



## **Park Nicollet Medication Management**

PGY1 Residency affiliated with the  
University of Minnesota, College of Pharmacy  
Ambulatory Care Residency Program

### **Resident Learning System 2012-2013**

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## Meet the Preceptors

### Site Coordinator/Main Preceptor:

**Molly Ekstrand, R.Ph. AE-C CDE** has been a medication management pharmacist in Ambulatory Care since 2002, working in both Internal Medicine and Family Medicine. She has provided MTM services to employer groups at General Mills and in the community pharmacy setting as well. Starting several MTM practices, she has seen a great deal of evolution of the practice, writing and adopting collaborative practice agreements, coverage and reimbursement changes for MTM, and most recently the Accountable Care and Medical Home models. She came to Park Nicollet in 2011 to help begin the Medication Management program. Molly has been a leader in the advancement of pharmacy and MTM practice and has served with state and national professional organizations. She has been an APPE preceptor since 1999 and a residency preceptor since 2009. Her interests include medication adherence and The Medication Experience, motivational interviewing, and chronic disease management.

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### Additional Preceptors:

**Jenifer Morgan, Pharm.D.**, is a medication management pharmacist at Park Nicollet at the St. Louis Park Family Medicine and Senior Services clinics. She is also responsible for the collection of outcomes data for all MTM visits, as well as results from patient and provider surveys regarding the impact of MTM services within the Park Nicollet system. She graduated from the University of Minnesota College of Pharmacy in May 2010. After graduation, she completed a one-year residency at the Community-University Health Care Center, followed by a second year residency at Park Nicollet, where she is helping build the practice. Jenifer enjoys working collaboratively with patients and other health care providers to help patients achieve goals of therapy and improve health outcomes and quality of life.

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**Alison Knutson, Pharm.D.**, is a 2010 graduate of the University of Minnesota College of Pharmacy. After graduation, she participated in the University of Minnesota Pharmaceutical Care Leadership Residency. Her first year of residency was spent at Smiley's Clinic in Minneapolis. Now a medication management pharmacist at Park Nicollet Creekside Family Medicine Clinic, her clinic responsibilities include both teaching and patient care. As a family medicine residency training clinic, Dr. Knutson spends time with the medical residents to discuss complex issues in pharmacotherapy. She also provides medication management to complex patients within the clinic. Her goal is to optimize medication use through direct patient care and provider education in order to improve patient outcomes for all patients at Creekside and within Park Nicollet.

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**Anne Marie Schullo-Feulner, Pharm.D., BCPS, Hospital and Care Transitions Primary Preceptor**, graduated from the U of M in 2001 with a Pharm.D., completed a residency at the Minneapolis Veterans Affairs Medical Center and was then employed at the University of Illinois at Chicago College of Pharmacy as an assistant professor and clinical pharmacy specialist. In Illinois, she worked primarily in geriatrics where she was heavily involved with diabetes and heart failure education. Anne was also a

clinician in a pharmacy run MTM practice. She moved back to the twin cities in 2007 to accept her current position as a clinical education coordinator for the University of Minnesota College of Pharmacy based out of Park Nicollet Methodist Hospital, Assistant Professor and cardiac clinical specialist.

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**Jeff Rotschafer, R.Ph., Drug Utilization Primary** is the Director of Pharmacy Utilization. In that role, he works with clinicians and their decision-making on what drugs to prescribe. Education is one component, but understanding the inner workings of pharmacy benefit management is also a requirement. Integrated into this is how to use pharmacy data to drive change. The department also supports Human Resources in tracking pharmacy utilization and benefits for our employee/dependent population. Jeff has pharmacy experience in many areas including Managed Care, Hospital, Infectious Disease, and Retail.

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**Marge Wittenborg, R.Ph.**

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**Kim McClarnon, R.Ph.**

Kim graduated from North Dakota State University in 1987. She worked for 3 years at Walgreens before starting at Park Nicollet in 1991. She has held various pharmacist positions at Park Nicollet over the past 21 years including Float Pharmacist, Manager at Bloomington Location, and for the past 6 years manager at St Louis Park. She has always loved retail and working directly with patients. She really enjoys the clinic setting where she can act as an extension of provider services and talk to patients while they are still actively engaged in a health care setting.

