

## PGY-1 Management and Leadership Longitudinal Rotation

### Preceptors

At ARMC: 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
  - This is a series of 15 to 20 minutes presentations. The total time commitment ~4 hours
  - <https://www.340bpvp.com/education/340b-u-ondemand/>



## 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](http://www.ashp.org/practicemanager))
- Kaiser Family Foundation (<https://www.kff.org/>)
- Harvard Business Review (<https://hbr.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 medication 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

Date	Topic	Activities
July	Orientation	Meet with entity manager to go over syllabus
July	Residency Project overview and IRB	1. Review project list 2. Meet with ARRC RPD to discuss project overview 3. Meet with Clinical Coordinator to discuss IRB process

August	Project Management	<ol style="list-style-type: none"> <li>1. Read <i>Why Transformation Efforts Fail</i></li> <li>2. Topic discussion with Gwen Moscoe</li> </ol>
September	Financial Management & Budgets	<ol style="list-style-type: none"> <li>1. Read: <i>A Primer on Hospital Accounting &amp; Finance</i></li> <li>2. Meet with entity Pharmacy Manager to discuss: Budgeting, Responsibility Reports, and Productivity</li> </ol>
September	Patient Safety and Process Improvement	<ol style="list-style-type: none"> <li>1. Review the <i>NCCMERP Harm Index</i> for Categorizing Medication Errors</li> <li>2. Review the Executive Summary: <i>The Toyota Way</i></li> <li>3. Meet with Medication Safety Coordinator to discuss patient safety topics and quality improvement processes (ACA, RCA, FMEA, PDCA, SBAR, DMAC)</li> </ol>
October	Leadership Accountability and Lateral Leadership	<ol style="list-style-type: none"> <li>1. Read <i>The Accountable Leader: Developing Effective Leadership Through Managerial Accountability</i></li> <li>2. Read <i>The Keys to Lateral Leadership</i></li> <li>3. Meet with Service Line Director to discuss governance of the health care system and leadership roles</li> </ol>
October	Recruiting and Talent Management	<ol style="list-style-type: none"> <li>1. Review <i>Recruitment – Behavior Based Interview Questions</i> (high level review – no need to read every page)</li> <li>2. Read <i>Legal vs Illegal Interview Questions</i></li> <li>3. Meet with ARRC RPD to review process of coordinating interviews and selecting candidates, legal vs illegal questions, and behavioral based interviewing</li> </ol>
November	CV and Resume Writing	<ol style="list-style-type: none"> <li>1. Update your CV in anticipation of applying for jobs</li> <li>2. Review CVs with your mentor</li> <li>3. Meet with Sarah White to discuss CV and Resume writing tips – bring a printed copy of your updated CV to discuss</li> </ol>

December	Thought Leaders	<ol style="list-style-type: none"> <li>1. Review a <i>Harvey A.K. Whitney Lecture</i> from the online collection</li> <li>2. Compile notes on key points</li> <li>3. Answer key questions “Who is Harvey A.K. Whitney?”, “What is the Whitney Award?”, “What is the Webb award?”</li> <li>4. Discuss during December’s meeting with the ARRCM RPD</li> </ol>
January (Ad Hoc)	Regulations	<ol style="list-style-type: none"> <li>1. Meet with entity manger to discuss Board of Pharmacy Regulations and Pharmacist in Charge (PIC) report</li> </ol>
January	Emotional Intelligence	<ol style="list-style-type: none"> <li>2. Read <i>Emotional Intellegence</i> and complete self-assessment (can be purchased online: <a href="http://www.emotionalintelligence.net/">http://www.emotionalintelligence.net/</a> <ol style="list-style-type: none"> <li>a. Submit for reimbursement</li> </ol> </li> <li>3. Be prepared to summarize what you’ve learned</li> <li>4. Bring results to meeting with ARRCM and ATRMC managers to discuss your new self-awareness</li> </ol>
February	Strategic Planning & Balanced Scorecard	<ol style="list-style-type: none"> <li>1. Read <i>Developing the Strategy: Vision, Value Gaps, and Analysis</i></li> <li>2. Read newest release of the <i>Pharmacy Forecast</i> (found on ASHP webpage)</li> <li>3. Meet with Service Line Director             <ol style="list-style-type: none"> <li>a. Discuss Asante’s balanced score card and the Pharmacy Department balanced score card</li> <li>b. Discuss external changes to laws and regulations (e.g., value-based purchasing, reimbursement models) that impact organizational and departmental planning</li> </ol> </li> </ol>

