Pharmacy Leadership and Administration Learning Activities:
Preceptors: Jordan Dow, PharmD MS FACHE; Kent Gierhart, RPh MBA; Michele Richmond, RPh
Location: Mayo Clinic Health System-Eau Claire Hospital Pharmacy, Wishart Building, Luther Campus
Hours: Variable
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1. **General description**
   The Pharmacy Leadership and Administration Learning Experience is a yearlong, required longitudinal learning experience with the directors of pharmacy services and various managers and supervisors at Mayo Clinic Health System.

   Mayo Clinic Health System-Eau Claire Hospital (ECH) pharmacy serves one main and four smaller regional hospitals, and has four centers of excellence: cardiology, nephrology, neurology and orthopedics. Usual census averages approximately 140 patients per day and the pharmacy processes approximately 4,600 pharmacy orders per day. Pharmacists at Mayo Clinic Health System-Eau Claire Hospital are primarily decentralized and practice with other health care practitioners to provide direct patient care.

   Mayo Clinic Health System-Pharmacy & Home Medical (P&HM) has one community based retail pharmacy, three clinic-based ambulatory care pharmacies, and one long term care pharmacy practice in the Chippewa Valley. These pharmacies serve more than 10,000 patients in ambulatory care, community based residential facilities, and long term care facilities on a monthly basis.

   Residents will participate in general and pharmacy-specific leadership activities. The resident will gain knowledge and experience related to the general leadership topics of: healthcare reform, strategic planning, human resources management, process improvement, time management, emotional intelligence, and change management. The resident will gain knowledge, skills and abilities related to the pharmacy specific leadership activities of: medication safety, clinical management, The Joint Commission and other regulatory bodies, retail pharmacy management, pharmacy informatics, business plan development, managed care and specialty pharmacies, drug shortages, contracting and group purchasing organizations, and financial management.

   The learning experience activities will be accomplished through a blend of participation in regular topic discussions, attendance at meetings, and focused projects.

2. **Expectations of residents**
   - Attend hospital pharmacy Leadership meetings when on campus; minimum attendance is once monthly
   - Attend leadership meetings as assigned, and prepare meeting agendas and minutes
   - Prepare, Medication Incident Report summaries and recommendations for improvement for Pharmacy and Therapeutics Committee meetings
   - Lead Journal Club
   - Perform Medication Use Evaluations
   - Perform inventory management activities
   - Perform personnel management activities
   - Participate in staff development and competency
   - Participate in regular leadership topic discussions
   - Review and discuss assigned leadership books and articles
3. Suggested Reading:
   - ASHP: Pharmacy Forecast 2015-2019

4. Preceptor Interaction

   **Orientation:**
   Resident to meet with pharmacy directors, supervisor and manager at selected times throughout the first three weeks at the start of the leadership rotation. Times will be selected by the directors and supervisors and scheduled with the residents directly. This concentrated time will be used to evaluate the residents practice interests and to assign tasks that best reflect the leadership tasks that fit the residents’ interests, the needs of the department and the residents’ customized training plan. Scheduling for the launch of this experience will be facilitated by the program director.

   **Weekly:**
   Meet with pharmacy directors, managers and /or supervisors to review progress towards mini project, agendas or reports.

   **Monthly:**
   Attend assigned leadership meetings and prepare assignments for directors.

   **Month 1:**
   Orientation to learning experience tasks
   Arrange necessary meeting invites in Outlook.
   Review agendas and prepare preliminary minutes for review.

   **Month 2:**
   Prepare meeting reports, agendas and minutes for review by directors.
   Begin evaluation of contracts, services, technology and mini projects.

   **Month 3-12:**
   Independently prepare reports, agendas and minutes for meetings.
   Continue working with pharmacy directors on projects assigned by them.
   Schedule meetings and communicate regularly with key stakeholders, and complete reports and projects independently.

