

Residency Program Design & Conduct Workshop

Pharmacy Residency Programs

PGY1 Managed Care

Workshop Workbook

2026

© 2026, ASHP.

American Society of Health-System Pharmacists
4500 East-West Hwy., Suite 900
Bethesda, MD 20814

Table of Contents

Key Documents.....	1
Program Structure Checklist	2
Residency Program Structure Examples	3
TE Working Grid – PGY1 Example	15
Blooms Taxonomy.....	20
Learning Experience Description Criteria Checklist	22
Learning Experience Description Examples	23
Criteria-Based Feedback	52
Evaluation Examples	54
Summative Evaluation Checklist.....	67
Ratings Scale Definitions & ACHR Process Examples.....	68
Four Preceptor Roles.....	71
Residency Annual Assessment Examples	72
Preceptor Development.....	76
APR Form.....	79
Preceptor Appointment & Reappointment	85
Residency Licensure Policy Examples.....	86
Residency Program Remediation Policy Examples.....	88
Residency Program Completion Requirement Examples	92
PGY2 Procedure for Verification of PGY1 Program Completion Examples	104

Key Information for RPDs

- The ASHP website has a dedicated section for Residency Program Resources that is key for a residency program director (RPD) to familiarize themselves to as it contains key documents, education, and other resources important to starting and maintaining a residency program
- Information and education related to initial steps to take in starting a residency program, information about the Match, and information related to CMS Pass-Thru Funding eligibility is located within the [Starting a Residency](#) section
- There are multiple platforms and partners that are involved in residency program-related management to be aware of that are used during each residency program year
 - [ASHP Resident Matching Program](#) (Operated by the National Matching Service/“NMS”)
 - [PhORCAS](#) (Pharmacy Online Residency Centralized Application Service)
 - [PharmAcademic™](#) (Pharmacy Residency Management System)
- Key documents to review and that continue to serve as references for any RPD for ongoing program management
 - [Accreditation Regulations](#)—Rules/policies governing the accreditation process and procedures for seeking and maintaining accreditation for which all programs must adhere to.
 - [Accreditation Standards](#)—Framework that guides residency programs and describes the criteria used in evaluation of programs that apply for accreditation and reaccreditation of their programs; Outlines required policies/procedures, structure, and oversight for residency programs. This document includes guidance on interpretation of the Standards and how the Standards will be surveyed.
 - Competency Areas, Goals, and Objectives (CAGOs)—Educational outcomes broken down into overarching competency areas (themes), goals, and specific objectives that must be incorporated into the residency program’s required structure. There is a set of [harmonized CAGOs for all four types of PGY1 residency programs](#) and [separate CAGOs for each PGY2 residency program type](#).
 - [Example Activities for PGY1 Harmonized CAGOs](#)—Example activities which are intended as a guide to help preceptors generate ideas for activities when designing learning experiences and building learning experience descriptions in PharmAcademic. Learning activities will still need to be tailored to the individual program and site.
 - [Starting a Residency Program](#)—Provides guidance on what to consider in the development of a residency program
 - [Applying for Accreditation](#)—Provides guidance on pre-candidate and candidate application pathways, suggested timeline for pre-candidate status, program application forms, and Academic and Professional Record (APR)
 - Note: Programs will be required to maintain **all** APRs in PharmAcademic beginning with the 2028-2029 residency year
 - [Residency Program Director Manual](#)—Provides fundamental information for RPDs, outlines residency program resources available on the ASHP website, provides information for various procedures and commonly-asked questions, provides some example tools, and more

Program Structure Criteria Checklist

Criteria	Criteria Met?
Supports the program purpose and facilitates achievement of all required objectives If the competency areas, goals, and objectives include a required Appendix, the program structure ensures the requirements listed in the Appendix are met	
Includes the following detail: - A list of all required and elective learning experiences (elective learning experiences are not required to be offered by a program) - Duration of each learning experience (ranges, if used, are limited to no more than 2 weeks variation, and must not impact overall program structure or number of elective learning experiences available for each resident) - Time allotted for elective learning experiences - For learning experiences that are twelve weeks or more in duration, if specific time is scheduled on a recurring basis, the schedule is clearly documented - A learning experience that facilitates orientation of the resident to the residency program and practice environment at the beginning of the residency program - Learning experience naming conventions, required vs. elective status, and duration are consistent across all program documents (including in PharmAcademic™ and promotional material) - Required learning experiences are scheduled for all residents	
Offers sufficient opportunity for diversity, variety, and complexity of practice; at least half of the year is scheduled in required learning experiences (inclusive of longitudinal experiences)	
Includes sufficient number of educational objectives assigned to each learning experience AND each objective is assigned to a sufficient number and variety of learning experiences to facilitate the achievement of each objective All required objectives assigned to ≥ 1 required learning experience or sequence of learning experiences to allow sufficient practice for achievement	
Contains activities that are repeated a sufficient number of times to give residents practice to improve skills - For all PGY1 residency programs and PGY2 residency programs that include “Competency Area R1: Patient Care”, residents spend $\geq 2/3$ of the program in direct patient care activities - For ambulatory, managed care, and community-based settings, residents gain practice and experience in patient care delivery that involved continuity of care and development of extended patient relationships (i.e., initial patient encounter and at least one follow-up encounter)	

EXAMPLE

ABC Medical Center PGY1 Pharmacy Residency Program Structure

Purpose Statement: PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

ABC Medical Center Residency Program's structure incorporates the ASHP required competency areas as follows:

- R1: Patient Care—Orientation, Direct patient care learning experiences (Adult Medicine I & II, ID, Ambulatory Care, Critical Care, Advanced Critical Care, Burn Care, Emergency Services, Family Practice, Oncology, Solid Organ Transplant), Pharmacy Practice/Staffing
- R2: Practice Advancement—Medication Safety & Drug Information, Practice Management, Research
- R3: Leadership —Medication Safety & Drug Information, Pharmacy Practice/Staffing, Practice Management
- R4: Teaching and Education—Direct patient care learning experiences, Education & Preceptorship, Medication Safety & Drug Information, Practice Management, Pharmacy Practice/Staffing

ABC Medical Center is part of the Best Practice Health-System in YZ State which is comprised of eight hospitals, ambulatory surgery centers, ambulatory clinics, and a multidisciplinary medical practice. ABC Medical Center is a 400-bed hospital that provides care for neonates to geriatrics. *(*Can continue on and add more detail with regard to service lines and pharmacy services to make more comprehensive and specific to your site).*

The PGY1 Residency program was established at ABC Medical Center in 2010. The ABC Medical Center Residency Program offers nineteen learning experiences based primarily at ABC Medical Center with an elective offering at XYZ affiliate hospital, and some learning experiences at medical practices affiliated with the ABC Medical Center, although the resident pharmacist will be exposed to all health-system facilities in varying degrees with projects, services and other opportunities. The learning experiences vary in duration from four- or eight-week learning experiences to twelve month learning experiences, eleven of which are required for all residents to complete (6 block and 5 longitudinal), and eight elective learning experience offerings. Of the eight elective learning experience offerings, the resident pharmacist will select two (if the 8-week Oncology elective is chosen) or three elective learning experiences to complete their residency training within the medical center. The total time allocated for elective learning experiences is 12 weeks.

