

Practice Management – PGY1 Rotation

<p>Primary Preceptors: Kavish Choudhary, PharmD, MS Russell Ragsdale, RPh, MBA Linda Tyler, PharmD, FASHP</p>	<p>Additional Preceptors: Sara Bamford, PharmD William Black, PharmD, MBA, MS, BCPS Ashley Bowden, PharmD, MS, BCPS Russell Findlay, PharmD, MS Erin Fox, PharmD, FASHP, BCPS Dallas Moore, RPH, MS Shantel Mullin, PharmD, BCPS Matthew Rim, PharmD, MS</p>
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Site Description:

University of Utah Hospitals & Clinics (UUHC) is comprised of 4 hospitals, 12 free standing clinics, 16 retail pharmacies, 4 infusion centers, ambulatory clinic services, home infusion service, and a comprehensive drug information service. University Hospital is a 490 bed, level 1 trauma center with strong critical care, emergency medicine, surgical services, obstetrics and gynecology, neonatal, internal medicine and subspecialties, neurosciences, and rehabilitation. The University Neuropsychiatric Institute is a 130 bed inpatient psychiatric facility. The Huntsman Cancer Institute consists of a 100 bed inpatient service including an intensive care unit, an ambulatory infusion suite, and extensive ambulatory cancer clinics, including bone marrow transplant. The University Orthopaedic Center provides mostly ambulatory care surgery services plus orthopaedic specific clinics. The ambulatory care network includes the Community Clinics located throughout the Salt Lake Valley and the four surrounding counties that provide both primary and specialty care, plus the specialty clinics and infusion room at University Hospital.

While on administrative rotations, residents may also find that they will working with the following teams at these locations.

Teams	Locations
Drug Information Finance	250 Plaza (250 East 200 South, 13 th floor, Downtown)
Support Services	University Hospital and 250 Plaza
Informatics	102 Plaza (102 South 200 East, Downtown) (call ahead since building is locked—they will come down to get you)
Ambulatory Administration	250 Plaza and Midvalley (Midvalley 6056 Fashion Square Drive, Suite 1000)
Pharmacy Ambulatory Clinical Care Center (PAC3)	Midvalley
Home Infusion	Midvalley

While on rotation, the resident will primarily be at University Hospital if assigned to Kavish or Linda or Midvalley if assigned to Russ. Either way, residents will have the opportunity to visit numerous sites within the enterprise.

Role of the Pharmacists

The pharmacists in leadership roles that the resident works with on this rotation provide the leadership for the department as well as contribute to the overall leadership of the organization. The role of the pharmacist includes:

- Set the vision and strategic direction of the business units and department consistent with the organizational mission, vision, values, and goals.
- Drive for strong operational performance including efficiency, financial strength, high value, and labor utilization.
- Develop and implement plans for excellent patient and customer experience.
- Strive for continued excellence in the quality of services provided including evaluating operations and clinical services.
- Manage growth of the department to match the organizational goals
- Manage change.
- Prepare requests for new services and resources including FTEs, space, equipment, programs, and informatics resources.
- Managing day to day operations
- Organize and prioritize tasks and projects.
- Delegate work and engage team members.
- Demonstrate strong problem solving skills. Examples of these situations include:
 - Urgent, emergent and disaster situations
 - Day to day activities
 - Actions needed based on reported medication events
 - Actions to improve and standardize processes
 - Making strategic decisions on the use of personnel and resources
- Facilitate team functions.
- Manage department finances including capital and expenses.
- Forecast trends that will impact pharmacy such as rising drug cost, health care policy, and technology advances
- Support employees by conducting HR functions including recruitment, onboarding, orientation, retention, motivation and engagement, coaching and development, and progressive discipline.
- Advocate for the role of the profession of pharmacy both within the organization, the community, and at the national levels.

Rotation Description:

Residents will receive a broad overview of the leadership and management issues in the Pharmacy Department. The resident will attend many of the meetings that Pharmacy Leadership attends including those with senior leadership. The resident will develop a good understanding of pharmacy's important

role in the organization. While on rotation, the resident receives an introduction and overview to the department's compliance, supply chain, revenue integrity, regulatory and financial issues. Residents will complete several projects to apply key concepts and understand how to justify pharmacy services.

