



**Resident Research Longitudinal Learning Experience:**

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**Hours: Longitudinal**

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**Hours: Longitudinal**

**Note: Once the project has been identified, a specific Research Project Preceptor will be assigned to each resident. This preceptor will be the primary preceptor for the individual resident in regards to the longitudinal research learning experience.**

1. **General Description**

The resident is required to complete a project during the residency year and present the results. This research rotation is a longitudinal experience. Early in the residency year, the project mentors will meet with the resident to discuss a general project time and brainstorm for possible project ideas. The resident is encouraged to choose a project topic that is of interest to him/her. A list of project ideas provided by the residency project mentors and sites is available, if needed. The project should be relevant and of benefit to the organization and/or community. The project must be of a scope that can be accomplished within the residency year.

The pharmacy resident will be responsible for developing the residency project idea, proposal and protocol. The resident will be assigned a project support team made of project mentors and other interested pharmacists. The resident will be responsible for developing a project timeline, managing their research committee and delegating tasks as needed. The resident will present their project proposal at a pre-RRB meeting, SRAHEC RRB and CFV IRB for approval. The resident will carry out the research and present results at the UNC Research in Education and Practice Symposium (REPS) or equivalent meeting. The resident is also required to choose an appropriate journal for submission of their research results and write a manuscript worthy of publication.

Good written and verbal communication skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. **Topics Covered**

The residents will participate in a Research Bootcamp during the first couple of months of the residency program to help jump start their project. A calendar of dates and topics will be provided to the resident at the first project meeting. The residents are encouraged to utilize the research resources available on the ASHP foundation website ([www.ashpfoundation.org](http://www.ashpfoundation.org)). These topics include: establishing timelines, developing the research question, study design, and biostatistics.

1. **Goals and Objectives**

The goals and objectives to be taught and evaluated during this learning experience include:

R2.2.1 Identify changes needed to improve patient care and/or the medication-use system

R2.2.2 Develop a plan to improve patient care and/or the medication-use system

R2.2.3 Implement changes to improve patient care and/or the medication-use system

R2.2.4 Assess changes made to improve patient care or the medication-use system

R2.2.5 Effectively develop and present, orally and in writing, a final project report

R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement

1. **Project Mentor Interaction**

July: Project mentors will meet with residents early in the residency year to brainstorm and discuss research topics and project ideas. A general time line will also be discussed and Research Bootcamp is initiated.

August: Research Bootcamp continues with goal of finalizing project ideas. Once projects are decided upon, a project mentor will be assigned and support team will be assembled. Preceptors may serve as project mentors, members of support team, or be available for additional collaboration.

September/October: Projects will be presented in a PowerPoint outline format to the pre-RRB committee for review. Project team members will be in attendance.

October/November: Projects should be submitted and presented to SRAHEC RRB and CVF IRB committees for approval. Project mentors will be in attendance.

December – April Project data collection and analysis

April/May: Projects should be complete and results presented in PowerPoint format. Project mentors will schedule practice presentation sessions to provide feedback prior to regional meeting. Begin manuscript development

June Complete and submit manuscript by deadlines to project team

**5) Communication:**

1. Open Door Policy: Residents are welcome to approach the preceptor on an open door policy throughout the year regarding the research project.
2. Email: 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. Meeting times will be scheduled using Microsoft Outlook
3. Phone: Residents and preceptors are expected to be available via cell phone throughout the day. Texting is an acceptable means to communicate and will often be used by preceptors to get in touch with residents.
4. Office extension: Appropriate for urgent questions pertaining to the research project.

**Expected progression of resident responsibility on this learning experience:**

***(Length of time project mentor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)***

Residents will have varying experience with project design and management. To complete a successful project, the resident will develop or utilize time management and organizational skills. The resident will gain experience writing a project proposal, public speaking, writing a project protocol, submitting a project protocol for IRB approval, data collection/analysis, and writing a manuscript worthy of publication.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the quarterly (1st and 3rd quarters) performance evaluations, a midpoint summative self-evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | End of 1st and 3rd Quarter |
| Summative Self-evaluation | Resident | Midpoint and end of learning experience |
| ASHP Preceptor Evaluation | Resident | Midpoint and end of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | Quarterly |