**Rotation Name**: Medication Use Policy

**Rotation Preceptors**: Erin R. Fox, PharmD, FASHP

**Site Description**: The Drug Information Service (DIS) at University of Utah Hospitals and Clinics.

**Rotation Description**: The resident will focus on making improvements to the health system’s medication use policies. The resident will update medication management policies or guidelines as well as therapeutic interchanges based on evaluation of need. Activities will include attending P&T Committee meetings and presenting potential updates to policies, guidelines, therapeutic interchanges or use criteria. The resident will also prepare the agenda and minutes for the P&T Committee.

**Readings and Preparatory Work**:
- Be familiar with the P&T Checklist (H drive)
- Review NIAHO MM chapter (Intercomm > Accreditation)
- Read hospital vendor policies [http://healthcare.utah.edu/pharmacy/msr/001.htm](http://healthcare.utah.edu/pharmacy/msr/001.htm)

**Typical Daily/Weekly/Monthly Activities**:
The typical schedule is Monday through Friday from 8:00 am to 5:00 pm; however, the resident should be flexible if early or late meetings occur.
- Monday morning staff meeting (8:30 am)
- Call center 8 – 16 hours per week
- DI Rounds 1:30 pm Tuesdays
- Attend P&T Committee meeting and summary meeting (3rd Wednesday of the month, 1:15 – 2pm)
- Attend pharmacy department leadership meetings as required by preceptor or prior arrangement
- Attend P&T subcommittee meetings as required by preceptor

**Project / Presentation Description**:
- Develop the agenda and minutes for the P&T committee for 2 to 3 meetings
- Present monographs or other medication use policy items at the P&T meeting and P&T subcommittees
- Update at least 3 policies or guidelines
- Write the Rx P&T eNews newsletter describing the most recent actions of the P&T committee
- Conduct audits of clinic areas with sample exceptions

**Evaluation**:
The resident will attend Monday planning meetings as well as meet with the preceptor multiple times each week.

**Midpoint evaluation**: The resident and preceptor will complete a custom midpoint evaluation together evaluating progress in completing goals, interpersonal communication, project and time management, and ability to work independently. Resident strengths and opportunities for development will be discussed. The resident should prepare by providing a current project list to the preceptor.

**Summative evaluation**: The resident should complete the self-evaluation, preceptor evaluation, and learning experience evaluation in ResiTrak prior to the last day of rotation. The preceptor and resident will meet together to review the evaluations. Residents and Preceptors must use the template for evaluations when completing ResiTrak.
### Goals and Objectives and Rotation Activities

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<tr>
<th>Goals and Objectives</th>
<th>Rotation Activity</th>
<th>Teaching Methods</th>
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<tr>
<td><strong>Goal R2.1:</strong> Enhance the quality of committee decisions on medication-use policies or processes.</td>
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<td>OBJ R2.1.1 (Synthesis) Plan a meeting that reflects the organization’s needs and the political situation.</td>
<td>The resident will assist with planning and then plan 2 to 3 P&amp;T meetings.</td>
<td>Coaching, Facilitation</td>
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<td>OBJ R2.1.2 (Synthesis) Prepare evidence-based information for committee decisions on a medication-use policy or process, based on an analysis of the committee’s needs.</td>
<td>The resident will prepare multiple items for presentation to the P&amp;T committee including but not limited to: therapeutic interchanges, non-formulary reports, formulary monographs, and policy or guideline updates.</td>
<td>Coaching, Facilitation</td>
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<td>OBJ R2.1.3 (Analysis) Conduct a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision.</td>
<td>The resident will evaluate the costs or savings of a proposed P&amp;T committee action</td>
<td>Coaching, Facilitation</td>
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<td>OBJ R2.1.4 (Synthesis) Contribute the drug information specialist’s perspective, as appropriate, in meetings about a medication-use policy and/or process.</td>
<td>The resident will attend and participate in the P&amp;T committee and all P&amp;T subcommittee meetings.</td>
<td>Modeling, Coaching, Facilitation</td>
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<td>OBJ R2.1.5 (Synthesis) Prepare accurate and effective meeting minutes that satisfy the requirements of organizational, regulatory, and accreditation considerations, as applicable.</td>
<td>The resident will prepare minutes for the P&amp;T committee including conflict of interest documentation.</td>
<td>Modeling, Coaching, Facilitation</td>
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<td>OBJ R2.1.6 (Synthesis) Design a systematic follow-up that assesses the implementation and outcome of a change to a medication-use policy or process.</td>
<td>The resident will understand the process for implementing P&amp;T committee actions and will design follow-up as appropriate.</td>
<td>Modeling, Coaching, Facilitation</td>
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<td><strong>Goal R2.3:</strong> Develop and implement plans for improvements to the organization’s medication-use process or policies.</td>
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| **OBJ R2.3.1** (Synthesis) Design an intervention to change a problematic or potentially problematic aspect of a medication process or policy with the objective of improving quality. | The resident will identify and update a policy or guideline for presentation to P&T or P&T subcommittees. | Modeling  
Coaching  
Facilitation |
| **OBJ R2.3.2** (Synthesis) Collaborate with an interdisciplinary team to write or revise an existing guideline or protocol. | Based on identified safety, accreditation, or other problematic issues, the resident will work with a team to first evaluate the issue, then write or revise a policy or guideline and guide the work through appropriate channels for approval and implementation. | Modeling  
Coaching  
Facilitation |
| **OBJ R2.3.3** (Synthesis) Write or revise a medication-use policy or procedure with the objective of improving its quality. | The resident will plan and conduct audits of areas with sample exceptions. The resident will also work with areas to resolve any areas of noncompliance. A summary report of the audit will be provided to P&T. |  |
| **OBJ R2.3.4** (Synthesis) Implement an intervention to change a problematic or potentially problematic aspect of a medication policy or process with the objective of improving quality. |  |  |
| **OBJ R2.3.5** (Evaluation) Measure the impact of a change to a medication-use process or policy. |  |  |