<u>Learning Experience</u>	<u>Location</u>	<u>Duration</u>
<i>Required Experiences</i>		
Orientation	ABC Medical Center	4 weeks
Adult Medicine I	ABC Medical Center	4 weeks
Adult Medicine II	ABC Medical Center— Hospitalist Service	4 weeks
Infectious Disease	ABC Medical Center	4 weeks

Ambulatory Care	ABC Medical Center— Anticoagulation & Cardiology Clinics	8 weeks
Critical Care	ABC Medical Center— Medical Surgical ICU	4 weeks (Will not be scheduled until Adult Medicine I and II are successfully completed)
Medication Safety & Drug Information	ABC Medical Center	Longitudinal x 12 months (generally involves ~8-16hrs/mth of project and in-service work, meeting participation, drug information response work, topic discussions with preceptor)
Practice Management	ABC Medical Center	Longitudinal x 11 months (includes dedicated project time during month of December to work on MUE and other longitudinal assignments; generally involves ~4-8 hrs/mth of project work, meeting participation, and topic discussions with preceptor)
Pharmacy Practice/Staffing	ABC Medical Center— Central Pharmacy & OR Satellite	Longitudinal x 11 months (q 4 th weekend with 8hr shifts on Sat & Sun (1 st shift) starting after Orientation month concludes, and 1 8-hr weekday 2nd shift q other week, 5 consecutive weekdays during December project month, 1 major holiday & 1 minor holiday)
Education & Preceptorship	ABC Medical Center & College of Pharmacy	Longitudinal x 12 months (Includes 2 days of didactic teaching certificate sessions in August, 4hrs/mth of remote teaching certificate sessions from Sept – April, ~4-8 hrs/mth of presentation work and meetings w/preceptor, and dedicated month in May or June with preceptorship of APPE student in Adult Medicine)
Research	ABC Medical Center	Longitudinal x 12 months (includes 1 week meeting attendance & poster presentation at ASHP MCM, platform presentation at Spring Regional Residency Conference, plus dedicated project time during month of December of ~ 3 weeks; amount of time throughout remainder of year can vary significantly based on research project scope but would expect a minimum of 8-16hrs/mth in addition to dedicated project month)
Elective Experiences-12 weeks*		
Advanced Critical Care	ABC Medical Center— Cardiovascular ICU	4 weeks (May only be completed after required Critical Care learning experience is successfully completed)
Burn Care	XYZ Hospital (affiliated with ABC Medical Center)	4 weeks (Recommend not to complete until after required Critical Care learning experience is successfully completed)
Emergency Services	ABC Medical Center—Adult ED, Pediatric ED, Freestanding ED	4 weeks
Family Practice	ABC Medical Center-- Graduate Education Family Medicine Clinic	4 weeks (May only be completed after required Ambulatory Care learning experience completed)
Informatics	ABC Medical Center	4 weeks (Will not be scheduled before 2 nd Qtr of residency year)

Oncology	ABC Medical Center— Infusion Center & Radiation Oncology Medical Associates	8 weeks
Pharmacy Administration	ABC Medical Center	4 weeks (Will not be scheduled before 2 nd Qtr of residency year)
Solid Organ Transplant (Heart & Kidney)	ABC Medical Center— Inpatient & Outpatient Transplant Clinic	4 weeks (2 weeks heart & 2 weeks kidney)

** If an elective is desired in another specialty area, consideration will be given to the development of such if preceptor availability, support of providers, and other resources allow. A separate learning experience will be developed for the learning experience with the assistance of the resident. If the elective is to be in the same area of a required learning experience, the learning experience will be conducted at a more advanced level under a different learning experience description (that the resident will be expected to assist in developing) and with different objectives and additional activities than the required learning experience that the resident completed.*

Sample Resident Schedule

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Orientation	X											
Adult Medicine I		X										
Infectious Diseases			X									
Adult Medicine II				X								
Elective #1					X							
Ambulatory Care							X	X				
Critical Care									X			
Elective #2										X		
Elective #3											X	
Pharmacy Practice/Staffing		X	X	X	X	X*	X	X	X	X	X	X
Practice Management		X	X	X	X	X*	X	X	X	X	X	X
Medication Safety/Drug Information	X	X	X	X	X	X	X	X	X	X	X	X
Education & Preceptorship**	X	X	X	X	X	X	X	X	X	X	X	X** (Precepting Mth)
Research***	X	X	X	X	X	X*	X	X	X	X	X	X

**Dedicated Research project time, Practice Management project time, attendance at Midyear Meeting and 5 additional weekdays of staffing time during the 5 weeks between Thanksgiving and New Year's Day*

***Includes longitudinal Teaching Certificate program offered through the College of Pharmacy and 1 month of dedicated primary preceptorship time of an APPE student in Adult Medicine during either May or June*

**** Research Project Presentation—Attendance at ASHP Midyear Clinical Meeting in December to present poster and participate in recruitment activities and continuing education is typically Sunday – Thursday; Presentation of research project at meeting in Spring at Regional Residency Conference is typically 3 weekdays at end of April*

PGY1 Community-Based Residency Program Structure Example

The ABC College of Pharmacy – XYZ Pharmacy, Inc. PGY1 Community-Based Residency Program includes a combination of rotational and longitudinal learning experiences. The schedule will be arranged so that the resident has no more than 3 concurrent rotational learning experiences.

<u>Learning Experience</u>	<u>Duration (minimum)</u>	<u>Expected Time (Hrs/Week)</u>	<u>Designation</u>	<u>Schedule Sequence (Approximate)</u>
Orientation	Rotational—6 wks	10	Required	July - Mid-August
Introduction to Community Pharmacy Practice	Rotational—5 wks	30	Required	July - August
Drug Information	Rotational—5 wks	24	Required	August - September
Anticoagulation	Longitudinal—17 wks	10 (Tues & Fri am)	Required	First half of year
Primary Care	Rotational—8 wks	16	Required	First half of year
Advanced Community Practice	Longitudinal—36 wks	10.5 (Saturdays)	Required	October - June
Specialty Pharmacy—Oncology	Rotational—8 wks	18	Required	First or second half of year
Employee Health Plan	Longitudinal—12 wks	12 (Mon & Wed am)	Required	Second half of year
HIV Ambulatory Care Clinic	Longitudinal—12 wks	13 (Tues & Fri pm)	Required	Second half of year
Transitional Care Management	Rotational—7 wks	20	Required	Second half of year
Heart Failure Ambulatory Clinic	Rotational—8 wks	16	Required ¹	Second half of year
Teaching Certificate Program	Longitudinal (11 mths)—1 day/mth	1-3 hrs/wk ²	Required	August - June
Ambulatory Care Management	Longitudinal (12 mths)—2 days/mth	3-5 hrs/wk ²	Required	Full year
Presentations	Longitudinal (12 mths)—1 day/mth	1-3 hrs/wk ²	Required	Full year
Longitudinal Project(s)/Research	Longitudinal (12 mths)—2 days/mth	3-5 hrs/wk ²	Required	Full year

¹ Heart Failure Clinic is a new learning experience which will be offered as an elective for the 2025-2026 academic year, then required thereafter.

² Note: Projects, presentation preparation, and some other assigned activities will require the investment of time outside of a normal workday. This time is not scheduled as specific learning experience time.