Expectations of the resident

This is an exciting and often fast paced rotation. Residents will come prepared for the daily activities including the meetings and topic discussions. Residents will be meeting with other senior leaders in the organization so are expected to demonstrate executive presence. This includes demonstrating emotional intelligence. Residents represent the department on rotation and will have the opportunity to extend outstanding hospitality to department guests.

Residents will demonstrate excellent communication, time management, and organizational skills.

- Residents are responsible to schedule topic discussions and meetings with preceptor, including scheduling the final evaluation before the end of rotation.
- Residents will need to organize their time to be able to complete their projects within the rotation time block. This will involve being able to use small blocks of time effectively.
- Residents need to demonstrate excellent sign-posting skills by keeping their preceptor apprised of the status of projects, activities, and the problem solving they are doing.

Residents will attend numerous meetings with department leaders. As such, residents will engage as appropriate for the meeting and generate questions to discuss with the leaders and preceptors. Residents will identify and follow the progression of issues during the course of the rotation and will be able to make connections between work areas and departments to facilitate communication.

Residents will keep a journal on rotation to capture their questions, observations, and insights. These notes will serve as discussion points with the preceptor. Residents who ask numerous questions get the most from their rotation. For each meeting, the resident will identify three positive things and three opportunities for improvement. Think about both the meeting content and the process of the meeting. Also, note the opportunities to improve the medication use system. Be sure to bring up your observations and questions with preceptors for discussion.

Pre-rotation preparation:

Residents need to contact the preceptor 1-2 weeks before the rotation starts to confirm start date and provide the preceptor any scheduling situations (vacation, appointments, etc.) as soon as the resident is planning it. No preparation is required prior to the start of rotation. If desired, residents can pick up readings for the rotation and start prior to the rotation. By the first day of rotation, residents need to complete everything on the, "Rotation Orientation Checklist for Preceptors and Residents." In particular, residents should bring a copy of the customized plan and resident's individual goals for the rotation. Resident should bring their Color Code and

Myers-Briggs preferences for the first day. In addition, they should bring their Strength Finders if they have it.

Typical Daily/Weekly/Monthly Activities:

Usual time for rotation is 7:45 am to 5 pm. However, it is very important to be flexible based on what is going on in the department and with meetings: early (6 or 7 am) or late in the afternoon or evening meetings are likely to happen several times in the rotation. The preceptor and resident will review the schedule every Monday morning to develop a plan for the week, and adjust daily (or hourly) as the need arises.

Project/Presentation Description:

The resident will have the opportunity to work on a wide range of relevant administrative, quality, safety or management projects during the rotation. Projects will be concentrated on topics and initiatives that will enable to resident to work with different areas within the department of pharmacy as well as departments throughout the entire organization. Current department and organization events dictate project opportunities and may require a presentation. Residents will be involved in at least four projects including:

- Conduct an MUE project that will require working with a data set.
- Conduct an audit of an area.
- Participate in other projects such as a gap analysis, developing a proposal,
- Develop the rationale and justification for a department position, service, space or capital request.

Residents will conduct a journal club on a management article and facilitate a meeting (often as part of the journal club). Residents will prepare an elevator speech.

During this rotation, we will have discussions concerning work-life balance. If the resident is feeling overwhelmed, has too many projects, or have other things going on that may need adjustments of their schedule or activities, it is the resident's responsibility to communicate the issues. Preceptors want to support the residents, but cannot always know what is necessary.

Evaluation

The resident will have discussions with the preceptor(s) multiple times per week. The weekly planning meeting (usually Monday morning) will serve as a place for providing feedback to the resident and making adjustments to the rotation as needed.

A custom midpoint evaluation in PharmAcademic is used. The resident and preceptor will complete it together evaluating progress in completing goals, interpersonal communication, project and time management, and ability to work independently. Resident strengths and opportunities will be discuss. The resident needs to come prepared with the list of their projects to date, but no other preparation is necessary.

