



**Concordia University  
Wisconsin  
School of Pharmacy  
24-Month Resident  
Policy Manual**



**2024**



## Learning Experience



## Masters of Science in Education-Teaching and Learning

### Getting Started:

Acceptance into the School of Education at Concordia

You will have to be formally accepted into the School of Education in order to participate in coursework

not meeting satisfactory academic progress. This email is typically an error. This email includes graduate/professional programs as one category and does not differentiate between pharmacy and Master's programs. You simply need to respond to the employee whose name is included in the email and apprise them of your situation and they will fix the error for you.

#### Masters Coursework Considerations

It will be important to email each of your instructors when you sign up for each course to explain that you are a pharmacy resident in order to find ways to make the courses as relevant to pharmacy education as possible. You will complete the following required courses, along with 2 elective courses (6 credits). Most courses are self-paced 8-week online courses. If you are unclear on format of a course, whether online or FF, please don't hesitate to contact Sarah Mayer.

For the Teaching Portfolio, it is highly recommended that you strive to work on this in a continual nature. You are required to have 2 artifacts per each of the 11 CUW standards. If you work on clinic projects or academic lectures, it is a good idea to take some time to find out which CUW standard it aligns to and update your online portfolio immediately. This will save you stress from trying to rush to complete all standards at one time.

Some suggestions for elective courses include:

#### Multimedia for the classroom (EDT 6040)

This course provides an overview of best practices in presenting information for student learning in a digital format. Digital technologies explored include podcasting, infographics, audio recordings, online interactive learning systems, and more. This course is self-paced for 8 weeks and is customizable to pharmacy education.

#### Addictions Counseling (COUN 520)

In addition to alcohol and drug concerns, this course will also address behavioral addictions such as: gambling, shopping, gaming, sex and hoarding. The course will address treatment and relapse plans and goals, as well as the impact of addiction on family, friends and support systems. Developmental issues, as well as comorbidity, are addressed in the addiction process as therapeutic models are discussed.

Pharmacy Resident Progression Towards Masters in Teaching and Learning

Semester	Courses Taken
Fall Year 1	<ul style="list-style-type: none"><li data-bbox="386 407 1425 617">I. Human Learning &amp; Motivation (3 credits)- EDG 5310<ul style="list-style-type: none"><li data-bbox="542 441 1425 617">a. This course examines how emotion impacts educational outcomes. It equips residents to critically evaluate theory and practice as it relates to their professional role. The course includes an analysis of tenets of human motivation and engagement, and how to utilize them effectively in a setting focused on teaching and learning.</li></ul></li> <li data-bbox="386 651 1425 680">II.</li></ul>

Fall Year  
2

- I. Curriculum Leadership (3 credits)- EDG 5225
  - a. This course considers the factors that influence design, implementation, and evaluation of a curriculum. Emphasis is placed on major educational philosophies and their respective approaches to curriculum development.
  
- II. Educational Research Methods (3 credits)- EDG 5100
  - a. This course examines the research tools available to design, implement and evaluate the formal study of the educational process in order to conduct research. The course includes the study of descriptive and experimental research methods, basic statistical methods as well as techniques of literature review and report writing, that is, the reporting of research. Residents completing this course work through the development of a draft of their capstone manuscript.
  
- III. Teaching Pharmacy Students II (3 credits)- EDG 7331
  - a. The focus of this course is to coordinate a module within a pharmacotherapy course or co-coordination of an applied patient care course, which builds upon the knowledge gained in Teaching Pharmacy Students I.





# Resident Portfolio

## Policy

The CUW PGY1 Pharmacy Residency Program will document all resident activities utilizing an electronic portfolio.

## Purpose

Residents, preceptors, and the residency director have the professional responsibility to ensure proper documentation of completion of all aspects of the residency program.

## Procedure

In a timely manner, compile all works within the electronic portfolio, preferably a USB drive. At least quarterly, all documents should be uploaded to the USB drive.

The resident will follow the structure of the table of contents provided in this document to create folders (or a table of contents if using a pdf format).