Competency Area	Estimated Percentage of Time Spent
R1: Patient Care	77%
R2: Practice Advancement	5%
R3: Leadership	11%
R4: Teaching and Education	7%

Members Come First Healthplan PGY1 Managed Care Pharmacy Residency Program Example Structure

Note: All names of persons and companies mentioned in this case are fictitious. Any resemblance to persons living or dead or companies currently or formerly in existence is purely coincidental.

The Members Come First Healthplan (MCFH) PGY1 Managed Care Pharmacy Residency Program is now two (2) years old. Members Come First is a regional health plan with approximately 400,000 members, the headquarters of which is located in a metropolitan area. Mary Chase, the Clinical Manager of Pharmacy is the residency program director. Mary joined Members Come First in 2017, starting as a prior authorization review pharmacist, and was promoted to the current position in 2018. She has been a strong advocate of pharmacy residency programs, and with the backing of the health plan's administration, she started the PGY1 Managed Care Pharmacy residency program in 2019. Over the years of its existence, the structure of the residency program has continued to evolve based on organizational priorities and training needs.

Overview: Members Come First contracts with a large national Pharmacy Benefit Manager (PBM) for claims processing services, pharmacy network management, rebate negotiation and some clinical programs. MCFH manages some clinical programs (prior authorization, medication therapy management, pharmacoadherence and formulary management) in-house. Members Come First has its own P&T Committee which meets quarterly. The demographics of Members Come First Healthplan include:

400,000 covered lives

Insurance coverage	Percent of Members
Employer based insurance	63%
ACA plans	16%
Self-insured (ASO)	10%
Medicare Advantage	11%

Gender distribution is 52.3% female, 47.7% male

Age (in years)	Percent of Members
Under 55	61%
55 – 64	25.5%
65 – 74	10.2%
75 – 84	2.6%
85 and over	0.7%

Staff includes:

- 12 FT Pharmacists
 - 4 – prior authorization
 - 6 – clinical programs (including MTM)
 - 2 – drug information/formulary review
- 10 Pharmacy technicians – used primarily for prior authorization review
- 4 administrative staff

This is how MCFH structured their program to ensure the resident has the opportunity to achieve each of the program goals and objectives.

Program Structure

Required Learning Experiences	Elective Learning Experiences- 8 weeks total (choose 2)
Orientation- 4 weeks Formulary Management- 4 weeks Utilization Management- 6 weeks Prior Authorization- 6 weeks Ambulatory Care- 6 weeks Clinical Programs and Population Health- 6 weeks Medication Safety- 4 weeks Medication Therapy Management- 4 weeks Clinical Quality- 4 weeks	Specialty Pharmacy- 4 weeks Client Management- 4 weeks Digital Health- 4 weeks
Required Longitudinal Experiences Pharmacy Management and Leadership—12 months Major Project—12 months	

ABC Medical Center
PGY2 Ambulatory Care Residency Program Structure

Purpose Statement: PGY2 residency programs build upon Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

<u>Learning Experience</u>	<u>Location</u>	<u>Duration</u>	<u>Therapeutic Areas Clinical Focus</u>
<i>Required Experiences</i>			
Orientation	ABC Medical Center	4 weeks (If Early Commit Resident, orientation is reduced to 2 wks and remaining time added to overall elective time)	n/a
Family Medicine	ABC Medical Center—Graduate Education Family Medicine Clinic	6 weeks learning experience then 2 days/week thereafter for 9 months	Cardiology (Heart Failure, HTN, Hyperlipidemia, AFib, VTE, CAD) Endocrinology (Diabetes, Thyroid) Pulmonology (Asthma, COPD) Gastroenterology (GERD/PUD)
Cardiology	ABC Medical Center—Cardiology Medical Associates, LLC	2 weeks learning experience then ½ day/week thereafter for 6 months	Cardiology (Heart Failure, HTN, Hyperlipidemia, AFib, VTE, CAD)
Oncology	ABC Medical Center—Outpatient Infusion Center and Oncology Associates Practice	1 day/week for 6 months	Hematology-Oncology (Solid tumor cancers, leukemia/lymphoma, anemia, pain management and supportive care)
Epilepsy	ABC Medical Center—Neurology Associates Practice	½ day/week for 6 months	Neurology (Epilepsy)

Transplant	ABC Medical Center	2 days/week for 3 months (1 day in renal txp clinic and 1 day in heart txp clinic each week)	Nephrology (HD/PD/CRRT, Pre and post-renal transplant care) Cardiology (Heart Failure, Pre and post-cardiac transplant care) Infectious Diseases (Immunosuppression tx, prophylaxis tx, post-operative infxns, immunizations)
Administration—New Clinic Service Development	ABC Medical Center	1 day/week for 3 months	Varies depending on service developed
Ambulatory Care Practice Management	ABC Medical Center	Longitudinal x 11 months	n/a
Education & Preceptorship	ABC Medical Center & College of Pharmacy	Longitudinal x 12 months	n/a
Research	ABC Medical Center	Longitudinal x 12 months	n/a
<i>Elective Experiences-6 months total (1/2 day per week)*</i>			
Infectious Diseases Clinic	ABC Medical Center—Infection Disease Physicians Practice	½ day/week for 3 months	Infectious Diseases (HIV/Hep C, STDs, Travel Medicine, respiratory infection, sinus infection, UTI/pyelonephritis)
Pediatrics	ABC Medical Center--Graduate Education Family Medicine Clinic	½ day/week for 3 months	Pediatrics (Otitis media, respiratory infection, RSV, immunizations, diabetes, ADD/ADHD)
Advanced Oncology	Outpatient Infusion Center and Oncology Associates Practice	½ day/week for 3 months	Hematology-Oncology (Solid tumor cancers, leukemia/lymphoma, anemia, pain management and supportive care)
Psychiatry	Veteran's Affairs Medical Center	½ day/week for 3 months	Psychiatry (Depression, PTSD, Anxiety, Bipolar Disorder)

**Each resident may select 2 electives. If an elective is desired in another specialty area, consideration will be given to the development of such if clinic space, preceptor availability, and support of the medical providers in such clinic allows. A separate learning experience will be developed for the learning experience with the assistance of the resident. If the elective is to be in the same area of a required learning experience, the learning experience will be conducted at a more advanced level under a different learning experience description (that the resident will be expected to assist in developing) and with different objectives and additional activities than the required learning experience that the resident completed. For early commit residents, the 2 weeks in July after the 2-week required*

Orientation will then be utilized as a 2-week experience in their Elective #1 before they start the standard elective ½ day/wk x 3 mths.