A final summative evaluation will be completed, usually on the last day of rotation (if not, prior to the last day of rotation). Prior to the evaluation meeting, the resident needs to complete the self-evaluation, evaluation of learning experience, and preceptor evaluation in PharmAcademic. The preceptor will conduct the final evaluation in PharmAcademic. The resident needs to be sure to use the template for evaluations (<https://pulse.utah.edu/site/dirc/Nonsearched/preceptor-003.pdf>) in preparing their evaluations.

Resident Progression

The following describes the usual resident progression during the rotation.

Time frame	Resident progression
Pre-rotation and Day 1	<p>Confirm with preceptor starting dates and time for first day. Optional: pick up readings and start working through them</p> <p>Come prepared to discussion resident progress to date, goals, and personal objectives for the rotation. Review rotation description with preceptor. Check off rotation orientation checklist.</p>
Week 1	<p>Attend meetings with preceptor or other assigned meetings. Start working through readings. Complete 50% of the readings this first week. Set up topic discussion and evaluation appointments. Get project assignments. Meet with Support Services team to get MUE assignment for inpatient. Get audit project assignment from Shantel.</p>
Week 2	<p>Continue to attend meetings with preceptor as assigned. Complete 75% of the readings Signpost on projects. Get additional project assignments. Complete inpatient audit assignment. Topic discussions with preceptor. Complete 40% or more of the goals for the rotation.</p>
Week 3	<p>Attend selected meetings. Complete remaining readings. Topic discussions with preceptor. Apply readings to rotation activities. Signpost on projects.</p>
Week 4	<p>Attend selected meetings. Present selected projects to appropriate stakeholders. Run Huddle. Present Journal club for preceptors. Topic discussions with preceptor. Discuss ideas for improving the medication use process and a plan for implementing the change.</p>

	Complete projects. Complete all goals for the rotation. Work with RPD to develop a plan to address any areas that need improvement.
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Goals and Objectives, Rotation Activities, and Readings for the rotation:

The following table outlines the goals and objectives for the rotation. For each goal, there are detailed rotation activities with the associated reading assignments. Required readings are available in a binder that you can borrow from your preceptor. Optional readings are available on request.

Goals and Objectives	Rotation activities	Readings	**
Goal R2.1 Demonstrate ability to manage formulary and medication use process, as applicable to the organization.			
R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline or protocol.	Completed on Drug Information rotation.		
R2.1.2 (Applying) Participate in a medication use evaluation.	This will be accomplished through completing a project (see R2.2) and through the active participation in meetings and other rotation activities.		I, M, C
R2.1.3 (Analyzing) Identify opportunities for improvement of the medication-use system.	Through meetings and discussion with rotation preceptors, many opportunities will be identified and plans made to begin to address the opportunities. Keep a journal during the rotation to capture questions and observations.	[Tab 1: Medication Safety and Quality] Rubino M, Hoffman JM, Koesterer,LJ, et al. ASHP Guidelines on Medication Cost Management Strategies for Hospitals and Health Systems. Am J Health-Syst Pharm. 2008;65:65:1368-84.	M, C, F
R2.1.4 (Applying) Participate in the medication event reporting and monitoring.	Attend Medication Safety Meeting. Review medication event reports. Review the monthly monitoring of events.	[Tab 1: Medication Safety and Quality] Gawande A. Big Med. The New Yorker. August 13, 2012..	I, M, C
Goal R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system	Conduct one or more projects related to the administrative, quality, safety or management of the department. Examples of projects include: Conduct a gap analysis for a new regulatory standard. Coordinate immunization clinics. Analyze purchasing data for cost savings opportunities. Conduct an ROI analysis for a new service. Write a proposal or justification for services. Conduct a medication use evaluation. Prepare a medication guideline. Projects are identified by the rotation preceptors. Often projects are real-time projects identified through meetings and interactions of the preceptors with others in the department and organization.	[
R2.2.1 (Analyzing) Identify changes needed to improve patient care and/or the medication-use system.	Through meetings and interactions and by conducting a project during the rotation, identify opportunities for improvement of one aspect of the system. Review ASHP best practices and identify at least 3 that are relevant to	Review ASHP positions and guidelines at http://www.ashp.org/menu/PracticePolicy.aspx	I, M, C