At least 1 draft with feedback shown should be included to show progression of skills leading to final product.

At the end of the residency program a USB drive containing all the above documents shall be given to the residency program director.

Residents are required to archive on a flash drive the following:

Date Archived	Artifact
<b>CREDENTIALS</b>	
	Copy of Wisconsin Pharmacist License
	Any other certification
<b>PRESENTATIONS</b>	
	Presentations to groups of patients, groups of caregivers, health care professionals (including physicians, nurses, pharmacists and other providers), students and the public
	Clinical Pearls or Practice Management Presentations
	Case Presentations
	Any other presentation given
	Documentation of formative feedback (PDF of email feedback or scanned documents or documents with changes tracked and comments noted)
<b>Future Pharmac Faculty Certification/Masters Portfolio (Teaching Portfolio)</b>	
	Teaching Philosophy (including any drafts)
	Lecture (including any drafts)
	Lecture Teaching Evaluation
	Education Journal Club Documentation



## Program Disciplinary Policy

### I. Resident Standards

While every effort is made to assure the success of a resident through a residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program. The following are the standards and tasks that each resident must meet, and the deadline, if applicable:

A. Administrative Requirements: The following are required for all residents by the end of their first 120 days of the residency. A copy of documentation or proof of training must be provided to the Program Director by the due date:

- x CPR Certification for Basic Life Support
- x Licensure to practice pharmacy in the state of Wisconsin

### B. Policies

- x The Resident is subject to all applicable rules, policies and procedures of the resident's host practice site, the School of Pharmacy, and Concordia University.
- x Resident must adhere to HIPAA policy of each site where education occurs.  
Gross misconduct towards the RPD, any member of the Pharmacy Department, other

## 1. Dismissal of the Complaint

## Employment Policies for 24-month Practice and Academic Leadership Emphasis Resident at CUWSOP

All policies related to pharmacy resident employment for the 24-month resident can be found in the Employee Handbook, available [https://studentcuw-my.sharepoint.com/:b:/g/personal/lisa\\_pintor\\_cuw\\_edu/ET3vhUqD7JVCrjOEVL7FIPwB4w9\\_PPDpyqv7KWFCwvI0iQ?e=GlePQN](https://studentcuw-my.sharepoint.com/:b:/g/personal/lisa_pintor_cuw_edu/ET3vhUqD7JVCrjOEVL7FIPwB4w9_PPDpyqv7KWFCwvI0iQ?e=GlePQN)

The resident is encouraged to read the policies in their entirety. As it relates to resident progression through the program, policies related to professional, family and sick leaves can be found in Section 10 and the consequences of any such leave on the residents' ability to complete the residency program are outlined below.

- One and one-half (1-1/2) day for each month completed at July 1st – up to a maximum of fifteen (15) working days per year.

It is expected that residents will take their vacation time proportionally from their time in direct patient care activities (50%) and time on campus (50%).

#### Consequences of Leave on Program Completion

1. Violation of any policies in the Employee Handbook may be grounds for dismissal from the program.
2. It is expected that residents will put forth an effort of at least 45 hours of work/week and will complete the residency completion requirements. Any extended leave beyond 37 days per year (includes professional/conference days, interview days, vacation days, holidays, sick leave,





## Staffing and Moonlighting

### Staffing

- x A staffing component (activity primarily comprised of a traditional medication dispensing role) may be a core component of the resident's experience and should not exceed an average of 9 hours of commitment during normal business hours per week. Any required staffing component during normal business hours should be associated with the day-to-day activities of the pharmacy department at the resident's primary practice site. These activities will be a component of the resident's stipend. No additional compensation will be provided for this service.
  
- x "Duty Hours" are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
  - o Duty hours cannot exceed 80 hours per week, averaged over a four-week period.
  - o

# Duty Hour Requirements for Pharmacy Residencies

assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

2. Duty hours exclude reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps), travel time (e.g. to and from work, conferences) and hours that are not scheduled by the residency program director or a designee.

#### B. Maximum Hours of Work per Week

1. Duty hours must be limited to no more than 80 hours per week, averaged over a week period, inclusive of internal and external on-call.