Sample Resident Schedule

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Orientation	X											
Family Medicine		6 wks		2 days/wk x 9 mths								
Cardiology Clinic			2 wks (after FM Clinic LE)	½ day/wk x 6 mths								
Oncology				1 day/wk								
Epilepsy Clinic				½ day/wk								
Transplant Clinic										2 days/wk x 3 mths		
Elective #1				½ day/wk x 3 mths								
Elective #2							½ day/wk x 3 mths					
Administration— New Clinic Service Development										1 day/wk x3 mths		
Ambulatory Care Practice Management		X*	X*	X*	X*	X*	X*	X*	X*	X		
Education & Preceptorship**	X	X*	X*	X*	X*	X*	X*	X*	X*	X		
Research***	X	X*	X*	X*	X*	X*	X*	X*	X*	X		

*1/2 day per week of administrative/office time is generally allotted for during these learning experiences for August – March when the workload is heaviest

**If resident has not completed a teaching certificate program during the PGY1 residency year, this will be required during the PGY2 program and will be included in the Education & Preceptorship learning experience and evaluation process. The Teaching Certificate program generally requires a two-day didactic component in August and then intermittent virtual didactic afternoon/evening sessions monthly throughout the year

***Attendance at ASHP Midyear Clinical Meeting in December is typically Sunday – Thursday; Presentation of research project at meeting in Spring (dates vary based on which meeting is selected as most appropriate to present research to but generally is three weekdays)

ABC Medical Center
PGY2 Medication-Use Safety & Policy Residency Program Structure

Purpose Statement: PGY2 residency programs build upon Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

<u>Learning Experience</u>	<u>Location</u>	<u>Duration</u>	<u>Additional Information</u>
<i>Required Experiences</i>			
Orientation	ABC Medical Center	4 weeks	If Early Commit Resident, orientation is reduced to 2 wks and additional time will be tacked onto an elective of the resident's choosing
Medication Safety 1	ABC Medical Center	4 weeks	Focus on general pharmacy operations and clinical services, ISMP/IHI guidelines and best practices, TJC regulations, organization's culture of safety
Medication Safety 2	ABC Medical Center	4 weeks	Focus on special populations and areas (Pediatrics, Oncology/Infusion Center)
Medication Safety 3	ABC Medical Center Physician Offices & Rx Clinics	4 weeks	Focus on ambulatory care & transitions of care
Formulary Management & Pharmacy Supply Chain	ABC Medical Center	8 weeks	Medication Safety 1 is pre-requisite
Compliance & Regulatory	ABC Medical Center	4 weeks	Medication Safety 1 is pre-requisite
Pharmacy Informatics	ABC Medical Center	4 weeks	Focuses primarily on electronic medical record, pharmacy automation (dispensing cabinets, anesthesia carts, carousels, kit/box check, automated compounders), IV Smart Pumps, and pharmacy information resources intranet page
Health-system Leadership	ABC Medical Center	4 weeks	Scheduled during last half of residency year
Medication Safety & Quality Improvement	ABC Medical Center	10 months (Mth of December is	Includes Lean Six Sigma Training (Yellow Belt Level); Builds on Med Safety 1-3 & Formulary Mgmt and

		dedicated project time)	Pharmacy Supply Chain work through rest of year with med event analysis, policy and guideline development, drug shortage mgmt, quality improvement projects, standardizing med use system
Staffing & On-Call Service	ABC Medical Center	11 months— <i>Staffing: 1 4-hr evening shift/wk; q3rd wknd (8-hrs on Sat & Sun); 1 holiday</i> <i>Call: 1 week of Admin call/mth during last half of year</i>	Weekday evening shifts rotate between IV room and order verification; Weekend shifts rotate between decentralized clinical consult work and order verification/controlled substances/Charge RPh roles
Education & Preceptorship	ABC Medical Center & College of Pharmacy	11 months (Mth of May or June is dedicated to precepting APPE student)	Includes Teaching Certificate if not completed as PGY1 resident
Major Project	ABC Medical Center	12 months (Mth of December is dedicated project time)	Includes 1-week meeting attendance & poster presentation at ASHP MCM, platform presentation at Spring Regional Residency Conference, and 4-day meeting attendance w/poster submission for ASHP Summer Mtg
<i>Elective Experiences: (early commit-6 weeks total, non-early commit-4 weeks total)*</i>			
XY State Medication Safety Group	XYZ Univ College of Pharmacy & XY Center for Medication Safety	4 weeks	Encompasses regional and state-level medication use system redesign and improvement/standardization for medication safety
Drug Diversion	ABC Medical Center	4 weeks	Includes co-chairing of multidisciplinary drug diversion committee
Investigational Drug Services	ABC Medical Center	4 weeks	Medication Safety 1 and Compliance & Regulatory are pre-requisites
Sterile Compounding Compliance	ABC Medical Center	4 weeks	Medication Safety 1 and Pharmacy Informatics are pre-requisites

**Each resident may select one elective. For early commit residents, the 2 weeks in July after the 2-week required Orientation will then be added onto the elective for which the learning experience's expected progression and activities will be revised and documented to reflect the additional time in the experience.*

Sample Resident Schedule

	July	Aug	Sept	Oct	Nov	Dec*	Jan	Feb	Mar	Apr	May	June
Orientation	X											
Med Safety 1		X										
Med Safety 2								X				
Med Safety 3									X			
Formulary Mgmt & Pharmacy Supply Chain			X	X								
Compliance & Regulatory							X					
Pharmacy Informatics					X							
Health-System Leadership										X		
Elective											X	
Medication Safety & Quality Improvement			X	X	X	X*	X	X	X	X	X	X
Staffing & On- Call Service		X	X	X	X	X	X	X	X	X	X	X
Education & Preceptorship**		X	X	X	X	X	X	X	X	X	X	X (Precepting APPE Mth)
Major Project***	X	X	X	X	X	X*	X	X	X	X	X	X

*Month of December is dedicated to project work/administrative time for major project and the medication safety and quality improvement project work in addition to the week at the ASHP Midyear Clinical Meeting and holiday time off

**If resident has not completed a teaching certificate program during the PGY1 residency year, this will be required during the PGY2 program and will be included in the Education & Preceptorship learning experience and evaluation process. The Teaching Certificate program generally requires a two-day didactic component in August and then intermittent virtual didactic afternoon/evening sessions monthly throughout the year. Either the month of May or June is dedicated to the precepting of an APPE student in Medication Safety.

***Attendance at ASHP Midyear Clinical Meeting in December is typically Sunday – Thursday; Presentation of research project at meeting in Spring (dates vary based on which meeting is selected as most appropriate to present research to but generally is three weekdays)

Goals and Objectives Taught and Evaluated in Learning Experiences			EXAMPLE									
			Learning Experiences									
			Orientation	IM 1	IM 2	ID	ICU	AmCare	ED	Staffing- Longitudinal	Admin - Longitudinal	Project- Longitudinal
Showing Required and Elective Learning Experiences	TE Count											
PGY1 Pharmacy Required (2024) – Required												
R1: Patient Care												
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)												
R1.1.1 Collect relevant subjective and objective information about the patient.	TE - 4			X		X	X		X			
R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE - 4			X		X			X	X		
R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	TE - 4			X	X		X	X				
R1.1.4 Implement care plans.	TE - 4			X	X		X	X				
R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	TE - 3				X		X	X				
R1.1.6 Identify and address medication-related needs of individual patients	TE - 4				X	X	X	X	X			

	experiencing care transitions regarding physical location, level of care, providers, or access to medications.											
	R1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.											
	R1.2.1 Collaborate and communicate with healthcare team members.	TE - 3		X		X			X			
	R1.2.2 Communicate effectively with patients and caregivers.	TE - 3			X			X	X			
	R1.2.3 Document patient care activities in the medical record or where appropriate.	TE - 4		X	X		X	X				
	R1.3 Promote safe and effective access to medication therapy.											
	R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	TE - 3	X			X				X		
	R1.3.2 Participate in medication event reporting.	TE - 3			X		X		X			
	R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.	TE - 2	X							X		
	R1.4 Participate in the identification and implementation of medication-related interventions for a											

	patient population (population health management).											
	R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	TE - 2				X		X				
	R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	TE - 1									X	
R2: Practice Advancement												
	R2.1 Conduct practice advancement projects.											
	R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	TE - 1										X
	R2.1.2 Develop a project plan.	TE - 1										X
	R2.1.3 Implement project plan.	TE - 1										X
	R2.1.4 Analyze project results.	TE - 1										X