   (The length of time the preceptor spends in each of the phases of learning will depend BOTH on the resident’s progression in the current rotation and where the rotation occurs in the residency program)
## 5. Activities

<table>
<thead>
<tr>
<th>Competency Area R2</th>
<th>Advancing Practice and Improving Patient Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Goal R2.1</strong></td>
<td>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization</td>
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</tbody>
</table>
| Objective R2.1.1   | (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol. | • Discuss treatment guidelines through participation in rotational learning experience discussions.  
• Compose an SBAR, drug class review, drug monograph, treatment guideline or protocol. |
| Objective R2.1.2   | (Applying) Participate in a medication-use evaluation. | • Construct a medication use evaluation for at least one P & T committee meeting. |
| Objective R2.1.3   | (Analyzing) Identify opportunities for improvement of the medication-use system. | • Take part in continuous quality improvement projects throughout the residency year to improve the delivery, safety and security of medications in the health system.  
• Take part in selecting a residency research project for residency year and in the proposal of next year’s resident project. |
| Objective R2.1.4   | (Applying) Participate in medication event reporting and monitoring. | • Identify medication related adverse events that are appropriate for submission to FDA MedWatch Adverse Event reports  
• Make use of daily Admission Diagnosis looking for adverse drug reactions for hospitalized patients.  
• Utilize medication error reporting data to trend medication errors for P&T 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 R2.2.1   | (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems. | • Identify opportunities to improve pharmacy services through evaluation of sales analysis of outpatient pharmacy  
• Identify opportunities to provide comprehensive pharmacy services through participation in leadership meetings.  
• Identify opportunities to improve patient care/or the medication-use-system through participation in residency research project or quality improvement project. |
| Objective          | (Creating) Develop a plan to | • Plan a quality improvement process for customer |
| Objective | R2.2.2 | Improve the patient care and/or medication-use system. | Improve the patient care and/or medication-use system.  
- Plan a research project to improve patient care and/or the medication-use system. |
|-----------|--------|------------------------------------------------------|-----------------------------------------------------------------|
| Objective | R2.2.3 | (Applying) Implement changes to improve patient care and/or the medication-use system. | Develop recommendations to patient care or medication-use system through participation in research or quality improvement project.  
- Develop recommendations for patient care and/or medication-use system through participation in leadership meetings (MERT, P&T, etc.). |
| Objective | R2.2.4 | (Evaluating) Assess changes made to improve patient care or the medication-use system. | Evaluate changes made to patient care or medication-use system through participation in research or quality improvement project through final evaluation of results.  
- Recommend changes to patient care or medication-use system based on research project or quality improvement project results. |
| Objective | R2.2.5 | (Creating) Effectively develop and present, orally and in writing, a final project report. | Compose a final presentation of research project to be presented at a regional residency meeting and/or to a relevant health system committee (research steering committee, department staff meeting, residency preceptor meeting, etc.). |

**Competency Area R3**

**Goal R3.1** Demonstrate leadership skills.

Objective R3.1.1 (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

- Select leadership readings and monthly articles for review with department leadership.
- Organize training, staffing, discussion and event schedules to minimize training disruptions through communication with preceptors, supervisors and program director.
- Plan residency events through organization of recruitment supplies, expense submission and travel needs; and the use of trip request software.

Objective R3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.

- Choose appropriate project work and documents for formative assessments throughout the residency year.
- Build progressive performance improvement skills through participation in organizationally assigned classes (customer service, precepting, etc.)
- Identify areas of improvement through the use of residency evaluation processes (face-to-face and written feedback) and discussions with preceptors, program director and department directors.
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<tr>
<th>Goal R3.2</th>
<th>Demonstrate management skills.</th>
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| Objective R3.2.1 | (Understanding) Explain factors that influence departmental planning. | - Interpret Pharmacy scorecard for the hospital.  
- Demonstrate the ability to prepare meeting agendas & minutes for designated meetings throughout the residency year.  
- Interpret the pharmacy budgeting process, if indicated.  
- Interpret staffing models and scheduling processes to determine appropriate staffing needs for the department. |
| Objective R3.2.2 | (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system. | - Interpret the pharmacy departments’ relationship with the health system through attendance of Monday management meetings 8:30-9:30am while on hospital rotations.  
- Demonstrate the role of pharmacy in the management of medication use within the health system and the Mayo enterprise through participation in P&T and other management meetings. |
| Objective R3.2.3 | (Applying) Contribute to departmental management. | - Build personnel management skills through participation in department recruitment, hiring, firing, conflict resolution, productivity evaluation, compensation, peer evaluation, etc.  
- Utilize employee evaluation software to participate in employee peer reviews  
- Identify challenges with staff scheduling through discussion of pharmacist master scheduling activities |
| Objective R3.2.4 | (Applying) Manage one’s own practice effectively. | - Model behaviors consistent with leading health care teams in the role of a clinical pharmacist on the hospital floor or in the outpatient pharmacy.  
- Organize work schedule and other obligations in a way that demonstrates priority to training in the residency program. |