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**Julie Beckman, Pharm.D.**

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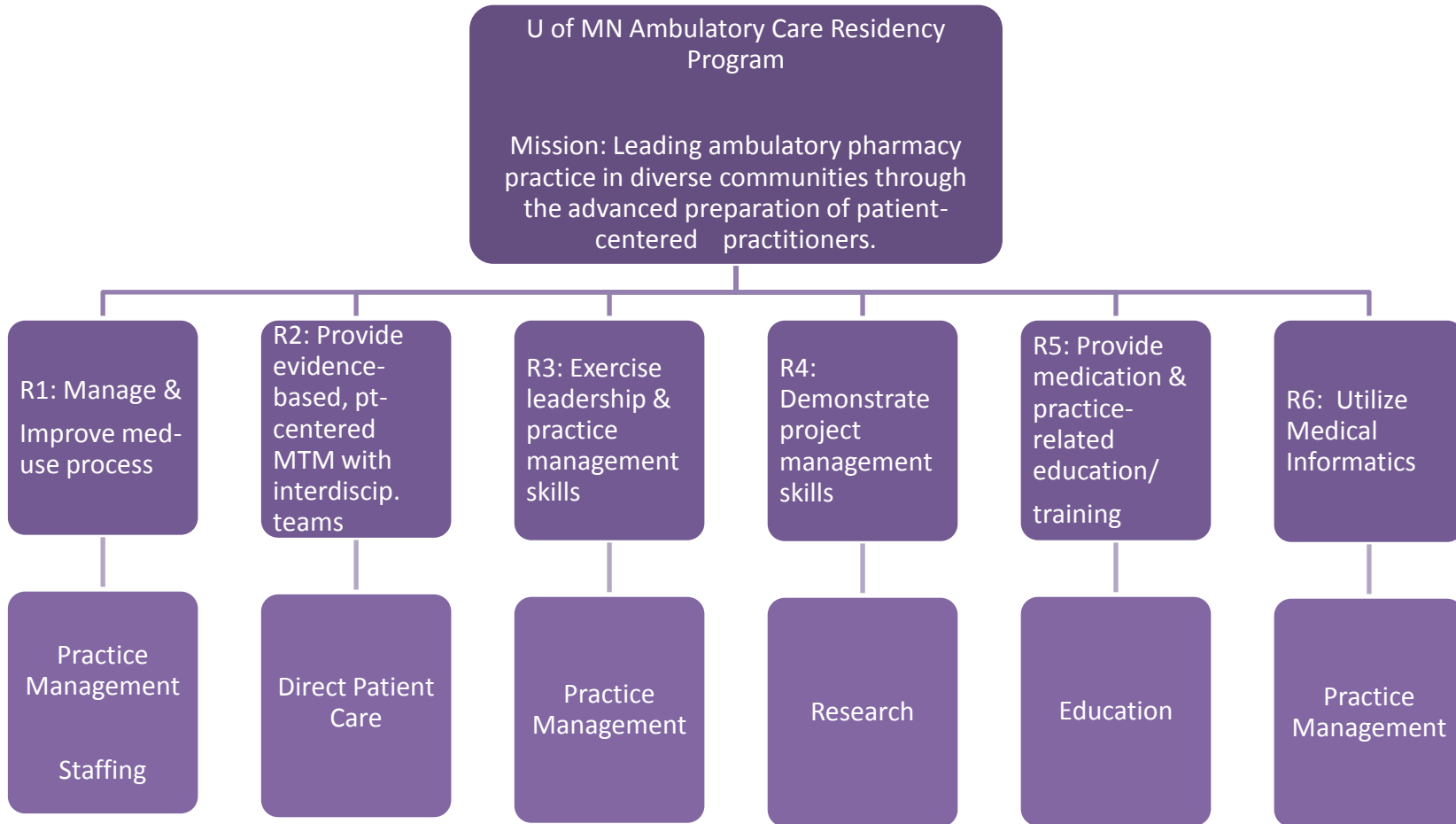
## Program Structure and Learning Experiences

