



DIY Learning
Experience
Descriptions:
Flip NOT Flop

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May 9, 2019



Conflicts

- None



Objectives for Pharmacists

- Summarize the elements of an optimal learning experience description as required by the residency accreditation standards
- Differentiate competency areas, goals, and objectives, and cognitive levels of Bloom's taxonomy
- Compare and contrast methods to correlate objectives with appropriate learning activities



Outline

- Accreditation Standard
 - Components of learning experience descriptions
- Competency areas, goals, and objectives
 - Criteria
- Bloom's Taxonomy
- How to align learning activities to objectives
- Group activity/ Report out
- Key takeaways





Question: Who is in the audience?

- A Residency program director
- B Preceptor
- C Resident
- D Other



Question: With what types of programs are you affiliated?

- A PGY1
- B PGY2
- C Both
- D School of pharmacy





True/False Question

The element of the accreditation standards that require preceptors to develop learning experience descriptions is a critical factor.

- True
- False



Question: What percentage of programs receive findings of partial compliance related to learning experience descriptions/ activities?

- A $\leq 25\%$
- B 26-50%
- C 51-75%
- D $\geq 76\%$



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PGY1 Pharmacy and Managed Care and PGY2 Accreditation Standards

3.3.c Learning experience descriptions must be documented and include:

- a general description, including the practice area and the roles of pharmacists in the practice area;
- expectations of residents;
- **educational goals and objectives** assigned to the learning experience; **
- **for each objective, a list of learning activities that will facilitate its achievement;** and, **
- a description of evaluations that must be completed by preceptors and residents.

** Critical factors

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-accreditation-standard-2016.ashx?la=en>



PGY1 Community-Based Pharmacy Accreditation Standard

3.3.e.1 Learning experience descriptions are documented and include:

**

- a general description, including the practice area and the roles of pharmacists in the practice area;
- expectations of residents;
- educational goals and objectives assigned to the learning experience;
- for each objective, a list of learning activities that will facilitate its achievement; and,
- a description of evaluations that must be completed by preceptors and residents.

** Critical factor

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-accreditation-standard-2016.ashx?la=en>



Residency Accreditation Standard

- Preceptors must orient residents to their learning experience using the learning experience description.
- During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.
- Residents progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care



Learning Experience Descriptions

- Developed for ALL experiences
 - Orientation
 - Required and elective rotations
 - Longitudinal
 - Service
 - Project
 - Concentrated
 - Presentations
 - Teaching certificate
 - Medication-use evaluation (MUE)



Learning Experience Descriptions

- Describe how residents progress
- Expectations for their skill development over time
- Differentiation for learning experiences that are repeated
 - Medicine 1 vs. Medicine 2
- Different for PGY1s and PGY2s



Components of learning experience descriptions

- General Description
 - Required or elective
 - Practice area
 - Role of pharmacists in the area
 - Preceptor/ contact info
- Expectations of residents including progression of skill development
- Assigned goals and objectives
- List of activities that will facilitate achievement of each objective (“learning activity”)
- Required evaluations that will be completed by residents and preceptors



Additional components of learning experience descriptions

- Core Content
 - Topics/ disease states likely to encounter
 - Required meetings
 - Required readings/ resources



Lessons from the “road”

- Successfully flipped learning experience descriptions are NOT:
 - Only available for required rotations
 - Required readings and meetings only
 - Reworded objectives or criteria disguised as learning activities
 - Learning activities matched to more than 1 objective



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Criteria

- Included for required and elective objectives all programs*
- Specific qualitative comments that describe competent performance
- Allows preceptors and residents to identify specific areas of successful skill development or needed improvement in residents' work
- Are not learning activities!

* With updated goals and objectives



Example: Objective vs. Criteria

Objective R1.1.7 (Applying): Document direct patient care activities appropriately in the medical record or where appropriate

Criteria:

- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful.
- Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.



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Question: What is the highest cognitive level in Bloom's Taxonomy?