	rotation issues. Evaluate how our processes match the best practices.		
R2.2.2 (Creating) Develop a plan to improve the patient care and/or the medication-use system.	Based on opportunities that are identified on the rotation, the resident will have the opportunity to develop plans to improve the medication use system.		I, M, C
R2.2.3 through R2.2.5 Implement and assess project and present results	Evaluated as part of major project		
Goal 3.1 Demonstrate leadership skills			
R3.1.1 (Applying) Demonstrate personal, interpersonal and teamwork skills critical for effective leadership	Throughout the rotation, the resident will have the opportunity to observe leaders in action and make assessments on the effectiveness of these leaders and how they develop teamwork. This will be further discussed in meetings with preceptors. Preceptors will discuss the different styles and preferences leaders demonstrate using the Color Code and Meyers-Briggs frameworks.	<p>[Tab 2: leadership and emotional intelligence.]</p> <p>Tyler LS. Imprinting leadership. Am J Health-Syst Pharm. 2016;73:1339046.</p> <p>Feser C, Mayol F, Srinivasan R. Decoding leadership: What really matters. McKinsey Quarterly. (January 2015). http://www.mckinsey.com/insights/leading_in_the_21st_century/decoding_leadership_what_really_matters (accessed November 1, 2015).</p> <p>Oncken W, Wass DL. Management time: Who's got the monkey?. Harv Bus Review. 1974. November-December, 75-80.</p> <p>Required: Goleman D. What makes a leader? Harv Bus Rev. 1998.76:93-102.</p> <p>Tyler LS. Emotional intelligence: Not just for leaders. Am J Health-Syst Pharm 2015;72:1849.</p> <p>Optional: Goleman D, Boyatzis R, McKee A. Primal leadership: The hidden driver of great performance. Harv Bus Rev. 2001; 79: 42-51</p> <p>Optional: Goleman D. The focused leader: How effective executives direct their own and their</p>	I, M, C, F

		organizations'—attention. Harv Bus Rev. 2013; 91:50-60.	
R3.1.2 On-going self-evaluation	Evaluated on other rotations		
Goal 3.2 Demonstrate management skills	Attend meetings with department leaders. Actively participate as appropriate. Your direct management skills will be demonstrated as you manage your rotation projects and interact with others on the rotation.	Optional: Bush PW, Walesh SG. Managing and Leadership: 44 Lessons Learned for Pharmacists. Bethesda MD: American Society of Health-System Pharmacists. 2008.	I, M, C, F
R3.2.1 (Understanding) Explain factors that influence departmental plans	<p>Residents will see in action how department plans need to flex and change to meet the department and organizational needs. Topic discussions with the preceptor during the course of the rotation will address these factors.</p> <p>Preceptors expect residents to take this objective to the next level and be able to discuss how to plan for and manage change. This is done in the context of the projects that the resident conducts during the rotation.</p> <p>Review financial, regulatory and compliance requirements of a contemporary health-system pharmacy including:</p> <ul style="list-style-type: none"> • Supply chain management issues, the role of group purchasing organizations and wholesalers, and the medication procurement process. • Implications of 340b pricing for the organization. • Monthly financial statements and benchmarking data. • Budgeting process including forecasting. • Review revenue cycle. • CMS and DNV requirements • Minimum standards for hospital pharmacies. • USP <797> and <800> 	<p>[Tab 3: Change management]</p> <p>Zellmer WA. Pharmacy's future: Transformation, diffusion and imagination. Am J Health-Syst Pharm. 2010;67:1199-204.</p> <p>PPMI and PAI (Practice Advancement Initiatives) Zellmer WA, Cobaugh DJ, Chen D. Three signals from the Pharmacy Practice Model Summit. Am J Health-Syst Pharm. 2011;68:e42-e43. [editorial] Executive Summary: Goals and Objectives of the Pharmacy Practice Model Initiative (PPMI). Am J Health Syst Pharm. 68:e44-e49.</p> <p>Kotter JP. Accelerate! Harvard Business Review, November 2012.</p> <p>Kotter JP, Schlesinger LA. Choosing Strategies for Change. Harvard Business Review. July-August 2008.</p> <p>Kotter JP. Leading Change: Why Transformation Efforts Fail. Harvard Business Review. January 2007.</p> <p>Reich L, Topjian T. Managing Change: 5 ways to build engagement. Hardwired Results: Issue 21. Studergroup.com.</p>	I, M, C, F