Learning Experience	Duration
Direct Patient Care <ul style="list-style-type: none"> <li>• 3850 Internal Medicine</li> <li>• 3850 Family Medicine</li> <li>• Creekside Family Medicine</li> </ul>	Longitudinal
Practice Management <ul style="list-style-type: none"> <li>• Updating and creating MTM collaborative practice agreements</li> <li>• Updating and creating department protocols</li> <li>• Quality committees and population health meetings</li> <li>• Marketing and recruitment strategy development and implementation</li> <li>• Development and evaluation of PDSA cycles</li> <li>• PSPC evaluation and data collection</li> </ul>	Longitudinal
Creekside Family Med Site <ul style="list-style-type: none"> <li>• Medication Management in a Medical Resident Training Site</li> <li>• Participate in medical resident conferences</li> </ul>	Concentrated and Longitudinal
Drug Utilization Rotation <ul style="list-style-type: none"> <li>• Systems based review of drug utilization</li> <li>• Understanding financial impacts of changes in prescribing habits</li> <li>• Benefit design and implementation from an employer perspective</li> </ul>	Concentrated and Longitudinal
Hospital and Care Transitions <ul style="list-style-type: none"> <li>• Emergency Department Medication Reconciliation</li> <li>• Role of Inpatient clinical pharmacists</li> <li>• Discharge Planning and Transitions of care</li> </ul>	Concentrated
Research <ul style="list-style-type: none"> <li>• Residency Project</li> </ul>	Longitudinal
Education <ul style="list-style-type: none"> <li>• Monthly Clinical Topic Reviews, Resident specific</li> <li>• Monthly Team Clinical MTM meetings: Journal Club and Topic discussion</li> <li>• Drug Literature Evaluation and Building a MTM Practice Courses</li> </ul>	Longitudinal
Staffing at 3850 Community Pharmacy <ul style="list-style-type: none"> <li>• Orientation and training in community pharmacy operations</li> <li>• Staffing as determined by site manager</li> <li>• Exposure to vaccine and clinic administered medication ordering partnership</li> </ul>	Concentrated
Orientation <ul style="list-style-type: none"> <li>• University of MN Residency Program</li> <li>• Park Nicollet</li> </ul>	Concentrated

### Learning Activities Timeline

	July	August	September	October	November	December	January	Feb.	March	April	May	June
<b>U of M Activities</b>	Program Orientation	Drug Literature Review Course		ACCP Meeting (Optional)	MPhA MTM Symposium (Optional)	ASHP Midyear Clinical Meeting (Optional)	Deep Portage Pharm Care Conf.		APhA Annual Meeting (Optional)	ACCP Spring Research Forum (Optional)		
<b>Site Activities</b>	Site Orientation	Staffing Experience	Creekside Rotation				Drug Utilization Rotation	Hospital Rotation				
Concentrated: Orientation, Staffing, Hospital/Transitions in Care Rotation												
Longitudinal: Direct Patient Care, Practice Management, Research, Education												
Concentrated and Longitudinal: Drug Utilization Review Rotation, Creekside Rotation												
Resident is required to attend one national meeting throughout the year (can select from optional meetings above). Residents are provided \$1,000 for travel/meeting expenses.												

## Program Structure – Learning Experiences and Outcome Mapping



### Educational Goals and Objectives to Specific Learning Experiences

Goal		Learning Experiences				
		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Required outcomes and educational goals and objectives for PGY1 programs</b>						
<b><i>Outcome R1: Manage and improve the medication-use process.</i></b>						
R1.1	Identify opportunities for improvement of the organization's medication-use system.		X			
R1.2	Design and implement quality improvement changes to the organization's medication-use system.		X			
R1.3	Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.					X
R1.4	Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.					X