#### C. Mandatory Duty-Free Times

1. Residents must have a minimum of one day or seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
2. Residents must have at a minimum of 8 hours between scheduled duty periods.

#### D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.
2. If a program exceeds 16 hours of continuous duty periods, "In House Call Program" limitations apply as described in the corresponding section.

#### E. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy R2.7(e) or str f ( ) 33(ac)0.5(li(h t)3227 0 Td [(p)-0.7-0.00D 85 >>39 -1.9(i5(s0D 1.9(i5187)8.63(i)8.6Tm)3.5(f

compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

- C. All moonlighting hours must be counted towards the clinical experience and educational work, 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- D. Programs that allow moonlighting must have a documented structured process that includes at a minimum:
  - 1. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month
  - 2. Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
  - 3. A plan for how to proceed if resident participation in moonlighting affects their performance during scheduled duty hours.

#### IV. Call Programs

- A. If the program implements any type of call program (i.e., in-house, at home), there must be a documented structured process that includes:
  - 1. Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.
  - 2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
  - 3. Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue
  - 4. Hours worked within-house on-call programs and hours that meet the criteria below for at-home or other call programs (IV-A-7-c)) must be included in the tracking of hours.
  - 5. A plan for how to proceed if residents' participation in the call program affects their performance during duty hours.
  - 6. In-House Call Program
    - a. Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period
    - b. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.
      - i. Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects

- c. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.
- d. Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.

7. At-Home or Other Call Programs

- a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b. The frequency of at-home call must satisfy the requirement for one day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
- c. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria
  - i. If a resident is called into the hospital/organization from their at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80 maximum weekly hour limit.
  - ii. Only the time spent by the resident on call related work activities during their assigned on call hours, taking calls from home and utilizing electronic health record related to their at-home call, count towards the 80 hour maximum weekly hour limit.

## PGY1 Pharmacy Residency Program

### Procedure for Recruitment, Application Review, Finalizing Candidate Rankings and Issuance of Offer Letters

1. The Residency Program will recruit at local, state, and national residency showcase/events. The Residency Program will participate in at least one virtual recruitment event when they're offered in an effort to reach a more diverse applicant pool.
2. The Residency Program will utilize a centralized application process, managed by the Residency Program Coordinator, under the direction of the Residency Program Director.
  - a. The Program Director will establish an application deadline each year.
  - b. The Program Coordinator will facilitate the receipt of applications, electronically when feasible. The required applications materials will include: cover letter, completed centralized application form, curriculum vitae, 3 letters of reference and professional school transcripts.
  - c. The Program Director will confirm that applicants to the program are graduates or candidates for graduation of an ACPE accredited (or in process of pursuing accreditation) degree program or have a FPGEC certificate from NABP.
  - d. Preceptors will be notified of the receipt of application materials. All application materials for these candidates will be made available electronically to preceptors.
3. The program director with site preceptors, will determine which candidates they wish to interview, applying criteria outlined in the program's Candidate Application Screening Rubric
4. The Residency Program Coordinator will process interview requests and facilitate scheduling of interviews across the program.
  - a.





# Candidate Application Evaluation

Candidate: \_\_\_\_\_

Reviewer: \_\_\_\_\_

## Candidate Application Screening

Criteria	Unacceptable	Below Average	Average	Above Average	Exceptional	Pts
Cover Letter						
x Clarity/written communication skills	Cover letter does not address any of the expected components adequately 0 points	Cover letter displays appropriate communication skills, but fails to address either of the other				
x Desired learning experience aligned with program goals						
x Evidence of knowledge of program						



## Commitment to teaching

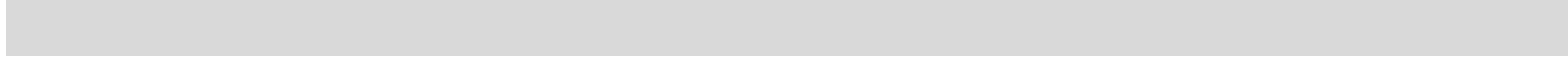
No commitment noted 0 points	Minimal evidence/commitment 2 points	Minimal experience, but desire for involvement
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## Resident Orientation Topics