**Competency Area R4**

<table>
<thead>
<tr>
<th>Teaching, Education, and Dissemination of Knowledge</th>
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<tbody>
<tr>
<td>Goal R4.1</td>
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<tr>
<td>Objective R4.1.1</td>
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<tr>
<td>Objective</td>
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<td>R4.1.2</td>
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<tr>
<td>Objective R4.1.3</td>
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<td>Objective R4.1.4</td>
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**Competency Area E2**  
**Added Leadership and Practice Management Skills**

**Goal E2.1**  
**Apply leadership and practice management skills to contribute to management of pharmacy services.**

| Objective E2.1.1 | (Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and advance the profession and practice of pharmacy. | • Utilize the following reports for to prepare documents for P&T meetings: ADR, intervention, DUR, and incident review for hospitalized patients.  
• Identify a research project idea through participation in organizational meetings with mentors and directors that identifies potential advancement of pharmacy practice in the health system or profession. |
| Objective E2.1.2 | (Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service. | • Identify enhancements to existing residency program through participation in ongoing continuous quality improvement processes, attendance at monthly leadership meetings (i.e. P&T, MERT, etc.) and exit interview.  
• Select a research project or quality improvement project along with director to assist with development of new or enhancement of existing pharmacy service. |
| Objective E2.1.3 | (Applying) Contribute to the pharmacy procurement process. | • Identify resources to procure selected products for the pharmacy department through review of wholesaler contracts, preferred product reports and drug product shortage alerts. |
| Objective E2.1.4 | (Applying) Contribute to the financial management of the department. | • Choose selected inventory control methods, controlled substance audits, monthly audits, controlled substance reports, standardization processes, and procurement and management of drug shortage methods to determine best practices in managing the financial resources of the department.  
• Identify technology advancements and proposals for implementation in pharmacy practice, |
<table>
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<tr>
<th>Objective</th>
<th>E2.1.5</th>
<th>(Applying) Manage the use of investigational drug products (medications, devices, and biologicals).</th>
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<tbody>
<tr>
<td></td>
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<td>• Identify storage requirements, control and documentation needs for the use of investigational drug products in the department and within the health system.</td>
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<td>• Identify REMS requirements for investigational drug products, if necessary.</td>
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<td>• Apply processes for managing investigation drug products in the health system that are consistent with department and health system policies.</td>
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### Goal E2.2
**Contribute to the management and development of pharmacy staff.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>E2.2.1</th>
<th>(Applying) Contribute to recruitment for specified positions.</th>
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<tbody>
<tr>
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<td>• Identify students appropriate for recruitment for APPE rotations, residency positions, and staff pharmacist positions at residency recruitment events.</td>
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<td>• Interview prospective resident candidates and pharmacist candidates, if applicable.</td>
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<thead>
<tr>
<th>Objective</th>
<th>E2.2.2</th>
<th>(Applying) Contribute to orientation, staff development, and training activities for practice area personnel.</th>
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<tr>
<td></td>
<td></td>
<td>• Identify staff development desires (matching pharmacist and staff skills with desired professional goals and work environments, managing day-to-day issues relating to productivity, quality improvement, and drug distribution safety)</td>
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<td></td>
<td>• Construct a Journal Club experience for staff and/or students.</td>
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<td></td>
<td>• Identify top residency applicants for program through participation in selection for interview processes and onsite interviews.</td>
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<thead>
<tr>
<th>Objective</th>
<th>E2.2.3</th>
<th>(Understanding) Explain the components of an employee</th>
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<tr>
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<td></td>
<td>• Summarize the key components of and demonstrate the use of an employee performance</td>
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<tr>
<td>Objective</td>
<td>E2.2.4</td>
<td>(Understanding) Explain the principles and application of a progressive discipline process.</td>
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<tr>
<td>Goal E8.1</td>
<td>Design and deliver programs that contribute to public health efforts.</td>
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<tr>
<td>Objective</td>
<td>E8.1.1</td>
<td>(Creating) Design and deliver programs for health care consumers that center on disease prevention and wellness promotion.</td>
</tr>
<tr>
<td>Objective</td>
<td>E8.1.2</td>
<td>(Applying) Contributes to organizational procedures for emergency preparedness.</td>
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6. Evaluation Strategy

**Formative Evaluation**
PharmAcademic® will be used for documentation of formative evaluations (mid-rotation evaluations). Residents will perform a selected activity with the preceptor. Resident and preceptor will review the activity or document, and then complete the necessary steps to document the evaluation in PharmAcademic®. The formative evaluation activity or document for review will be selected on the basis of the learning experience’s objectives and the resident’s skill development needs.