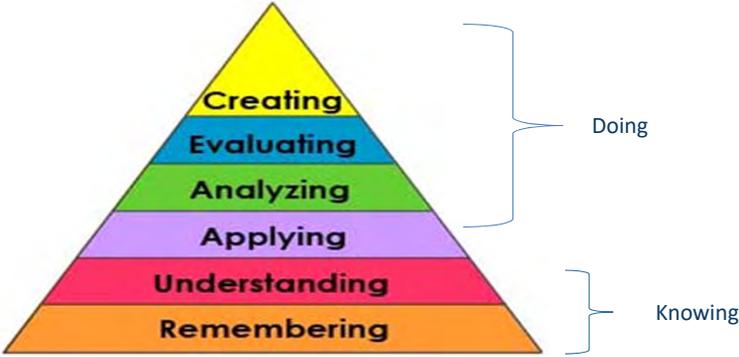
- A** Understanding
- B** Creating
- C** Analyzing
- D** Evaluating



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Review of Bloom's Taxonomy



Creating
Evaluating
Analyzing
Applying
Understanding
Remembering

Doing

Knowing

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HEALTH SYSTEM



Remembering

- “Pharmacists remember ideas or material. They can recall or recognize the ideas or material, but they cannot necessarily put a memorized definition into their own words.”
- Recall of relatively basic information
- Example: List toxicities of available antifungals



Understanding

- “Pharmacists grasp the meaning and intent of the material. They can restate what they have learned in their own words and describe the importance of the new material as well as its relationship to related material or ideas.”
- More sophisticated than remembering
- Example: Summarize the most common toxicities of available antifungals



Applying

- Pharmacists use a method that they comprehend to solve a new problem.
- Can perform the activity described, but not yet “creative” at it
- Good at selecting the right approach and following it through.
- Can “do” the routine
- Example: Predict the most likely toxicities of antifungal use in a particular patient



Analyzing

- Break down material into its constituent parts to determine its parts, the relationships among the parts, or the principles that organize it. Pharmacists use analysis primarily to distinguish relevant from irrelevant material.
- Example: Distinguish antifungal toxicities from other disease in a particular patient



Evaluating

- Pharmacists can judge the worth of their own and of peers' work according to objective criteria.
- Example: Critique the design of an antifungal regimen

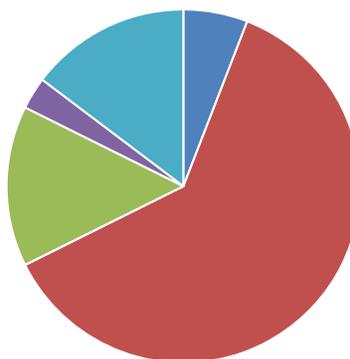


Creating

- Making something new
- When confronted with a complex problem, they can devise solutions that are beyond the standard list of what to do
- Example: Design an antifungal treatment regimen for a particular patient that minimizes toxicities



Breakdown of Bloom's Taxonomy: PGY1 Pharmacy



■ Understanding ■ Applying ■ Analyzing ■ Evaluating ■ Creating



Cognitive level and activity “verb”

Cognitive level	Possible “actions”
Remembering	Count, Define, Describe, Draw, Find, Identify, Label, List, Match, Name, Quote, Recall, Recite, Sequence, Tell, Write
Understanding	Conclude, Demonstrate, Discuss, Explain, Generalize, Identify, Illustrate, Interpret, Paraphrase, Predict, Report, Restate, Review, Summarize, Tell
Applying	Change, Choose, Compute, Dramatize, Interview, Prepare, Produce, Role-play, Select, Show, Transfer, Use
Analyzing	Characterize, Classify, Compare, Contrast, Debate, Deduce, Diagram, Differentiate, Discriminate, Distinguish, Examine, Outline, Relate, Research, Separate
Evaluating	Appraise, Argue, Assess, Choose, Conclude, Critic, Decide, Evaluate, Judge, Justify, Predict, Prioritize, Prove, Rank, Rate, Select
Creating	Compose, Construct, Create, Design, Develop, Integrate, Invent, Make, Organize, Perform, Plan, Produce, Propose, Rewrite



<http://www.personal.psu.edu/staff/b/x/bxb11/Objectives/ActionVerbsforObjectives.pdf>