### Logistics (Sarah Ray)

- x H drive, S drive, One Drive, Outlook
- x Portal
- x Blackboard
- x Faculty Handbook/Employee Handbook
- x Bylaws
- x Office supplies and other office needs
- x Maintenance
- x Classroom (AV) support
- x IT support
- x Chapel time
- x ATM, vending, exercise, sports
- x Admin Support
  - o Lisa Pintor
- x Concordia Cares
- x Vaccines
- x Phones and long distance
- x Accreditation standard
- x ID card

### Development (Sarah Ray)

- x Annual development dollars
- x Self-tracking expenses



- o Clinical
- o Educational
- x Faculty scholarship interests

Sessions to be scheduled with others (resident to schedule)

Teaching and Assessment

- x Curriculum Overview (Mike Brown)
- x Curriculum Committee Overview and Policies (Chair of committee)
- x APC series
  - o Overview (Sarah Ray)
  - o APC instructors (Beth Buckley, Kassy Bartelme, Joe Dutzy, Megan Fleischman, James Lokken, Hazel Morgen)
- x Pharmacotherapy series including guiding principles for lecturers (Anne LaDisa)
- x Academic Resident Rotation/Teaching Certificate (Audrey Kostrzewa, Sarah Ray)
- x DI resources and library access (Kathy Malland)
- x Dual Degree programs (Sarah Ray)
- x IPE (Anne LaDisa or Mike Oldani)
- x IPPE/APPE series and Pathways (Melissa Theesfeld)
- x Instructional Design Center (Justin Frisque)
- x SLOs and Assessment (Nicia Lemoine)
- x PollEverywhere (Nicia Lemoine)
- x EHR-Go (Sarah Ray)
- x Grading rubric system (Mike Brown)

Service

- x CUWSOP opportunities (Hazel Morgen)
  - o CSPA and other student groups
  - o Standing Committees
  - o Ad hoc commi9-40 ( )] TJ ET EMC /P <</MCID 22.90 ( ) (y)-3 (t)-2.J ET EMC /P <</MCID 26 >>



## Assessments to be Completed by Preceptors





## Orientation

Orientation will occur at both the first year practice site and CUW during the first 6-8 weeks of the residency. The resident will be on campus 2-3 days per week and at the practice site 2-3 days per week.

At CUW the resident will be oriented to the residency in general, including policies, expectations, PGY1 standards, competency area goals and objectives, and evaluation strategy. The resident will be also be oriented to the role of a faculty member. This includes basic logistics, development, practice and scholarship, teaching and assessment, and service.

At the first year practice site the resident will be oriented to the clinic in general, including the departments of the clinic and clinic personnel. The resident will also be oriented to the role of the clinic pharmacist and be provided direct instruction/review on the process of delivering patient care.

## Activities

Goal R1.1	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process		
OBJ R1.1.1	(Cognitive - Applying) Interact effectively with health care teams to manage patients medication therapy	Taught and Evaluated	Introduce self to clinic personnel and shadow primary care providers
OBJ R1.1.2	(Cognitive - Applying) Interact effectively with patients, family members, and caregivers	Taught and Evaluated	Assess patients and/or caregivers understanding of medication therapy and address educational needs through counseling. Perform medication histories on assigned patients Provide medication education to patients, their families, and/or care-givers
Goal R3.1	Demonstrate leadership skills		
OBJ R3.1.1	(Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Taught and Evaluated	Develop relationships with physicians, nurses, co-workers, faculty, staff, and students you interact with
OBJ R3.1.2	(Cognitive - Applying) Apply a process of on-going self-evaluation and personal performance improvement	Taught and Evaluated	Complete summative evaluation by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic
Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)		
OBJ R4.1.2	(Cognitive - Applying) Use effective presentation and teaching skills to deliver education	Taught and Evaluated	Lead a journal club discussion

ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed



## Practice and Academic Leadership Emphasis Direct Patient Care Year 1

The Direct Patient Care Year 1 learning experience exposes the resident to an urban underserved patient population at Progressive Community Health Center. This is a multi-specialty FQHC that has 4 physicians, 4 physician assistants, and 1

- 5- Presentations to provider and nursing staff
- 6- Participation in clinic meetings (if scheduled on resident clinic days)
- 7- Precepting ambulatory care APPE students as a team with the expectation of being the preceptor of record for at least 1 APPE student during the last one-third of residency year 1
- 8- Medication Use Evaluation- topic identified in Quarter 2, analysis and report completed in Quarter 3, meetings with clinic stakeholders in Quarter 4.
- 9- Drug class review, monograph, treatment guideline, or protocols with clinic stakeholders in C

			Activities
Goal R1.1	collaboration with the health care team, provide safe and effective patient care for a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process		
OBJ R1.1.1	(Cognitive - Applying) Interact effectively with health care teams to manage patients medication therapy	Taught and Evaluated	Identify medication-related problems in clinic patients and implement medication changes per CPA Provide recommendations to providers and answer drug information questions in a timely manner
OBJ R1.1.2	(Cognitive - Applying) Interact effectively with patients, family members, and caregivers	Taught and Evaluated	Assess patients and/or caregivers understanding of medication therapy and address educational needs through counseling. Perform medication histories on assigned patients Provide medication education to patients, their families, and/or care-givers
OBJ R1.1.3	(Cognitive - Analyzing) Collect information on which to base safe and effective medication therapy	Taught and Evaluated	Collaborate with providers and other team members for additional information if needed Collect information from the EHR and patient during patient visits
OBJ R1.1.4	(Cognitive - Analyzing) Analyze and assess information on which to base safe and effective medication therapy	Taught and Evaluated	Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed. Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor
OBJ R1.1.5	(Cognitive - Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Taught and Evaluated	Initiate/change therapy for patients as necessary. Communicate plan with patient and schedule follow-up visit. Document recommended changes to the regimen and monitoring plan in the EHR and discuss with appropriate clinic staff when a situation may require more immediate means of communication.
OBJ R1.1.6	(Cognitive - Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Taught and Evaluated	Document recommended changes to the regimen and monitoring plan in the electronic medical record and discuss with appropriate clinic staff when a situation may require more immediate means of communication. Ensure appropriate follow-up visit is scheduled.
OBJ R1.1.7	(Cognitive - Applying) Document direct patient care activities appropriately in the medical record or where appropriate	Taught and Evaluated	Document a patient care note in the EHR every time a patient is seen (live or virtual) Document any identified adverse drug events into the system incident reporting system and EHR
OBJ R1.1.8	(Cognitive - Applying) Demonstrate responsibility to patients	Taught and Evaluated	Communicate any medication therapy issues not resolved by the end of the day to your preceptor(s) Ensure patients have information and/or access to resources to obtain prescribed medication therapy Prioritize patient problems. Work to resolve all existing or potential medication therapy issues before leaving for the day
Goal R1.2	Ensure continuity of care during patient transitions between care settings		
OBJ R1.2.1	(Cognitive - Applying) Manage transitions of care effectively	Taught and Evaluated	Communicate with other health care providers when patients should be referred for more specialized care Complete medication reconciliation for patients recently discharged from a hospital and facilitate scheduling an appointment with a provider for a hospital follow up if not already scheduled