Additional PharmAcademic® snapshots may be assigned throughout the residency year. The snapshots may include samples of documents prepared for a leadership meeting, Journal Club, project, or report completed by the resident. The formative evaluation activity or document for review will be selected on the basis of the learning experience’s objectives or activities, and the resident’s skill development needs.

**Summative Evaluation**
The summative evaluation will incorporate the residents’ self-evaluation and the preceptors’ evaluation of the learning experience. The preceptor(s) will utilize the summative evaluation chosen for the learning experience to document the results. The document will be completed every quarter and no later than the last day of the learning experience, unless another timeline is established by the preceptor and/or resident and agreed to by the program director. The preceptor will discuss the summative evaluation with the resident at the time of the evaluation. If more than one preceptor is assigned to the rotation, only one evaluation needs to be completed, incorporating input from other preceptor(s). If preceptors choose to complete an additional summative evaluation, this is also allowed if the preceptor discusses the results with the resident.

Standard definitions of progress related to evaluations help provide consistent feedback and documentation for the Mayo Clinic Health System Eau Claire residency program. The following definitions for Needs Improvement, Satisfactory Progress, and Achieved Expectations will be used by residents, preceptors and the program director(s).
**Needs Improvement (NI)**
Definition: The resident performance is at or below the level expected of a PharmD candidate (for a current PGY-1 resident) or at or below the level expected of a PGY-1 resident (for a current PGY-2 resident). NI may be appropriate for an experience new to the resident.

Potential criteria for evaluation:
- Promising start to a new experience for the resident where notable room for improvement is still needed
- Failure to complete assigned tasks to the satisfaction of preceptor(s)
- Display of little to no improvement in performance despite repeated communication and modeling by preceptor(s)
- Failure to demonstrate progressive independence with clinical activities by the end of the rotation

**Action:** The preceptor is required to provide specific comments within PharmAcademic® which outlines specific examples when NI was chosen for an individual goal/objective. Preceptors are encouraged to contact the RPD early in the rotation if any resident performance concerns are noted.

**Satisfactory Progress (SP)**
Definition: The resident performance is consistent with expectations for that particular time and point of residency training.

Potential criteria for evaluation:
- Displays improvement in the goal/objective from the start to the end of the rotation
- Performance is satisfactory to what a preceptor would expect of a PGY-1 or PGY-2 resident, respectively

**Action:** The preceptor is required to provide both positive and constructive feedback within PharmAcademic® related to individual goals/objectives to foster and promote the clinical and professional development of the resident.

**Achieved (ACH)**
Definition: The resident performance is at the graduate level of the respective program.

Potential criteria for evaluation:
- Under the auspices of preceptor facilitation, the resident is capable and/or displays the necessary skills for independent work
- Display of consistent mastery of the goal/objective from the start to the end of the rotation

**Action:** The preceptor must provide specific comment(s) and example(s) within PharmAcademic® to document AE.

**Achieved for Residency (ACHR)**
Documentation of a resident’s achievement of a goal/objective for the residency program will be the responsibility of the RPD at quarterly evaluations, or may be marked by preceptor(s) if noted in the customized training plan.
7. **Resident Evaluation of the Preceptor and Learning Experience:**
Residents will complete the preceptor evaluation document for this purpose no later than the last day of the learning experience, unless another timeline is agreed to with the preceptor and approved by the program director. Discussion of this form will be part of the summative evaluation debriefing session. Residents are responsible for forwarding the document to the preceptor on the day it is discussed.

<table>
<thead>
<tr>
<th>What</th>
<th>Snapshot</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Formative</td>
<td>Document prepared for a leadership meeting, Journal Club, project, or report</td>
<td>Preceptor and Resident</td>
<td>End of month 3</td>
</tr>
<tr>
<td>Formative</td>
<td>Document prepared for a leadership meeting, Journal Club, project, or report</td>
<td>Preceptor and Resident</td>
<td>End of month 6</td>
</tr>
<tr>
<td>Formative</td>
<td>Document prepared for a leadership meeting, Journal Club, project, or report</td>
<td>Preceptor and Resident</td>
<td>End of month 9</td>
</tr>
<tr>
<td>Summative</td>
<td>Preceptor/Learning Experience Evaluation</td>
<td>Preceptor and Resident</td>
<td>Quarterly and End of Learning Experience</td>
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<td></td>
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<td>Resident</td>
<td>End of Learning Experience</td>
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*I understand this and will comply with the above expectations: _______________________.*

*(Resident Signature)*

*Date: ______________.*