		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Outcome R2: Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.</b>						
R2.1	As appropriate, establish collaborative professional relationships with members of the health care team.	X				
R2.2	Place practice priority on the delivery of patient-centered care to patients.	X				
R2.3	As appropriate, establish collaborative professional pharmacist-patient relationships.	X				
R2.4	Collect and analyze patient information.	X				
R2.5	When necessary, make and follow up on patient referrals.	X				
R2.6	Design evidence-based therapeutics regimens.	X				
R2.7	Design evidence-based monitoring plans.	X				
R2.8	Recommend or communicate regimens and monitoring plans.	X				
R2.9	Implement regimens and	X				



	monitoring plans.					
R2.10	Evaluate patients' progress and redesign regimens and monitoring plans.	X				
R2.11	Communicate ongoing patient information.	X				
R2.12	Document direct patient care activities appropriately.	X				
		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Outcome R3: Exercise leadership and practice management skills.</b>						
R3.1	Exhibit essential personal skills of a practice leader.		X			
R3.2	Contribute to departmental leadership and management activities.		X			
R3.3	Exercise practice leadership.		X			
C1	Contribute to the development of a new pharmacy service or to the enhancement of an existing service.		X			

		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Outcome R4: Demonstrate project management skills.</b>						
R4.1	Conduct practice-related project using effective project management skills.			X		
		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Outcome R5: Provide medication and practice-related education/training</b>						
R5.1	Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.				X	
		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Outcome R6: Utilize medical informatics.</b>						
R6.1	Use information technology to make decisions and reduce error.		X			

		Direct Patient Care	Practice Management	Research	Education	Staffing
<b>Outcome E6: Provide drug information to health care professionals and/or the public</b>						
E6.1	Identify a core library, including electronic media, appropriate for a specific practice setting.	X				
E6.2	Design and deliver programs that contribute to public health efforts.				X	



## U of M – College of Pharmacy Ambulatory Care Residency Program Park Nicollet

### Direct Patient Care

Medication Management at Park Nicollet is the primary learning environment for this one-year residency. The resident will work collaboratively with team members (physicians, nurse practitioners, physician assistants, RN care coordinators, and rooming staff) to address patient's medication related concerns. The resident's time will be split between P3850 Internal Medicine (with Molly Ekstrand) and P3850 Family Medicine (with Jenifer Morgan).

When addressing each patient's medication-related needs, the resident will perform the defined services of Minnesota Medicaid Program for Medication Management services. These comprehensive services correlate with the following residency goals and objectives:

- Objective 1.5 – Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and health care providers.
- Objective 2.1 – As appropriate, establish collaborative professional relationships with members of the health care team.
- Objective 2.2 – Place practice priority on the delivery of patient-centered care to patients.
- Objective 2.3 – As appropriate, establish collaborative professional pharmacist-patient relationship.
- Objective 2.4 – Collect and analyze patient information.
- Objective 2.5 – When necessary, make and follow-up on patient referrals.
- Objective 2.6 – Design evidence-based therapeutic regimens.
- Objective 2.7 – Design evidence-based monitoring plans.
- Objective 2.8 – Recommend or communicate regimens and monitoring plans.
- Objective 2.9 – Implement regimens and monitoring plans.
- Objective 2.10 – Evaluate patients' progress and redesign regimens and monitoring plans.
- Objective 2.11 – Communicate ongoing patient information.
- Objective 2.12 – Document direct patient care activities appropriately.

The resident is responsible for all of the defined services of Medication Management as defined below:

- Performing or obtaining necessary assessments of the patient's health status
- Formulating a medication treatment plan
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events

- Documenting the care delivered and communicating essential information to the patient's other primary care providers
- Providing verbal education and training designed to enhance patient understanding and appropriate use of the patient's medications
- Providing information, support services, and resources designed to enhance patient adherence with the patient's therapeutic regimens
- Coordinating and integrating medication management services within the broader health care management services being provided to the patient

The resident will be expected to gain proficiency through literature review, topic discussions, presentations, and direct patient care of common disease states including, but not limited to,:

- Asthma
- COPD
- Depression
- Diabetes
- GERD
- Heart Failure
- Hypertension
- Hyperlipidemia
- Pain
- Smoking Cessation

The resident is expected to understand the pathophysiology and pharmacotherapy related to these disease states as well as other disease states encountered in this setting. Preceptors will be available to the resident throughout the learning experience for consultation and topic discussions.