Goal R2.1	Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization		
OBJ R2.1.1	(Cognitive - Creating) Prepare a drug class review, monograph, treatment guideline, or protocol	Taught and Evaluated	As requested by preceptor prepare drug class review, monograph, treatment guideline, or protocol
OBJ R2.1.2	(Cognitive - Applying) Participate in a medication-use evaluation	Taught and Evaluated	Participate in a medication-use evaluation by developing criteria for use, participating in data collection, and/or analyzing data.
OBJ R2.1.3	(Cognitive - Analyzing) Identify opportunities for improvement of the medication-use system	Taught and Evaluated	Review the ISMP publication of safety reports to identify potential weaknesses in organization's medication use process and provide report on potential recommendations or identify 3 opportunities for improvement of the medication-use system during rotation and provide recommendations for potential changes
OBJ R2.1.4	(Cognitive - Applying) Participate in medication event reporting and monitoring	Taught and Evaluated	Complete medication event reports that you become aware of and review medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management.
Goal R3.1	Demonstrate leadership skills		
OBJ R3.1.1	(Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Taught and Evaluated	Develop relationships with physicians, nurses, co-workers, and students you interact with during the learning experience
OBJ R3.1.2	(Cognitive - Applying) Apply a process of on-going self-evaluation and personal performance improvement	Taught and Evaluated	Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic Describe your personal process of staying up to date and improving performance
Goal R3.2	Demonstrate management skills		
OBJ R3.2.1	(Cognitive - Understanding) Explain factors that influence departmental planning	Taught and Evaluated	Participate in discussions with preceptor(s) on assigned topics- including service development; financial management; accreditation, legal, regulatory and safety requirements applicable to the site; facilities design; organizational culture; strategic planning
OBJ R3.2.2	(Cognitive - Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system	Taught and Evaluated	Participate in discussions with preceptor(s) on assigned topics- including quality metrics; changes to laws and regulations as related to medication use; and keeping current on trends in pharmacy and healthcare.
OBJ R3.2.3	(Cognitive - Applying) Contribute to departmental management	Taught and Evaluated	Serve on a clinic committee as assigned
OBJ R3.2.4	(Cognitive - Applying) Manages one's own practice effectively	Taught and Evaluated	Correctly prioritize patients / activities within the structure of the day and; complete consults/projects in a timely manner; meet deadlines
Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)		
OBJ R4.1.1	(Cognitive - Applying) Design effective educational activities	Taught and Evaluated	Prepare educational materials for patients as assigned Prepare evidence-based presentation to be delivered to clinic personnel
OBJ R4.1.2	(Cognitive - Applying) Use effective presentation and teaching skills to deliver education	Taught and Evaluated	Lead topic discussions with pharmacy students Present evidence-based presentation to clinic personnel Provide education to clinic patients
OBJ R4.1.3	(Cognitive - Applying) Use effective written communication to disseminate knowledge	Taught and Evaluated	Prepare a written response to a drug information question

OBJ R4.1.4	(Cognitive - Applying) Appropriately assess effectiveness of education	Taught and Evaluated	Assess effectiveness of topic discussions
Goal R4.2	Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals		
OBJ R4.2.1	(Cognitive - Analyzing) When engaged in teaching, select a preceptor role that meets learners ¶ educational needs	Taught and Evaluated	Discern the pharmacy learner ¶ level of knowledge and the level of preceptorship needed
OBJ R4.2.2	(Cognitive - Applying) Effectively employ preceptor roles, as appropriate	Taught and Evaluated	Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	50.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	25.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	75.00%



		Activities	
Goal R1.3	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients		
OBJ R1.3.1	(Cognitive - Applying) Prepare and dispense medications following best practices and the organization's policies and procedures	Taught and Evaluated	Perform order verification, check prepared prescriptions, and provide counseling to patients
OBJ R1.3.2	(Cognitive - Applying) Manage aspects of the medication-use process related to formulary management	Taught and Evaluated	Recommend formulary therapeutic alternatives or initiate/complete prior authorization process for non-formulary medications, as appropriate
OBJ R1.3.3	(Cognitive - Applying) Manage aspects of the medication-use process related to oversight of dispensing	Taught and Evaluated	Participate in project at the pharmacy Work with other pharmacists on shift to check all products prepared by technicians and oversee workflow within the pharmacy

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed

# Practice and Academic Leadership Emphasis Teaching

PGY1 - Pharmacy (45038)

Faculty: Wulz, Jordan

Site:

Concordia University Wisconsin School of Pharmacy

Status: Active

Required

General Description:

The Teaching learning experience offers the resident flexible and valuable opportunities to enhance their teaching skills. This experience includes interactions with faculty, didactic online seminars in pedagogy (teaching methods), live seminars preparing participants for understanding and pursuing academic careers, and lecture and small group teaching of student pharmacists. Residents will be exposed to course coordination, lab instruction, and lab/lecture development. This learning experience is complemented further and expanded upon by the Academic and Personal Development learning experience. The resident will be "on campus" either in-person or virtually 2.5 days per week throughout each year for the two learning experiences.