Let’s Review: Objectives and Bloom’s Taxonomy



Question: Which level of Bloom's Taxonomy is:
R1.1.2: Interact effectively with patients, family members, and caregivers

- A** Understanding
- B** Analyzing
- C** Applying
- D** Creating



Question: Which level of Bloom's Taxonomy is:
R2.2.2: Develop a plan to improve patient care and/or the medication use system

- A** Understanding
- B** Analyzing
- C** Applying
- D** Creating



Question: Which level of Bloom's Taxonomy is:
R3.2.1: Explain factors that influence departmental planning

- A** Understanding
- B** Analyzing
- C** Applying
- D** Creating



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Learning Activities

- Discrete actions
- Specific to objective
- NOT criteria
- Matched to only one objective
 - Objectives can have multiple learning activities
 - BUT learning activities cannot match to multiple objectives



To match learning activities to objectives

Answer the following:

- What is the cognitive level of the objective?
- What verbs match the cognitive level?
- What do you expect the resident to do?



Let's Review



Question: Which learning activity fits best?

Objective R4.1.1: (Applying) Design effective educational activities

- A** When speaking to team members, maintain eye contact and use language/terminology appropriate for the audience
- B** Complete medication histories for all assigned patients
- C** Prepare a 15-20 minute in-service to the patient care team that includes references to treatment guidelines, primary literature, and/or best practices



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Let's Practice



Group activity: Create learning activities

- R1.1.8 (Applying): Demonstrate responsibility to patients
- R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication use system
- R3.2.1: (Understanding) Explain factors that influence departmental planning



Group Report Out



Tools for matching learning activities to objectives

- Review competency areas, goals and objectives and Bloom's taxonomy
- Ensure correct assignment of goals and objectives to learning experience
- Ensure activities are at the correct cognitive level and reflect what the resident is expected to do



Additional tools for LED development

- Select/ create template for ALL learning experiences
- Prepare one rotation example and share
- Optimize through group evaluation/ discussion
- Institute QA process and strategy for routine re-evaluation





Additional Resources

- ASHP tools
 - [Learning activity examples](#)
 - [Understanding taxonomies and levels](#)



Self-Assessment Question 1

- What are the required elements of all learning experience descriptions?



Self-Assessment Question 2

- What tools can help ensure learning activities match objectives?



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Key Takeaways

- Key Takeaway #1
 - Learning experience descriptions are required by the accreditation standard and select elements are critical factors
- Key Takeaway #2
 - Effective learning activities and compliant learning experience descriptions improve preceptor and resident understanding of expectations
- Key Takeaway #3
 - Learning activities should match the appropriate cognitive level of the objective and are not the objective restated or criteria



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References

1. ASHP. ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residency-accreditation-standard-2016.ashx>
2. American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association (APhA). Accreditation standard for postgraduate year one (PGY1) community-based pharmacy residency programs. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-community-based-pharmacy-2017.ashx?la=en&hash=C128D3594496763CCB5DDF26E95912AAFOF41AE8> (Accessed April 2, 2019).



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3. American Society of Health-System Pharmacists and the Academy of Managed Care Pharmacy. ASHP accreditation standard for postgraduate year one (pgy1) managed care pharmacy residency programs. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-newly-approved-managed-care-pharmacy-2016.ashx?la=en&hash=36D669A49E0F081A058B521EAA8D6A3893B13B77>
4. ASHP. ASHP accreditation standard for postgraduate year two (pgy2) pharmacy residency programs. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-residency-accreditation-standard-June2017.ashx?la=en&hash=6AB9A9CCAC47929779FB5B9240D4490B2250FCD6>

Preceptor: XXXX, Pharm.D., Clinical Pharmacy Specialist, Internal Medicine
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General Description

Internal Medicine (IM) is a required, four week learning experience at Patients Come First Hospital. There are 200 IM beds in the hospital, housed on 4 different units. There are two IM teaching teams. Each of the teaching teams includes an attending physician, a PGY2 or PGY3 medical resident, a primary care nurse and a clinical pharmacy specialist. Pharmacy residents and other health professionals in training also participate when assigned to IM teaching teams. Typically the IM team will be responsible for the care of approximately 20 patients.