		<p>[Tab 4: Financial management]</p> <p>Rough SS, McDaniel M, Rinehart JR. Effective use of workload and productive monitoring tools in health system pharmacy, part 1. Am J Health-Syst Pharm. 2010;67:300-11.</p> <p>Rough SS, McDaniel M, Rinehart JR. Effective use of workload and productive monitoring tools in health system pharmacy, part 2. Am J Health-Syst Pharm. 2010;67:380-8.</p> <p>Slide sets: Choudhary KJ. Pharmacy Supply Chain, Purchasing and Drug Forecasting. Choudhary KJ. Benchmarking and Productivity Monitoring.</p> <p>340b Drug Pricing summary sheet.</p> <p>Projecting future drug expenditures. AJHP. (Published yearly—please read current version) Schumock GT, Li EC, Wiest MD, et al. National trends in prescrip^tin drug expenditures and projections for 2017. Am J Health-Syst Pharm. 2017;74:e339-59.</p> <p>Wilson AL. Financial Management for Health System Pharmacists. Bethesda MD: American Society of Health-System Pharmacists. 2009. Chapter 4. Forecasting drug expenditures.</p> <p>[Tab 5: Regulatory Compliance]</p> <p>CMS Conditions of Participation section 482.23 and 482.25 with interpretive guidelines.</p> <p>Review UUHC Guidance Documents: Sterile Compounding Compliance Policy Environmental Requirements Cleaning and Maintenance Requirements</p>	
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		<p>Abbreviations, Definitions, and Vendor List USP<797> Pharmaceutical Compounding—Sterile Preparations.</p> <p>(optional)Joint Commission on Accreditation. Hospital Accreditation Standards. Medication management and NSPG goals.</p>	
<p>R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system</p>	<p>Review and discuss the department organizational structure and strategic plan.</p> <p>Discuss why pharmacy is so critical to the organization’s success both operationally and clinically.</p>	<p>[Tab 6: Strategic Direction] Review department organizational chart and strategic plan.</p> <p>ASHP Foundation. Pharmacy Forecast (current version) Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems. Zellmer WA (ed). Pharmacy Forecast 2017: Strategic planning advice for pharmacy departments in hospitals and health systems. Am J Health-Syst Pharm. 2016; 73:e617-43. (with editorial Allen SJ. ASHP Research and Education Foundation’s Pharmacy Forecast: An essential resource for pharmacy practice. Am J Health-Syst Pharm 2016. 73:e615.)</p> <p>Boyd AM, Clark JS, Kent SS. Strategic thinking in pharmacy. Am J Health-Syst Pharm.2017;74:1103-8.</p> <p>Almeter PJ, Johnson GL, Schwieterman PA, et al. Ambulatory care pharmacy: Realizing the potential for patient access and operational excellence. Am J Health-Syst Pharm. 2017;74:103-19.</p> <p>Shane RR. Translating health care imperatives and evidence into practice: The “Institute of Pharmacy” report. Am J Health-Syst Pharm. 2012;69:1373.83.</p>	<p>I, M, C, F</p>

		<p>Vermeulen LC, Rough SS, Thielke TS, et al. Strategic approach for improving the medication-use process in health systems: The high performance pharmacy practice framework. Am J Health-Syst Pharm. 2007;64::1699-710.</p> <p>Zilz DA, Woodward BW, Thielke TS, et al. Leadership skills for high-performance pharmacy practice. Am J Health-Syst Pharm. 2004;61:2562-74.</p> <p>ASHP Foundation. Pharmacy Forecast (current version) Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems.</p>	
R3.2.3 (Applying) Contribute to departmental management	<p>Attend management meetings and department division meetings. Actively participate as appropriate. Identify good meeting facilitation practices.</p> <p>Lead a journal club on a management article for a department meeting.</p>		I, M, C, F
R3.2.4 Manages one's own practice effectively	Evaluated on other rotations.		

Teaching Methods include: I=direct instruction, M=modeling, C=coaching, and F=facilitation