	R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	TE - 1										X
	R2.1.6 Develop and present a final report.	TE - 1										X
R3: Leadership												
	R3.1 Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.											
	R3.1.1 Explain factors that influence current pharmacy needs and future planning.	TE - 1									X	
	R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	TE - 1									X	
	R3.2 Demonstrate leadership skills that foster personal growth and professional engagement.											
	R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.	TE - 3	X							X	X	
	R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	TE - 2								X	X	

		R3.2.3 Demonstrate responsibility and professional behaviors.	TE - 3	X					X		X		
		R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.	TE - 2						X			X	
R4: Teaching and Education													
		R4.1 Provide effective medication and practice-related education.											
		R4.1.1 Construct educational activities for the target audience.	TE - 2		X								X
		R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE - 2			X							X
		R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE - 3			X	X						X
		R4.1.4 Assess effectiveness of educational activities for the intended audience.	TE - 2			X							X
		R4.2 Provide professional and practice-related training to meet learners' educational needs.											
		R4.2.1 Employ appropriate preceptor role for a learning scenario.	TE - 2			X	X						

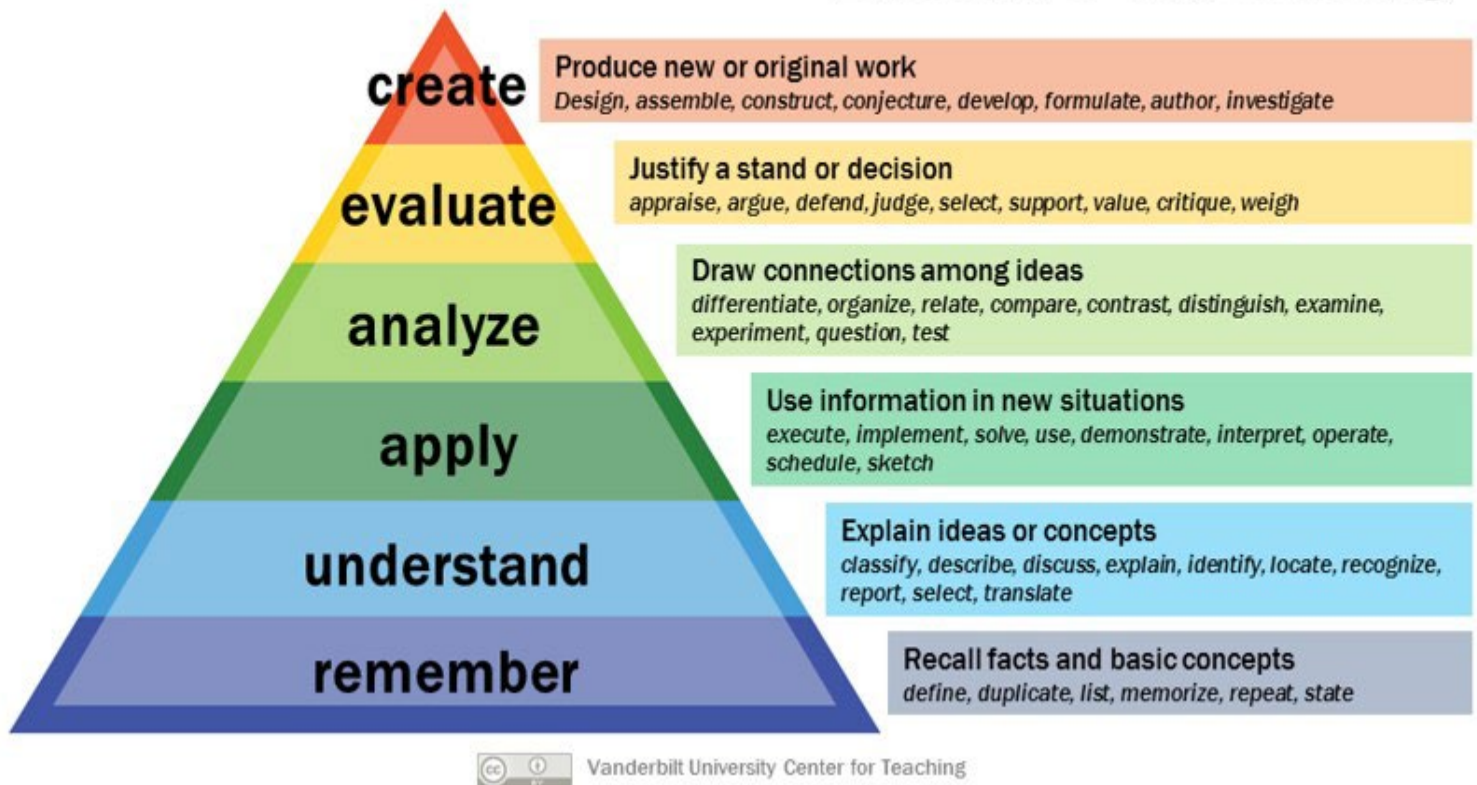
Bloom's Taxonomy

Armstrong, P. (2010). Bloom's Taxonomy. Vanderbilt University Center for Teaching. Retrieved [January 14, 2025] from <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>.

A group of cognitive psychologists, curriculum theorists and instructional researchers, and testing and assessment specialists published in 2001 a revision of Bloom's Taxonomy with the title [*A Taxonomy for Teaching, Learning, and Assessment*](#). This title draws attention away from the somewhat static notion of "educational objectives" (in Bloom's original title) and points to a more dynamic conception of classification.

The authors of the revised taxonomy underscore this dynamism, using verbs and gerunds to label their categories and subcategories (rather than the nouns of the original taxonomy). These "action words" describe the cognitive processes by which thinkers encounter and work with knowledge:

Bloom's Taxonomy



In the revised taxonomy, knowledge is at the basis of these six cognitive processes, but its authors created a separate taxonomy of the types of knowledge used in cognition:

- Factual Knowledge
 - Knowledge of terminology
 - Knowledge of specific details and elements
- Conceptual Knowledge
 - Knowledge of classifications and categories
 - Knowledge of principles and generalizations
 - Knowledge of theories, models, and structures
- Procedural Knowledge
 - Knowledge of subject-specific skills and algorithms
 - Knowledge of subject-specific techniques and methods
 - Knowledge of criteria for determining when to use appropriate procedures
- Metacognitive Knowledge
 - Strategic Knowledge
 - Knowledge about cognitive tasks, including appropriate contextual and conditional knowledge
 - Self-knowledge

The new terms use verbs and gerunds to label the categories:

Remember

- Recognizing
- Recalling

Understand

- Interpreting
- Exemplifying
- Classifying
- Summarizing
- Inferring
- Comparing
- Explaining

Apply

- Executing
- Implementing

Analyze

- Differentiating
- Organizing
- Attributing

Evaluate

- Checking
- Critiquing

Create

- Generating
- Planning
- Producing

Learning Experience Description Criteria Checklist

*Ensure that preceptors are involved in the development of learning experience descriptions.
All learning experiences must be maintained in PharmAcademic™.*

Criteria	Criteria Met?
Includes a general description of the learning experience, including a description of the practice area and the roles of pharmacists in the practice area	
Includes the expectations of residents during the learning experience; Includes the detailed, expected progression of residents during the learning experience	
Includes activities that clearly outline opportunities for the residents to develop the skills specific to the practice area that are specified by the educational objectives. Does not use the same activities for multiple objectives.	
Clearly differentiates the activities and the level of involvement by the resident (e.g., student vs. resident, PGY1 vs. PGY2, etc.)	
Specifies learning activities that are congruent with the learning level of the objectives they are teaching. Learning activities are unique to each objective. Learning activities are NOT criteria of the objectives.	