The resident is scheduled for 4 days per week in clinic for direct patient care. The resident is responsible to manage his/her patient schedule and follow-up appointments. The resident must complete at least the plan in their documentation by the end of the day in clinic. Complete documentation must be completed within 48 hours of the patient being seen. Preceptors will be reviewing/co-signing all notes on a weekly basis for the first year resident. For second year residents, the preceptor will review 1 to 2 notes every week for the first quarter. The resident will spend the remainder of their time completing activities set forth by the Pharmaceutical Care Residency Program, preparing presentations, working on their research project, and participating in practice management learning activities.

Preceptors and residents will complete quarterly evaluations on ResiTrak. These will be reviewed with the resident to discuss learning plans for the future quarter and to discuss feedback on patient care activities. The preceptor and first year resident will have monthly meetings to touch base – these will occur on the last Friday of every month from 3-4 pm. Second year residents will meet to discuss progress every 6 months or more often if needed.



## U of M – College of Pharmacy Ambulatory Care Residency Program Park Nicollet

### Required Rotations

Pharmacy services at Park Nicollet are very diverse. There are rotations through the other pharmacy departments that the resident will complete throughout the residency to give the resident an idea of how medication management can work with other pharmacy services to improve patient care. Below are descriptions and objectives for the different rotations.

#### Pharmacy Utilization Management

The rotation will involve learning how Pharmacy Benefit Management works on the front end and then project work as described in the objectives. The focus will be to understand how pharmacy utilization impacts other healthcare areas, and ultimately total cost of care.

- Apply the clinical and financial relevancy of drugs to a population-based drug utilization strategy.
- Develop and/or evaluate clinician education that helps decision making regarding prescribing of medications.
- Interpret pharmacy claims data to understand change over time along with modeling the financial value of that change in prescribing habits.
- Understand from an employer perspective how pharmacy benefits design and drug formularies intertwine with patients, employers, payers, pharmacy benefit management companies, and pharmacy providers.

#### Creekside Family Medicine

Park Nicollet Creekside Clinic is a family medicine residency clinic. There are 18 residents in the clinic (6 residents in each class for a 3 year program), along with 11 faculty members supervising the residents. Although Creekside is a family medicine clinic, the workflow is somewhat different as a resident training site. There are opportunities to work as a member of the interprofessional team with the residents, as well as have opportunities for education with both medical students and medical residents.

- Understand the operations of Creekside Clinic
- Differentiate between a teaching and non-teaching ambulatory clinic
- Provide individualized pharmacotherapy education (both structured and curbside consult) appropriate for medical residents and faculty
- Prepare and deliver a noon conference presentation to the medical residents and faculty

## **Hospital/Transitions in Care**

The Hospital rotation is a six-week learning experience designed to provide the pharmacy resident with a focused and in depth experience in Emergency Medicine as well as both inpatient and infusion center Oncology. The resident will work directly with clinical staff pharmacists and the medical team to provide care for patients admitted to Park Nicollet Methodist Hospital as well those on the inpatient oncology unit. The resident will also have the opportunity to see oncology patients through the continuum of care while providing MTM services in the Park Nicollet Frauenshuh Cancer Center.

The pharmacy resident will be responsible for monitoring patients over the course of the rotation, which would include identifying and resolving medication therapy issues, designing appropriate drug therapy regimens, appropriately identifying and assessing pharmacokinetic needs and ensuring quality and safety of medication use. The resident is also responsible for providing drug information requested by any member of the team and to adequately document all intervention made.

- Shadow a pharmacist in the Emergency department responsible for medication reconciliation
- Learn the roles of a decentralized clinical pharmacist (options: Ortho, Neuro, Medicine)
- Learn the roles of a specialty/consult-based clinical pharmacist (options: Oncology, Cardiology, TPN, Infectious disease, Management/shortages)
- Participate in discharge planning/transitions of care



## U of M – College of Pharmacy Ambulatory Care Residency Program Park Nicollet

### Practice Management

Practice management is an integral part of the pharmacy profession. There are various opportunities for you to strengthen your practice management skills throughout the year. Listed below are descriptions of activities to achieve leadership in practice management during your residency. Also, do not hesitate to ask about additional opportunities as they arise.

#### Development and Revision of Protocols and Collaborative Practice Agreements

The resident will contribute to updating and revising current protocols and CPAs. We currently have a comprehensive CPA at Creekside, a HTN CPA at P3850 IMed and a memory care CPA (in development) at P3850 Senior Services. The MTM pharmacists have also helped develop protocols for RN care coordinators. The resident may help develop new CPAs and protocols as needed.