Role(s) of Pharmacist(s):

The resident will interact with several faculty members who currently teach at Concordia University Wisconsin School of Pharmacy (CUWSOP), as well as CUWSOP staff and  
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Expectations of Residents:

The resident will participate in the following activities that are designed to expose the resident to the roles and responsibilities of a faculty member:

- ‡ Small Group Teaching- at least 10 labs per semester with some exposure to coordinating lab days beginning in Spring of Year 1 and continuing in Year 2.
- ‡ Large Group Teaching (Lecture)- at least 1 per semester
- ‡ Course/Module coordination in Year 2 (also evaluated in Academic and Personal Development learning experience)
- ‡ Teaching Skills Online Modules and associated assignments (evaluated in Academic and Personal Development learning experience)
- ‡ Academic Service (evaluated in Academic and Personal Development learning experience)
- ‡ Careers in Academia Seminar (evaluated in Academic and Personal Development learning experience)



## Feedback/Evaluations

The resident will work with the preceptor and other faculty throughout their rotation with timely formative feedback delivered verbally and written. Residents will be scheduled for small group teaching evaluation by a faculty member via rubric. Student feedback on small group teaching will also be sought via rubric. Residents will deliver a practice lecture and a final lecture with rubric evaluations from participating faculty and students. The preceptor will complete program evaluations on a quarterly basis. The resident will also self-evaluate and reflect formally on a Q6 month basis. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months.

The resident and preceptor will have regular check-ins to review progress and to identify needs. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

### Progression of Residents:

The resident will receive direct instruction from various APC faculty and by participating in the online modules and other discussions in Quarter 1. APC faculty will also model appropriate instructor teaching. Throughout quarters 2, 3, and 4 the resident will be coached by various preceptors as they prepare their lectures and participate in APC lab as instructors. In Year 2, the resident will receive coaching from the Pharmacotherapy coordinators and APC faculty as needed. In Quarters 7 and 8, the faculty will be facilitating the resident as the resident operates and teaches completely independently without direct observation.

		Activities	
Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)		
OBJ R4.1.1	(Cognitive - Applying) Design effective educational activities	Taught and Evaluated	As part of lab and/or course/module coordination, design or redesign learning materials
OBJ R4.1.2	(Cognitive - Applying) Use effective presentation and teaching skills to deliver education	Taught and Evaluated	Facilitate/teach in a small group (lab)experience Present lecture to students
OBJ R4.1.3	(Cognitive - Applying) Use effective written communication to disseminate knowledge	Taught and Evaluated	As part of lab and/or course/module coordination, create written materials/handouts for students
OBJ R4.1.4	(Cognitive - Applying) Appropriately assess effectiveness of education	Taught and Evaluated	Review feedback from faculty preceptors and students and self-reflect on performance for areas of improvement
Goal R4.2	Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals		
OBJ R4.2.1	(Cognitive - Analyzing) When engaged in teaching, select a preceptor role that meets learners ¶ educational needs	Taught and Evaluated	In lab/lecture, discern the pharmacy learner ¶ level of knowledge and the level of preceptorship needed
OBJ R4.2.2	(Cognitive - Applying) Effectively employ preceptor roles, as appropriate	Taught and Evaluated	Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	25.00%
ASHP Learning Experience Evaluation	Residents	Learning Experience	50.00%
ASHP Learning Experience Evaluation	Residents	Learning Experience	75.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	25.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	50.00%
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	75.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	25.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	50.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	75.00%

# Practice and Academic Leadership Emphasis Academic & Personal Development

PGY1 - Pharmacy (45038)

Faculty: Ray, Sarah

Site:

Concordia University Wisconsin School of Pharmacy

Status: Active

Required

General Description:

The Academic and Personal Development learning experience is a combination of efforts to further the resident's foundational knowledge and skills in teaching through Masters in Teaching and Learning coursework and foundational knowledge required to lead in practice and academia. This experience includes 1:1 meetings with the preceptor, didactic online or live coursework in the Masters in Teaching and Learning curriculum, lecture and small group teaching of student pharmacists, course coordination efforts, and service to the School of Pharmacy. The resident will interact with several faculty members who currently teach at Concordia University Wisconsin School of Pharmacy (CUWSOP), as well as CUWSOP staff and students and other CUW university faculty in the School of Education. This experience is complemented by the Teaching learning experience. The resident will be "on campus" either in-person or virtually 2.5 days per week throughout each year for the two learning experiences.

Role(s) of Pharmacist(s):

The faculty members are responsible for course coordination, lecture development and delivery, and lab  
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Expectations of Residents:

The resident will participate in the following activities that are designed to expose the resident to the roles and responsibilities of a faculty member:

- ‡ Teaching Skills Online Modules and associated assignments in Fall of Year 1
- ‡ Academic Service- SOP Curriculum Committee 1st year, SOP Assessment Committee 2nd year
- ‡ Careers in Academia Seminar in Fall of Year 1
- ‡ APC Series meetings- role as secretary in Year 1, role as coordinator in Year 2 (responsible for creating agendas, scheduling and facilitating meetings)
- ‡ Completion of Masters coursework, including academic project (identification of topic in Quarter 1, research plan in Quarter 2, data collection in Quarter 3 and 4 and potentially extending into Year 2, data analysis and education manuscript writing in Spring of Year 2, portfolio (completed in Spring of Year 2))
- ‡ Topic Discussions throughout each year

- ‡ Small Group Teaching- at least 10 labs per semester (evaluated in Teaching learning experience)
- ‡ Large Group Teaching (Lecture)- at least 1 per semester (evaluated in Teaching learning experience)

**Feedback/Evaluations**

The resident will work with the preceptor and other faculty throughout their rotation with timely formative feedback delivered verbally and written. The preceptor will gather feedback from all involved faculty in order to provide summative evaluations. The preceptor will complete program evaluations on a quarterly basis. The resident will also self-evaluate and reflect formally on Q6 month basis. In addition the resident will complete a preceptor evaluation and learning experience evaluation every 6 months.

The resident and preceptor will have regular check-ins to review progress and to identify needs. The quality and timeliness of feedback is the responsibility of both the preceptor and resident.

**Progression of Residents:**

The resident's progression is outlined above in the activities.

		Activities	
Goal R3.1	Demonstrate leadership skills		
OBJ R3.1.1	(Cognitive - Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Taught and Evaluated	Develop relationships with faculty, staff, and students you interact with during the learning experience. APC series meetings participation and eventual coordination.
OBJ R3.1.2	(Cognitive - Applying) Apply a process of on-going self-evaluation and personal performance improvement	Taught and Evaluated	Complete summative evaluations by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic Describe your personal process of staying up to date and improving performance
Goal R3.2	Demonstrate management skills		
OBJ R3.2.1	(Cognitive - Understanding) Explain factors that influence departmental planning	Taught and Evaluated	Participate in Careers in Academia Seminar Topic discussions with preceptor on University, School, and Department structure
OBJ R3.2.3	(Cognitive - Applying) Contribute to departmental management	Taught and Evaluated	Academic Service as assigned. APC series meeting coordination. DPP faculty search committee participation if one is formed.
OBJ R3.2.4	(Cognitive - Applying) Manages one's own practice effectively	Taught and Evaluated	Correctly prioritize students / activities within the structure of the day and; complete projects in a timely manner; meet deadlines
Goal E6.1	Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education		
OBJ E6.1.1	(Cognitive - Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education	Taught and Evaluated	Masters coursework Teaching Skills Online Modules and associated assignments
OBJ E6.1.2	(Cognitive - Understanding) Explain academic roles and associated issues	Taught and Evaluated	Careers in Academia Seminar Masters coursework specifically related to teaching pharmacy students I-III coursework

Goal E6.2 Develops and practices a philosophy of