Faculty: Hyduk-Cardillo, Amy E.

Site:

ABC Medical Center

Status: Active

Required

General Description:

Orientation is a four-week required learning experience at the ABC Medical Center for all PGY1 residents.

Components of Orientation will include the organization's general employee orientation (2 days focusing on organizational policies and procedures; employee code of conduct education; environment of care, safety, and compliance training; and cultural competence training), clinical interdisciplinary staff orientation to the electronic medical record system (2 days), residency program orientation (1/2 day), and pharmacy department orientation (remainder of Orientation month).

Components of residency program orientation will include orientation to the residency program policies and procedures, expectations, The Standard, harmonized PGY1 Competency Areas, Goals, and Objectives (CAGOs), program evaluation strategy, and training on the PharmAcademic™ system. Additionally, residents will meet with all elective preceptors during the month to review each elective opportunity and its associated learning experience description in order to make initial elective selections. Residents will also meet with the preceptors for all longitudinal learning experiences, reviewing learning experience descriptions and getting started on initial longitudinal activities as applicable to the individual learning experiences.

Orientation to the pharmacy department will primarily focus on the distribution aspects of pharmacy services along with an overview of how all aspects of pharmacy services intersect. Policies and procedures, including all clinical protocols, will be reviewed during Orientation although in-depth training on clinical protocols, clinical consults, multidisciplinary rounds, and other decentralized pharmacy services will occur during the Adult Medicine 1 learning experience. A series of Orientation checklists and competencies will be introduced during the Orientation month as a means of ensuring a comprehensive training experience to prepare the resident for future learning experiences and staffing responsibilities. The resident will also be expected to complete the organization's BLS/CPR and ACLS certification courses during the Orientation month if such certifications have not yet been obtained, or are due to expire during the first three months of the residency program, by the resident at the start of the residency. The resident will be expected to renew such certifications prior to the expiration date if either, or both, certifications are set to expire during the residency year.

ABC Medical Center is part of the Best Practice Health-System which is comprised of eight hospitals, ambulatory surgery centers, ambulatory clinics, and a multidisciplinary medical practice. While Orientation will be conducted at ABC Medical Center, the resident will be exposed to, and trained on, pharmacy services that extend to other hospitals, surgery centers, clinics and the medical practice in the system (e.g., remote order verification, drug and vaccine distribution, drug information services, etc.).

ABC Medical Center is a 400-bed hospital that provides services for neonates through geriatrics. Primary service lines include cardiac care, critical care, emergency and trauma care, endocrinology, neurosurgery, nephrology, oncology, pediatrics, transplant, and neonatology. The medical center is a Level 2 Trauma Center. Pharmacy services extend to all areas of the medical center. Pharmacy distributive services are decentralized with ~80% of all patient medications being stocked in the automated dispensing cabinets on the patient care units. Automated systems in the main pharmacy which include medication carousels support an efficient decentralized medication distribution system. Pharmacy clinical services are also decentralized with pharmacists based on the floors, providing order verification, clinical consult, and drug information services along with participation in

multidisciplinary rounds and code coverage.

Role(s) of Pharmacist(s):

All pharmacists and technicians work as a team in providing patient care across the organization. Pharmacists at ABC Medical Center will rotate through shifts in the main pharmacy and on the floors in which they are cross-trained. All pharmacists are expected to be trained on, demonstrate competence with, and routinely complete the routine pharmacy clinical consults that are available 24/7 (pharmacokinetics services, dosing and monitoring of antimicrobials, anticoagulation dosing and monitoring service, parenteral nutrition service, pain management service, renal and hepatic dosing service, IV to PO service, therapeutic interchange service, and discharge medication education). Pharmacists with more advanced training in specialty areas (Critical Care, Emergency Medicine, Infectious Diseases, Pediatrics, Oncology, etc.) will also rotate through these decentralized shifts but additionally are expected to provide more comprehensive services for their service line that include policy and protocol review and development, medication usage review, committee representation, and development of education for pharmacy personnel and other healthcare associates.

All pharmacists at ABC Medical Center are required to maintain BLS/CPR and ACLS certifications and support the department's participation in code coverage across the medical center 24/7 (Code Blue, Rapid Response, and Stroke Code). Pharmacists in the Emergency Department are also required to maintain PALS certification as they also support pediatric codes and traumas in the emergency department.

When providing decentralized pharmacy services, the pharmacist's role is participation in multidisciplinary rounds on the unit(s) they are assigned to cover, complete order verification, complete all clinical consults, respond to codes, and provide comprehensive medication reviews for the patients on their unit(s). Pharmacists in the emergency department also oversee the pharmacy technicians who are completing medication history intake for all patient admissions in the medical center, assisting with the more complex medication histories, and making recommendations to providers for those patients whose medication histories indicate medication changes are needed during the admission medication reconciliation process.

The pharmacists and pharmacy technicians in the main pharmacy supplement the order verification and clinical services provided to all patients within the medical center by the decentralized pharmacists as well as provide remote order verification services to other hospitals in the organization after business hours. Each shift in the main pharmacy has dedicated pharmacist and pharmacy technicians assigned to the IV room and infusion center pharmacy to complete sterile compounding.

Expectations of Residents:

General hours during the Orientation month for which the resident is to be on-site are 7am-4pm. However, the resident will be expected to complete some orientation training on 2nd shift and on a weekend while maintaining compliance with duty hours. The resident will be provided with an Orientation calendar at that beginning of the Orientation month outlining training shifts/hours along with other key requirements. Residents are expected to be on-time for all shifts, meetings, and other sessions.

Residents are expected to abide by the organization's and pharmacy department's dress code policy (either business casual or the assigned department scrub color if electing to wear scrubs, white pharmacy coat anytime the resident is outside the main pharmacy, surgical scrubs anytime the resident is staffing in the IV room or infusion center, and the associate name badge must be visible at all times).

Residents are expected to abide by the attendance and call-off policy outlined in the residency manual.

Residents are expected to maintain an open line of communication with the Orientation preceptor, communicating any issues and concerns. The Orientation preceptor will be in contact with the resident daily

when on-site and formal check-ins between the preceptor and resident are included on the Orientation calendar. A designated pharmacist is assigned to the resident for each training shift in which the preceptor is not working directly with the resident. Routine formative feedback will be provided by the preceptor and other pharmacists during Orientation to the resident. The resident is also expected to conduct routine formative self-assessments as they work through the Orientation checklists and competencies.