The clinical pharmacy specialist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team. Routine responsibilities include: reconciling medications for all patients admitted to the team, addressing formal consults for non-formulary drug requests, therapeutic drug monitoring, and anticoagulation. The pharmacist will also provide drug information and education to healthcare professionals as well and patients and caregivers.

Disease States

Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common diseases including, but not limited to:

- Cardiovascular disorders
 - Hypertension, heart failure, stroke, hyperlipidemia
- Renal disorders
 - Acute renal failure, end-stage renal disease, glomerulonephrosis
- Respiratory disorders
 - COPD, asthma
- Gastrointestinal disorders
 - GERD, PUD, pancreatitis, hepatitis
- Endocrinologic disorders
 - Diabetes Mellitus, thyroid disorders, osteoporosis
- Infectious diseases
 - UTI, pneumonia, endocarditis, sepsis, skin and soft tissue infections, bone and joint infections

Topic discussions and reading key articles will be used to help develop the resident's patient care skills for common disease states or acquiring knowledge about diseases seen infrequently on the service.

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume responsibility for all of the patients within the assigned unit. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

Goals and objectives to be taught and formally evaluated:

Goals and Objectives		Activities
Competency Area R1	Patient Care	
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.	
Objective R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	Participate in daily rounds with assigned internal medicine team. Be prepared to provide recommendations on assigned patients and answer drug information questions in a timely manner.
Objective R1.1.3:	(Analyzing) Collect information on which to base safe and effective medication therapy.	Collect pertinent information for each assigned patient from medical record, patient's nurse, and patient (as applicable) every morning for assigned patients and record pertinent data on a patient monitoring form.
Objective R1.1.4:	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	Identify any issues with medication therapy and be prepared to discuss problems identified with preceptor prior to 10am patient rounds.
Objective R1.1.5	(Creating) Design or re-design safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	For all patients with pharmacy consults for dosing, assess whether changes are needed in the medication dosing regimen or levels need to be ordered. For other patients, be prepared to discuss recommendations for addressing problems with preceptor prior to morning rounds with team.
Objective R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	Discuss recommendations with internal medicine team after getting approval from preceptor. Follow-up after rounds to ensure any

		agreed upon changes have been implemented. Identify patients started on warfarin, one of the novel oral anticoagulants, or enoxaparin within the last 24 hours. Provide patient education if the plan is to discharge the patient on one of these medications.
Objective R1.1.8	(Applying) Demonstrate responsibility to patients.	For patients on novel oral anticoagulants, ensure patient's insurance provides coverage prior to patient's discharge. If not, discuss financial impact with patient and provider and recommend appropriate alternatives which are covered by the patient's insurance plan. For all patients, ensure all identified medication-related issues are resolved by the end of the day. If cannot be resolved, ensure that any outstanding issues are communicated to evening pharmacy prior to leaving for the day.

Preceptor Interaction

Daily: 8:30 - 9:30 Pre-rounds with resident
1:00 – 2:00 Preceptor available in office for topic discussions, reviewing progress notes, patient updates, etc.

Communication:

- A. Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
- B. 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.
- C. Office extension: Appropriate for urgent questions pertaining to patient care.
- D. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care
- E. Personal phone number: Provided to resident at time of learning experience for emergency issues.

Expected progression of resident responsibility on this learning experience:

(Length of time preceptor spends in each of the phases will be personalized based upon resident's abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident.

Week 1: Resident to work up approximately 1/3 of the team's patients and present to preceptor daily. Preceptor to attend and participate in team rounds with resident, modeling pharmacist's role on the health care team.

Week 2: Resident to work up approximately half of the team's patients and discuss problems with preceptor daily. Preceptor to attend team rounds with resident, coaching the resident to take on more responsibilities as the pharmacist on the team.

Weeks 3-6: Each week the resident is expected to take over the responsibility of working up more of the team's patients, continuing to discuss identified problems with preceptor daily. Once the resident is able to take responsibility for all patients assigned to the team, the preceptor will no longer attend team rounds, but will continue to facilitate the resident as the pharmacist on the team.