March	Healthcare Operations and Quality	<ol style="list-style-type: none"> <li>1. Review the Executive Summary: <i>The Toyota Way</i></li> <li>2. Read the Executive Summary: <i>Six Sigma Breakthrough Strategy</i></li> <li>3. Meet with Matthew White to discuss             <ol style="list-style-type: none"> <li>a. Continuous quality improvement through Lean &amp; Six Sigma</li> <li>b. Discuss external quality metrics and how they are adopted by the organization, reported and used (e.g., Truven, CMS core measures)</li> </ol> </li> </ol>
April	Regulatory Issues and Procedures	<ol style="list-style-type: none"> <li>1. Residents will have completed all modules from Apexis 340b University On-Demand before meeting</li> <li>2. Meet with Gwen Moscoe to discuss regulatory topics             <ol style="list-style-type: none"> <li>a. 340B/Disproportionate Share Hospitals</li> <li>b. DNV standards</li> <li>c. CMS</li> <li>d. GPOs</li> </ol> </li> </ol>
May	Leadership	<ol style="list-style-type: none"> <li>1. Read <i>Managers and Leaders: Are They Different</i></li> <li>2. Read <i>Solitude and Leadership</i></li> <li>3. Discuss readings with entity manager</li> </ol>
June	Burnout	<ol style="list-style-type: none"> <li>1. Listen to the presentation titled: <i>Leadership Burnout and Strategies for Burnout Prevention</i>. Enroll at ASHP e-learning (free online learning for members)</li> <li>2. Read <i>Beating Burnout</i></li> <li>3. Meet with ARMMC RPD to discuss burnout and prevention strategies</li> </ol>

**Additional Reading**

- **Encouragement**
  - o Daniels, Aubrey. Bringing out the Best in People: How to Apply the Astonishing Power of Positive Reinforcement. New York: McGraw-Hill, 1994.
  - o Harvey, Eric. 180 Ways to Walk the Recognition Talk. New York: Walk the Talk Publishing, 2000.
  - o Kouzes JM, et.al. Encouraging the Heart: Leader's Guide to Rewarding and Recognizing Others. New York: Josey-Bass, 2003.

- o Lundin, SC, et al. Fish! A Remarkable Way to Boost Morale and Improve Results. New York, Hyperion Press, 2000.
- o Maxwell JC. The 21 Indispensable Qualities of a Leader: Becoming the Person Others Will Want to Follow. New York: Nelson Business Press, 1999.
- **Management**
  - o Abrashoff, Michael. It's Your Ship: Management Techniques from the Best Damn Ship in the Navy. New York: Warner Business Books, 2002.
  - o Bracey, Hyler. Managing from the Heart. New York: Delacorte Press, 1991.
  - o Buckingham M, Coffman C. First Break All the Rules: What the World's Greatest Managers Do Differently. New York: Simon & Schuster, 1999.
  - o Drucker, Peter. The Effective Executive Revised. New York: Harper Business Publishing, 2002.
  - o Glanz, Barbara. C.A.R.E. Packages for the Workplace: Dozens of Little Things That You Can Do to Regenerate Spirit at Work. New York: McGraw-Hill, 1996.
  - o Glanz, Barbara. Handle with Care: Motivating and Retaining Employees. New York: McGraw-Hill, 2002.
  - o Blanchard K, Johnson S. The One Minute Manager. New York: Berkley Trade Press, 1983.
- **Leadership**
  - o Blanchard K, Muchnick M. The Leadership Pill: The Missing Ingredient to Motivating People Today. New York: Free Press, 2003.
  - o Collins, Jim. Good to Great: Why Some Companies Make the Leap...and Others Don't. New York, Harper Business Press, 2001.
  - o Bolton, Robert. People Skills. New York: Touchstone Press, 1986.
  - o Brouwer, Barbara. Leading with Love. New York: Faith Alive Christian Resources, 2001.
  - o Covey, Stephen. The 7 Habits of Highly Effective People. New York: Free Press, 2004.
  - o Depree, Max. Leadership is an Art. New York: Currency Publishers, 2004.
  - o Greenleaf, Robert. Servant as Leader. New York: Robert K. Greenleaf Center, 1982.
  - o Ruchlim H, Dubbs NL, Callahan M. The Role of Leadership in Instilling a Culture of Safety: Lessons from the Literature. *Journal of Healthcare Management* 2004; 49:47-58.
- **Miscellaneous Reading**
  - o Blanchard, Ken et al. Whale Done! : The Power of Positive Relationships. New York: Free Press, 2002.
  - o Hemsath, Dave et.al. 301 Ways to Have Fun at Work. New York: Berrett-Koehler Publishers, 1997.
    - o Johnson, Spencer. The Present: The Gift that Makes You Happier and More Successful at Work and in Life, Today! New York: Doubleday, 2003.
  - o Johnson, Spencer. Who Moved My Cheese? An Amazing Way to Deal with Change in Your Work and in Your Life. New York: Penguin Putnam, 1998.
  - o Lawrence, David. From Chaos to Care: The Promise of Team-Based Medicine. New York: Da Capo Press, 2003.

### 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.

What	Who	When
Summative	Preceptor	Quarterly and at end of rotation
Preceptor/Learning Experience Evaluation	Resident	Quarterly and at end of rotation

### 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.”