Progression of Residents:

Day 1 & 2: Resident to complete the organization's general employee orientation program. Resident to meet with RPD at the end of Day 1 to review the Orientation learning experience description, Orientation calendar, and Orientation checklists.

Day 3 & 4: Resident to complete the organization's clinical associate interdisciplinary electronic medical records orientation/training sessions.

Day 5: RPD to review residency program policies and procedures, resident expectations, ASHP harmonized Standard, ASHP harmonized PGY1 CAGOs, and the program's evaluation strategy with the resident. Resident to complete/sign attestation to residency program policies. RPD to train the resident on the PharmAcademic™ system. RPD or designee will also take the resident on a full hospital and pharmacy department tour. The resident will begin working through the organization's general new associate online learning modules and competencies.

Week 2: Resident will review pharmacy department policies, procedures, and protocols with preceptor. The first two days of the week will be spent with pharmacy technicians to learn the roles and responsibilities of technicians in the various distributive, sterile and non-sterile compounding services. The resident will spend the remainder of the week training in the IV room with either the preceptor or a designated pharmacist. The resident will be expected to complete their initial gowning and garbing observation/competency, media fill, and fingertip testing along with aseptic technique competencies by the end of the week. The resident will be expected to complete their initial residency development plan in PharmAcademic™ by the end of the week if not already completed.

Week 3: The resident will rotate through the various pharmacist shifts in the main pharmacy (IV room, order verification, final product checking, controlled substance management) as outlined on the Orientation calendar. The resident is expected to be functioning at a level where the preceptor is coaching the resident in the IV room functions by the middle of the week. For other functions (order verification, final product checking, controlled substance management), the resident will spend at least half the week where the preceptor is providing direct instruction and modeling for the resident and then proceeding to some initial coaching of the resident in such duties by the end of the week.

Week 4: The resident is expected to be progressing to a level of independence in the IV room functions and in final product checking for all other medications and kits/trays by the end of the week. The resident is expected to be functioning in other duties (order verification and controlled substance management) with the preceptor coaching the resident for the majority of the week. The resident is expected to have completed the Orientation checklist for the distributive pharmacy functions, including all sterile and non-sterile compounding online training modules, competencies, and required observations, by the end of Week 4. The resident is to have completed BLS/CPR and ACLS certification/recertification if these were not already obtained and current at the start of the residency year. The RPD will review the initial resident development plan with the resident at the end of the week, incorporating into the plan any observations, feedback, and initial program changes identified during the Orientation month.

The resident may start the online clinical competencies during the Orientation month but the completion of these, along with the clinical service components of the Orientation checklists will not be required to be fully completed until the end of the Adult Medicine 1 learning experience.

			Activities
Goal R1.3	Promote safe and effective access to medication therapy.		
OBJ R1.3.1	(Cognitive - Applying) Facilitate the medication-use process related to formulary management or medication access.	Taught and Evaluated	Complete the controlled substance product pulls for at least two full-hospital deliveries, accurately performing the dispensing counts, back-counts, performing delivery reconciliation report review at end of delivery, and reconciling any controlled substance discrepancies identified During order verification, for any medications that require specific baseline labs or assessments, follow-up labs or assessments, completion of prior authorizations, or other documentation (e.g., clozapine, dofetilide, injectable epoprostenol, etc.), follow applicable formulary policies and protocols for the review and ordering of labs or tests, communication with providers, and/or documentation During order verification, identify and complete therapeutic interchanges on medication orders in accordance with the organization's therapeutic interchange policy and protocol
OBJ R1.3.2	(Cognitive - Applying) Participate in medication event reporting.	Taught and Evaluated	Complete learning module on medication event reporting prior to completing below activities: * Review current month's dashboard of reported medication events and discuss with preceptor * Identify at least one medication event or near miss and complete the required documentation for reporting the event * Assess and discuss with preceptor potential process improvement or education opportunities to mitigate error recurrence * Share at least one medication event or near miss as educational opportunity at a department safety huddle
OBJ R1.3.3	(Cognitive - Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Taught and Evaluated	Check a minimum of 5 non-sterile compounds completed by pharmacy technicians and ensure required documentation is completed in the compounding log Check sterile compounds completed by pharmacy technicians in the IV room, ensuring adequate labeling and documentation Complete and pass BLS/CPR and ACLS certification courses and prepare medications in a mock simulated mega-code Complete and pass the USP 797 sterile compounding required online competencies, real-time observations, and skills assessments (e.g., aseptic technique, gowning & garbing observations, media fill, and fingertip testing). Compound a minimum of 5 different sterile compounds, demonstrating appropriate aseptic technique and accuracy in product selection and compounding process During order verification, review all medication orders for appropriateness for the patient using the 5 Rights and checking for allergies prior to completing the orders Set-up TPN compounder accurately and complete ten parenteral nutrition compounds (completing double-checking of parenteral nutrition order, building or modifying the recipe in the automated compounding system, obtaining double-checks as required per policy, checking any manual additive ingredients, and completing all required documentation and labeling)
Goal R3.2	Demonstrate leadership skills that foster personal growth and professional engagement.		
OBJ R3.2.1	(Cognitive - Applying) Apply a process of ongoing self-assessment and personal performance improvement.	Taught and Evaluated	Complete initial resident development plan self-assessment

OBJ R3.2.3	(Cognitive - Applying) Demonstrate responsibility and professional behaviors.	Taught and Evaluated	Complete all required new employee modules by due date Ensure timeliness in reporting for all shifts and meetings; adhere to call-off policy and communication requirements as applicable Ensure timely follow-up communication and complete all required hand-off communication to appropriate clinician with all patient care activities
------------	---	----------------------	--

Assessments:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed

Faculty: Hyduk-Cardillo, Amy E.

Site:

ABC Medical Center

Status: Active

Required

General Description:

Adult Medicine I is a required four-week learning experience at ABC Medical Center. There are 200 adult medical/surgical beds across four different patient care units in the medical center. There are two internal medicine teaching teams each comprised of an attending physician, a PGY2 or PGY3 medical resident, a primary care nurse, and a clinical pharmacist. Pharmacists are decentralized from 0700-1800 daily on all four medical/surgical patient care units on weekdays and 0700-1500 on weekends. Pharmacy residents and other health professionals in training also participate when assigned to IM teaching teams.

Common disease states encountered in the adult medical/surgical units in which the resident will be expected to gain proficiency through direct patient care experience include, but are not limited to:

- * Cardiovascular disorders--hypertension, heart failure, dyslipidemia, stroke
- * Renal disorders--acute renal failure, end-stage renal disease, glomerulonephrosis
- * Respiratory disorders--asthma, COPD
- * Gastrointestinal disorders--GERD, PUD, hepatitis, pancreatitis, Crohn's disease, IBD
- * Endocrine disorders--diabetes mellitus, thyroid disorders, osteoporosis
- * Infectious diseases--pneumonia, UTI, sepsis, skin and soft tissue infections, bone and joint infections, endocarditis

Role(s) of Pharmacist(s):

The clinical pharmacist 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 based off of the admission medication history, addressing formal consults for non-formulary medication requests, pharmacy clinical consults for therapeutic drug monitoring (e.g., pharmacokinetics, anticoagulation, parenteral nutrition, etc.), code response participation, and participating in multidisciplinary rounds. The pharmacist will also provide drug information and education to healthcare professionals as well as patients and caregivers.