Evaluation

PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience.

What	Who	When
Summative	Preceptor	End of week 6
Preceptor/Learning Experience Evaluation	Resident	End of week 6

Example Activities for the 2014 Competencies, Goals, and Objectives

The example activities below are intended as a guide to help preceptors generate ideas for activities. Activities for each objective must reflect activities that residents will be performing.

Competency Area R1: Patient Care		
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.		
Objective Number	Objective	Example Activities
1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	<ul style="list-style-type: none"> • While on rounds, be prepared to identify medication-related problems and make evidence-based recommendations for solutions to the team. • Participate in daily rounds with assigned team and provide recommendations on assigned patients and answer drug information questions in a timely manner. • Work with physicians and nurses to resolve issues found when reconciling patients' medications prescribed on admission with medications taken as outpatient. Contact prescribing physician to resolve issues found when verifying medication orders. • Work with nurses and other health care providers to resolve missing doses and other medication distribution issues brought to your attention while staffing.
1.1.2	(Applying) Interact effectively with patients, family members, and caregivers.	<ul style="list-style-type: none"> • Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling. • Provide medication education to patients, their families, and/or care-givers for all patients on assigned floor to be discharged on anticoagulants. • Perform any needed discharge counseling for patients, their families, and/or care-givers as part of medication reconciliation duties for patients on assigned floors. • Perform medication histories on assigned patients.
1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy	<ul style="list-style-type: none"> • Collect pertinent information on each assigned patient from medical record, patient's nurse, and patient (as applicable) every morning prior to rounds and record pertinent data on a patient monitoring form. • Review INR's, medical record, and interview patients before altering warfarin therapy • Perform a medication history, review medical record, and contact patient's pharmacy or prescribing physician as needed when performing medication reconciliation. Record discrepancies found and recommendations on medication reconciliation form. • Conduct a medication profile review daily on assigned patients, including a review of medical record and patient

		<p>interview as needed.</p> <ul style="list-style-type: none"> • Gather all pertinent patient-specific information in an organized manner and be prepared to discuss recommendations with preceptor and interdisciplinary team during rounds and daily preceptor meetings. • When verifying orders, review patient's profile, medical record (as needed), and interview patient, if necessary, to help assess potentially problematic medication orders.
1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	<ul style="list-style-type: none"> • Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor by assigned time daily. • Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed. • Analyze assigned patient-specific profiles, medication administration records, and pertinent clinical data / documentation records on a daily basis. • Actively question orders in real time to determine the appropriateness of drug orders (<i>e. g.</i>, indication, dose, route, frequency, rate of administration, drug interactions, compliance, cost, <i>etc.</i>)
1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<ul style="list-style-type: none"> • Start patient on a dosing regimen designed to achieve target levels. Determine when levels or other appropriate labs need to be ordered and collect other information from medical record, as applicable, to assess response to therapy and monitor for adverse reactions. Revise regimen as necessary. • Be prepared to discuss recommendations for addressing medication therapy issues with preceptor prior to rounds with the interdisciplinary team. • Start clinic patient on a dosing regimen designed to achieve target levels or make changes to current regimen as necessary. Communicate plan with patient and schedule follow-up visit. 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. • Contact prescribing/primary physician with recommended changes to medications or monitoring plans if determine changes are needed based on clinical informatics alerts.
1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	<ul style="list-style-type: none"> • 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. • Discuss recommendations for addressing medication therapy issues with interdisciplinary team on rounds. After rounds, ensure agreed upon medication changes have been ordered and verified.
1.1.7	(Applying) Document direct	<ul style="list-style-type: none"> • For pharmacy consults, write an initial consult note and then