#### Committees/Meetings

The resident may attend several meetings, including but not limited to P3850 FamMed care team meetings, MTM business meetings (4<sup>th</sup> Monday every month, 1-2 pm), as well as monthly clinician meetings. As part of the pioneer ACO project, the resident will participate in ACO care conferences.

#### Billing

As opportunities arise, the resident will help review billing contracts. In addition, the resident will help research current billing options, including who is eligible and frequency of visits. Some of this will be covered in the MTM business meeting.

#### Outcomes

The resident will help collect outcomes reports and summarize MTM outcomes to pharmacy leadership. As needed, the resident will help organize updates needed to the Med Mgmt SmartForm. Park Nicollet is also participating in PSPC and the resident will be able to help with outcome reporting to CMS.



## **Continuing Education Courses**

The program offers the online course “Building a Medication Therapy Management Practice.” This course will help you learn strategies in building a successful practice as well as what is necessary in developing a business plan.

## **Newsletters**

The resident will help develop our monthly Snapshot newsletter (a summary of MTM outcomes) for clinicians, team members, and leadership. For the residency program, the resident will write brief informational articles for the residency program’s quarterly newsletter, The Curbside Consult. This newsletter is distributed to affiliated residency sites, faculty, preceptors, students and other Minnesota clinicians who have requested to be on the distribution list. The newsletter is coordinated by the program’s senior residents. The resident may also volunteer to be an editor for the newsletter during the last two quarters if desired.

## **Precepting**

The resident will have the opportunity to work with pharmacy students (mentor program), medical residents (Creekside) and nurse care coordinators from other sites.

## **Marketing and Recruitment**

The resident will be able to help with marketing and recruitment strategies as the practices develop at Park Nicollet. This will include targeted patient recruitment (MTM report for patients with 10+ meds, ACO care conferences, PSPC) as well as generalized marketing strategies (brochures, patient outreach) as opportunities arise.

While participating in practice management activities, specific emphasis will be placed on performance and evaluation of the learning experience activities below. These practice management opportunities correlate with the residency goals and objectives for:

- Objective 1.1 – Identify opportunities for improvement of the organization’s medication-use system
- Objective 1.2 – Design and implement quality improvement changes to the organization’s medication-use system
- Objective 3.1 – Exhibit essential personal skills of a practice leader.
- Objective 3.2 – Contribute to departmental leadership and management activities.
- Objective 3.3 – Exercise practice leadership
- Objective 6.1 – Use information technology to make decisions and reduce error.



## U of M – College of Pharmacy Ambulatory Care Residency Program Park Nicollet

### **Clinical Learning/Education Opportunities**

Educational sessions and presentations are important learning experiences during a residency. There are several learning opportunities to improve your clinical knowledge and presentation skills throughout the year. Listed below are descriptions of activities to improve your pharmacotherapy knowledge and presentation skills. Also, do not hesitate to ask about additional opportunities as they arise.

#### **Clinical Meetings**

The resident is required to attend the monthly clinical meeting (2<sup>nd</sup> Thursday of every month, 8-10 am). At this meeting, the resident will be required to lead two journal clubs and present a clinical topic/patient case.

#### **Topic Discussions**

The resident will meet with preceptors to review clinical topics on a monthly basis (4<sup>th</sup> Thursday of every month, 8-10 am). We will try to focus on clinical topics not being discussed at the clinical meeting and help the resident prepare for BCPS certification if that is something they are interested in. The resident should feel comfortable suggesting topics/areas they would like to learn more about.

#### **Noon Conference**

The medical residents at Creekside attend a noon conference Mondays-Fridays on the Methodist campus. The resident will be responsible for preparing and delivering a topic discussion to the medical residents as part of the rotation at Creekside.

