             | 3. Meet with Medication Safety Coordinator to discuss patient safety topics and quality improvement processes (ACA, RCA, FMEA, PDCA, SBAR, DMAC) |

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<th>October</th>
<th>Leadership Accountability and Lateral Leadership</th>
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|             | 1. Read *The Accountable Leader: Developing Effective Leadership Through Managerial Accountability*  
|             | 2. Read *The Keys to Lateral Leadership*  
|             | 3. Meet with Service Line Director to discuss governance of the health care system and leadership roles |

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<th>October</th>
<th>Recruiting and Talent Management</th>
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|             | 1. Review *Recruitment – Behavior Based Interview Questions* (high level review – no need to read every page)  
|             | 2. Read *Legal vs Illegal Interview Questions*  
|             | 3. Meet with ARRMC RPD to review process of coordinating interviews and selecting candidates, legal vs illegal questions, and behavioral based interviewing |

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<th>November</th>
<th>CV and Resume Writing</th>
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|             | 1. Update your CV in anticipation of applying for jobs  
|             | 2. Review CVs with your mentor  
|             | 3. Meet with Sarah White to discuss CV and Resume writing tips – bring a printed copy of your updated CV to discuss |
| December | Thought Leaders | 1. Review a *Harvey A.K. Whitney Lecture* from the online collection  
2. Compile notes on key points  
3. Answer key questions “Who is Harvey A.K. Whitney?”,”What is the Whitney Award?”,”What is the Webb award?”  
4. Discuss during December’s meeting with the ARRMC RPD |
| January (Ad Hoc) | Regulations | 1. Meet with entity manager to discuss Board of Pharmacy Regulations and Pharmacist in Charge (PIC) report |
| January | Emotional Intelligence | 2. Read *Emotional Intelligence* and complete self-assessment (can be purchased online: [http://www.emotionalintelligence.net/](http://www.emotionalintelligence.net/))  
a. Submit for reimbursement  
3. Be prepared to summarize what you’ve learned  
4. Bring results to meeting with ARRMC and ATRMC managers to discuss your new self-awareness |
| February | Strategic Planning & Balanced Scorecard | 1. Read *Developing the Strategy: Vision, Value Gaps, and Analysis*  
2. Read newest release of the *Pharmacy Forecast* (found on ASHP webpage)  
3. Meet with Service Line Director  
a. Discuss Asante’s balanced score card and the Pharmacy Department balanced score card  
b. Discuss external changes to laws and regulations (e.g., value-based purchasing, reimbursement models) that impact organizational and departmental planning |
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<th>Topic</th>
<th>Tasks</th>
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| March | Healthcare Operations and Quality          | 1. Review the Executive Summary: *The Toyota Way*  
                                    2. Read the Executive Summary: *Six Sigma Breakthrough Strategy*  
                                    3. Meet with Matthew White to discuss  
                                             a. Continuous quality improvement through Lean & Six Sigma  
                                             b. Discuss external quality metrics and how they are adopted by the organization, reported and used (e.g., Truven, CMS core measures) |
| April | Regulatory Issues and Procedures           | 1. Residents will have completed all modules from Apexus 340b University On-Demand before meeting  
                                    2. Meet with Gwen Moscoe to discuss regulatory topics  
                                             a. 340B/Disproportionate Share Hospitals  
                                             b. DNV standards  
                                             c. CMS  
                                             d. GPOs |
| May   | Leadership                                 | 1. Read *Managers and Leaders: Are They Different*  
                                    2. Read *Solitude and Leadership*  
                                    3. Discuss readings with entity manager |
| June  | Burnout                                    | 1. Listen to the presentation titled: *Leadership Burnout and Strategies for Burnout Prevention*. Enroll at ASHP e-learning (free online learning for members)  
                                    2. Read *Beating Burnout*  
                                    3. Meet with ARRMC RPD to discuss burnout and prevention strategies |

**Additional Reading**

- **Encouragement**
• **Management**

• **Leadership**

• **Miscellaneous Reading**
Communication

- Daily as necessary with preceptor
- Doc Halo: Residents should be prepared to respond to time-sensitive or urgent/emergency situations pertaining to patient care
- 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.
- Office extension: Appropriate for urgent questions pertaining to patient care.
- Personal phone number: Provided to resident at time of learning experience for emergency issues

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 with written comments. 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.

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<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Summative</td>
<td>Preceptor</td>
<td>Quarterly and at end of rotation</td>
</tr>
<tr>
<td>Preceptor/Learning Experience Evaluation</td>
<td>Resident</td>
<td>Quarterly and at end of rotation</td>
</tr>
</tbody>
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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.

Content of The Evaluation

- A grade of "NI" means that the resident needs a 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.

Timing of the Evaluation
Quarterly and at the end of the learning experience (preferably on the final day, if able, and no more than 7 days past due date) a member of the preceptor team will be expected to discuss the evaluation – 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. Preceptor and/or resident are to document in the comment box at the end of evaluation, a statement that indicates a discussion has been taken place. For example: “discussed with preceptor in person.”