	patient care activities appropriately in the medical record or where appropriate.	<p>a follow-up note whenever drug level results are reported by the lab or the regimen is changed. Document in the medical record, at minimum, every 3 days even thereafter. Enter all orders into the informatics system as “per protocol”.</p> <ul style="list-style-type: none"> • Document a patient care note in the medical record every time a patient is seen by you in clinic. • Document any identified adverse drug events into the system’s incident reporting system.
1.1.8	(Applying) Demonstrate responsibility to patients.	<ul style="list-style-type: none"> • Prioritize patient problems. Work to resolve all existing or potential medication therapy issues before leaving for the day. • Communicate any medication therapy issues not resolved by the end of the day to the appropriate evening shift pharmacist. • Ensure patients have information and/or access to resources to obtain prescribed medication therapy.
Goal R1.2: Ensure continuity of care during patient transitions between care settings.		
Objective Number	Objective	Example Activities
1.2.1	(Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> • Complete admission medication reconciliation for all assigned patients daily. • Complete discharge medication reconciliation and medication education for all assigned patients daily. • When patients are transferred from critical care to a medical/surgical unit, communicate any necessary information to the pharmacist assigned to the medical/surgical unit. • For patients going home on parenteral nutrition support, communicate nutrition support regimen and other pertinent information to the home health care company who will be assuming responsibility for parenteral nutrition support. • When patients on anticoagulation discharged from hospital are to be followed by ambulatory anticoagulation clinic, provide inpatient monitoring form to clinic.
Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.		
Objective Number	Objective	Example Activities
1.3.1	(Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.	<ul style="list-style-type: none"> • Perform order verification, check IV solutions prepared by technicians, and check other patient-specific medications prior to dispensing. • Serve as the 1st or 2nd pharmacist verification for chemotherapy orders. • Compound extemporaneous oral and topical products as needed. • In the case where “patient’s own drug” is prescribed, verify identity of medication and document identification in medical record prior to dispensing.

1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.	<ul style="list-style-type: none"> Review non-formulary drug requests to determine if meet criteria for approval. When a non-formulary or “patient’s own drug” is prescribed, ensure bar-coding of the medication is completed before dispensing. Recommend formulary therapeutic alternatives for non-formulary medications, as appropriate.
1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	<ul style="list-style-type: none"> Work with other pharmacists on shift to check all products prepared by technicians Ensure a copy of the patient’s consent is documented in the medical records and dispense a medical information sheet with the initial dose for any investigational medications dispensed.
Competency Area R2: Advancing Practice and Improving Patient Care		
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.		
Objective Number	Objective	Example Activities
2.1.1	(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	<ul style="list-style-type: none"> Prepare assigned drug class review/monograph for presentation at the Pharmacy and Therapeutics Committee Revise assigned treatment guideline for consideration by appropriate stakeholders.
2.1.2	(Applying) Participate in a medication-use evaluation.	<ul style="list-style-type: none"> Perform a medication use evaluation (MUE) of select medication or medication class based upon identified formulary opportunities or challenges. Participate in a medication-use evaluation by developing criteria for use, participating in data collection, and/or analyzing data.
2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.	<ul style="list-style-type: none"> Compare assigned aspect of the hospital’s medication-use system to best practice utilizing ASHP best practice documents or other sources (e.g., ISMP, ASPEN, NCCN). Identify opportunities for improvement, and discuss with preceptor Review the Institute of Safe Medication Practices (ISMP) publication of safety reports to identify potential weaknesses in organization’s medication use process and provide report on potential recommendations to the Medication Safety Committee. Identify 3 opportunities for improvement of the medication-use system during rotation and provide recommendations for potential changes at weekly pharmacy operations meeting.