#### **Academic Days**

Residents will be required to attend Academic day once a month as scheduled by the residency program. These days will be scheduled at different residency sites throughout the state. Academic Day includes presentations by residents and preceptors. You will be required to present one Grand Rounds presentation. This will include both a brief case presentation as well as an in-depth presentation of a clinical topic area of your choice. This presentation should use PowerPoint slides and will demonstrate the ability to organize clinical material in a logical manner. The resident will also be responsible for presenting a Case Presentation. The presentation will include a handout that provides key clinical findings and data from the case that will be discussed. Relevant information on pathophysiology should

be included. The need to utilize a structured method for delivering patient-specific information and care plans is necessary.

## **Continuing Education Courses**

The resident will participate in an online course on Drug Literature Evaluation during the first quarter that reinforces key knowledge and skill areas related to the evaluation of medical literature. This will be helpful when leading journal clubs. In addition, they sometimes offer other courses (motivational interviewing, foundations in teaching) that can help residents further develop their clinical skills.

## **Teaching**

The resident may also choose to be a teaching assistant in the U of M – College of Pharmacy Pharmaceutical Care Learning Center. The resident will precept and teach in the lab. The resident may choose to do this ½ to 1 day a week. The program also offers an optional “Foundations in Teaching” course for residents to continue to develop their presentation skills. These components of the residency program are optional. If selected, they will be evaluated by on-site faculty and staff at the U of M.

While actively participating in educational activities and presentations, specific emphasis will be placed on the performance and evaluation of the learning experience activities below. These practice management opportunities correlate with the residency goals and objectives for:

- Outcome R5.1 – Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.
- Outcome R6.2 – Design and deliver programs that contribute to public health efforts.

A schedule of the required presentations during the residency is provided early in the year. This included two journal clubs, one case presentation, one Grand Rounds, one clinical topic presentation, and a presentation at noon conference to medical residents. Other presentations to pharmacy staff, nurses, or other health care providers will be determined on an as needed basis.

Please refer to the Ambulatory Care Residency Moodle website for full resources regarding Academic Day and requirements for presentations.



**U of M – College of Pharmacy Ambulatory Care  
Residency Program  
Park Nicollet**

**Residency Research Project**

As a part of the residency, the resident is required to complete a longitudinal research project. It is the responsibility of the resident to come up with a topic but do not hesitate to talk with the preceptors about any possible topics. The project can relate to patient care or practice management, but ideally will contribute to the MTM department at Park Nicollet. We strongly encourage you to present your project at a state or national meeting if possible. The rough draft is typically due in late May with a final draft due by residency graduation. Please refer to the residency program's Moodle website for more information.



## U of M – College of Pharmacy Ambulatory Care Residency Program Park Nicollet

### Staffing

To fulfill the staffing component, the resident will spend time at the Park Nicollet - St. Louis Park pharmacy during the first quarter of the residency. The resident will spend 4 days a week for 2 weeks working in the pharmacy. This rotation will be within the normal working hours so the resident will not be required to work extra hours and will not receive extra pay.

Kim, the main preceptor, is very willing to cater to the resident's interests and needs. The rotation will touch on several areas in retail pharmacy and the resident can spend more time and focus on any area they are interested in or feel will serve them best for their professional future. In order to plan for the rotation, you will meet with Kim on \_\_\_\_\_ to discuss the opportunities you are most interested in.

General areas include:

- Prescription processing- computer processing, dealing with insurance rejects, prior authorizations, prescription check and verification.
- Drug information- patient counseling, provider questions, resources.
- Specialty pharmacy- PN pilot, types of medications and requirements, research and demos.
- Inventory-retail ordering, inventory systems, processes, and upkeep.
- Compounding-non-sterile compounding with our compound pharmacist, Ann.  
Sterile compounding with Andy at our Rheumatology Sterile location.
- Purchasing- with Julie- clinic wholesale pharmacy -contracting, clinic needs, immunizations, retail needs, etc
- Management- Elements of work process flow, communication, process improvement strategies, etc.

The objectives for this rotation are:

- Prepare and dispense medications following existing standards of practice and the organization's medication-use system.
- Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.
- Counsel patients on new prescriptions and whenever needed according to Park Nicollet policy.
- Understand policies and procedures to assure safe and efficient distribution of medications.
- Understand the importance of effective inventory management at the pharmacy. Understand the policies and operations with the medication supply chain for clinic administered medications.
- Participate in quality assurance processes. Seek opportunities for process improvement.