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<th><strong>Goal R3.1:</strong> Exhibit essential personal skills of a practice leader.</th>
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| **OBJ R3.1.1** (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change. | Discuss with preceptor short term and long term professional development goals. Understand the roles of the P&T Secretary, Chair of Medication Safety, and Secretary of the ADR Committee. | Customized based on resident’s experience  
Direct Instruction  
Modeling  
Coaching  
Facilitation |
| **OBJ R3.1.2** (Characterization) Demonstrate commitment to the profession of pharmacy through active participation in local, state, and/or national pharmacy professional organizations. | Discuss with preceptor short term and long term goals for participation in state or national pharmacy professional organizations. The resident may participate in USHP legislative day. | Customized based on resident’s experience  
Direct Instruction  
Modeling  
Coaching  
Facilitation |
| **OBJ R3.1.3** (Comprehension) Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of willingness to serve as mentor to appropriate individuals. | Discuss with preceptor short term and long term goals with regard to mentoring / mentorship. | Direct Instruction  
Modeling  
Coaching |
| **OBJ R3.1.4** (Comprehension) Explain the general processes of establishing and maintaining an ASHP-accredited residency program. | Resident and preceptor will review current accreditation status and requirements for maintaining and starting a new residency. The resident will have the opportunity to be involved in any required submissions. | Direct Instruction  
Modeling  
Coaching |
| OBJ R3.1.5 (Comprehension) Explain the importance of contributing to the advancement of the profession through presentations and publications. | Discuss with preceptor short term and long term goals with regard to presentations and publications. | Customized based on resident’s experience  
- Direct Instruction  
- Modeling  
- Coaching  
- Facilitation |
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| OBJ R3.1.6 (Application) Use time management skills effectively to fulfill practice responsibilities. | The resident will attend planning meetings and provide regular updates on deadlines and project lists to the preceptor. | Customized based on resident’s experience  
- Direct Instruction  
- Modeling  
- Coaching  
- Facilitation |
| OBJ R3.1.7 (Characterization) Use sound ethical reasoning to guide practice decisions. | The resident will have the opportunity to attend an IRB meeting as well as lead ethics discussions with trainees on rotation. | Customized based on resident’s experience  
- Direct Instruction  
- Modeling  
- Coaching  
- Facilitation |
| OBJ R3.1.8 (Analysis) Identify potential conflict-of-interest situations in one’s practice. | The resident and preceptor will discuss the organization’s conflict of interest requirements and compare and contrast differences between IRB, hospital, and professional organization requirements. |  
- Direct Instruction  
- Modeling |
| OBJ R3.1.9 (Comprehension) When applicable, explain the intricacies of all regulatory and accreditation requirements that affect the medication-use policies or processes of the organization. | The resident will review the medication management section of the DNV NIAHO accreditation standards and will review the medication management summary books for the opportunity to update and improve. The resident will participate in any accreditation surveys. |  
- Modeling  
- Coaching  
- Facilitation |

**Goal R3.4: Demonstrate political skills necessary to improve the organization’s medication-use process or policies.**

| OBJ R3.4.1 (Analysis) When confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success. | The resident will have multiple opportunities to navigate the most politically effective way to accomplish change while working to update policies and guidelines and during P&T and P&T subcommittee meetings. |  
- Modeling  
- Coaching  
- Facilitation |
| OBJ R3.4.2 (Synthesis) Create an effective professional network. | The resident and preceptor will discuss formal and informal networking opportunities. Networking with nursing, physicians, other pharmacy departments, and Quality and Patient Safety staff will be necessary to complete projects. |  
- Coaching  
- Facilitation |
| OBJ R3.4.3 (Analysis) Identify the organization’s committees where pharmacist participation is essential. | The resident will attend P&T and P&T subcommittee meetings with the preceptor and discuss the role of the pharmacy representative. | • Modeling  
• Coaching |