2.1.4	(Applying) Participate in adverse drug event reporting and monitoring.	<ul style="list-style-type: none"> • Prepare and deliver summary of incident reports involving medication errors at the monthly Medication Safety Committee meeting. • Review medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management. • Aggregate adverse drug reaction data for previous year/quarter and evaluate trends. • Participate in the monthly analysis of adverse drug events via membership and active participation in the medication safety committee.
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.		
Objective Number	Objective	Example Activities
2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	<ul style="list-style-type: none"> • Determine if a potential project topic is of significance to the practice setting and related to best practices.
2.2.2	(Creating) Develop a plan to improve the patient care and/or medication-use system.	<ul style="list-style-type: none"> • Develop project proposal and seeking necessary approvals (e.g. IRB, Pharmacy and Therapeutics Committee)
2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.	<ul style="list-style-type: none"> • Collect data for project. Implement any changes proposed/pilot projects, after gathering necessary approvals. [project]
2.2.4	(Evaluating) Assess changes made to improve patient care or the medication-use system.	<ul style="list-style-type: none"> • Analyze data and assess impact of project.
2.2.5	(Creating) Effectively develop and present, orally and in writing, a final project report.	<ul style="list-style-type: none"> • Present project within organization and/or to external audiences • Write a report of the project using an accepted manuscript style suitable for publication in the professional literature.
Competency Area R3: Leadership and Management		
Goal R3.1: Demonstrate leadership skills.		
Objective Number	Objective	Example Activities
3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> • Create agenda and lead assigned meeting, • Develop relationships with physicians, nurses, co-workers, and students you interact with during the learning experience.
3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> • Complete a summative evaluation by the end of the learning experience or by the date specified by preceptor using summative self-assessment form in PharmAcademic. • Complete a self-assessment of strengths and opportunities for improvement by assigned date using specified formative evaluation format.

Goal R3.2: Demonstrate management skills.		
Objective Number	Objective	Example Activities
3.2.1	(Understanding) Explain factors that influence departmental planning.	<ul style="list-style-type: none"> Participate in monthly discussions with pharmacy director on assigned topics including basic principles of management; financial management of a pharmacy; accreditation, legal, regulatory, and safety requirements applicable to the site; facilities design; culture of the organization; the organization's political and decision-making structure; and the strategic planning process. Complete required readings prior to assigned topic discussions.
3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	<ul style="list-style-type: none"> Participate in monthly discussions with pharmacy director on assigned topics which include topics such as governance of the healthcare system and leadership roles; quality metrics; changes to laws and regulations as related to medication use; and keeping current on trends in pharmacy and healthcare. Complete required readings prior to assigned topic discussions.
3.2.3	(Applying) Contribute to departmental management.	<ul style="list-style-type: none"> Serve as a pharmacy department representative/member for the _____ committee during residency year. Participate in the department's strategic planning meetings as assigned. Participate in the weekly pharmacy management meetings for assigned period.
3.2.4	(Applying) Manages one's own practice effectively.	<ul style="list-style-type: none"> Correctly prioritize patients / activities within the structure of the day and; complete consults/projects in a timely manner; meet deadlines.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge		
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).		
Objective Number	Objective	Example Activities
4.1.1	(Applying) Design effective educational activities.	<ul style="list-style-type: none"> Design a smoking cessation education program for patients on your unit. Prepare an evidence-based inservice on assigned topic for pharmacy staff and then re-design inservice on same topic for nursing staff. Prepare an evidence-based grand rounds presentation for house staff.
4.1.2	(Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> Conduct medication education for patients on assigned patient care units. As part of teaching certificate program, give lectures to assigned topics to Pharm.D. candidates. Provide an inservice to nurses on assigned topic. Present at grand rounds to house staff. Lead a journal club discussion. Provide a talk on pharmacy to high school students. Present at assigned Pharmacy and Therapeutic Committee meetings.

4.1.3	(Applying) Use effective written communication to disseminate knowledge.	<ul style="list-style-type: none"> • Write a newsletter article for the pharmacy department or health-system newsletter. • Prepare a formulary monograph. • Prepare a written summary of assigned journal club. • Prepare a written response to a drug information question.
4.1.4	(Applying) Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> • Lead topic discussions with students and verbally assess their understanding of assigned topics. • Write test questions as part of participation in a teaching certificate • Develop an assessment form to gather feedback for a presentation you will be giving. • Review feedback and self-reflect on performance for areas of improvement.
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.		
Objective Number	Objective	Example Activities
4.2.1	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	<ul style="list-style-type: none"> • Differentiate the pharmacy learner's level of knowledge and the level of preceptorship needed.
4.2.2	(Applying) Effectively employ preceptor roles, as appropriate.	<ul style="list-style-type: none"> • Based on your analysis, implement the appropriate preceptor role for a variety of pharmacy learners on rotation.