Expectations of Residents:

The resident is expected to be on-site at minimum between 0700 and 1600 for the entire Adult Medicine I learning

experience. The resident may need to begin preparing earlier in the morning for patient care rounds based on resident efficiency and complexity of patients on the service. Multidisciplinary rounds begin ~8:30/9am daily Monday through Friday and last approximately 3-4 hours. The preceptor will round with the resident on the team for at least the first two weeks. The preceptor and resident will review patient care items, discussing patient issues over lunch following rounds daily. The resident will spend the remainder of the afternoon following up on patient care issues, completing clinical pharmacy consults, and finishing patient care documentation. The resident and preceptor will complete topic discussions at least twice weekly in the afternoons also.

Topic discussions and primary literature will be used to help develop the resident's patient care skills for common disease states and also acquiring knowledge about diseases encountered less frequently on the service. The resident will be expected to review primary literature and evidence-based guidelines applicable for the disease states encountered during the learning experience, referencing them when making therapeutic recommendations.

The resident is expected to be on time for patient care rounds, meetings, and other learning activities.

The resident is expected to maintain an open line of communication with the preceptor regarding issues and concerns during the learning experience.

The resident is expected to carry their hospital-issued HIPAA-compliant voice and text-messaging smart badge while in the hospital at all times during the learning experience. This is the communication device that is to be used for all patient care discussions with providers, nurses, preceptors, and ancillary staff unless in-person communication is deemed more appropriate. The preceptor will provide guidance to the resident at the beginning of the learning experience the most appropriate communication methods based on various scenarios.

During the learning experience, the resident will focus on the objectives outlined below, performing the activities associated with each of the learning objectives. Achievement of the goals of the residency program is based on an assessment of the resident's performance in completing the activities associated with each learning objective.

The resident will gradually assume responsibility for all of the patients within the assigned unit. The resident must devise efficient strategies for completing the required activities within a limited timeframe.

Progression of Residents:

Expected progression of resident responsibilities on this learning experience is outlined below. The length of time the preceptor spends in each of these phases is dependent on the resident abilities and timing of the learning experience during the residency year.

Day 1: Preceptor will review learning activities and expectations with the resident using this learning experience description and the calendar for the month.

Week 1: Resident to work-up and assume pharmaceutical care for approximately 1/3 of the assigned teaching team's patients and present to preceptor daily. Preceptor to attend and participate in team rounds daily with resident, modeling the role of pharmacist on the healthcare team. Preceptor to provide direct instruction and model the role of the pharmacist in the completion of pharmacy clinical consults (including a more in-depth review of the clinical pharmacy protocols), the provision of patient education, and patient care documentation. The resident is expected to complete all clinical pharmacy orientation checklist items and earn a passing score on all clinical competencies by the end of the week.

Week 2: Resident to work-up and assume pharmaceutical care for approximately 1/2 of the assigned teaching team's patients and present to preceptor daily. Preceptor to attend rounds daily with resident, coaching the resident to take on the role of the pharmacist on the team in the provision of recommendations for each patient's therapeutic care plan to the team. The preceptor will also coach the resident in the completion of clinical pharmacy consults and the provision of patient education. The resident is expected to be able to appropriately optimize or adjust medication dosing based on renal and hepatic function per protocol as well as complete appropriate IV to PO therapeutic interchanges per protocol.

Week 3: Resident to work-up and assume pharmaceutical care for approximately 3/4 of the assigned teaching team's patients and transition to the role of the team's primary pharmacist. The preceptor will be in the patient care area to observe the resident but will not be an active participant in daily rounds. The resident should develop pharmaceutical treatment recommendations and the preceptor will provide support and guidance as

necessary as well as review all patient care documentation completed by the resident. The resident will still review patients with the preceptor post-rounds and should be able to demonstrate appropriate application of clinical guidelines and reference primary literature for all recommendations made.

Week 4: Resident to work-up and assume pharmaceutical care for all assigned teaching team's patients assuming full responsibility as the team's primary pharmacist. The preceptor will not attend rounds but will be readily available to the resident to facilitate the resident as the primary pharmacist on the teaching team. The resident will review patients with the preceptor post-rounds, focusing primarily on disease states and situations that have not yet routinely been encountered during the month, and should be able to demonstrate application of clinical guidelines and reference primary literature for all recommendations made.

		Activities	
Goal R1.1	Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)		
OBJ R1.1.1	(Cognitive - Analyzing) Collect relevant subjective and objective information about the patient.	Taught and Evaluated	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 patient monitoring forms. Identify patients started on any oral anticoagulant, enoxaparin, fondaparinux, argatroban or heparin infusions within the last 24 hours. Perform a medication history, review medical record, and contact patient's pharmacy or prescriber as necessary when performing medication reconciliation to ensure a complete and appropriate active medication history and therapeutic plan. When reviewing medication orders, review patient's profile, medical record (as needed), and interview patient/caregiver if necessary to assess potentially problematic medication orders.
OBJ R1.1.2	(Cognitive - Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Taught and Evaluated	Actively question orders in real time to determine the appropriateness of medication orders (e.g., indication, dose, route, frequency, rate of administration, drug interactions, compliance, cost, etc.). Analyze assigned patient-specific medication profiles, medication administration records, and pertinent clinical data/documentation records on a daily basis to identify any necessary changes to the patient care plan or educational needs of healthcare providers or the patient/caregivers. Review medication-related problems identified with the preceptor prior to multidisciplinary rounds. Verify orders for assigned patients until 2nd shift pharmacists begin order verification duties.
OBJ R1.1.3	(Cognitive - Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Taught and Evaluated	Begin patient on a dosing regimen designed to achieve target levels and determine when levels or other appropriate labs need to be ordered, appropriately entering and timing all such orders in the CPOE system. For all patients with pharmacy consults for dosing and monitoring, assess whether changes are needed in the medication dosing regimen or if levels need to be ordered.

OBJ R1.1.4	(Cognitive - Applying) Implement care plans.	Taught and Evaluated	After rounds, ensure agreed-upon medication changes have been ordered and verified. Discuss recommendations for addressing medication therapy issues with multidisciplinary team on patient care rounds.
OBJ R1.1.5	(Cognitive - Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Taught and Evaluated	Complete daily follow-up review of patient clinical status, pertinent labs and vitals, and medication changes that may impact the current medication therapy regimen. Revise therapeutic regimen as necessary based on assessment of patient's response to therapy and reviewing for any adverse reactions. Follow-up after multidisciplinary rounds to ensure any agreed-upon changes have been implemented, communicating and/or providing education to nurses any pertinent medication administration or lab-draw information as deemed necessary, especially for unusual scenarios or medications not routinely administered on the patient care unit. For all patients, ensure all identified medication-related issues are resolved by the end of the day. If issues cannot be resolved, ensure that such outstanding issues are communicated to the appropriate 2nd shift pharmacist prior to leaving for the day.
OBJ R1.1.6	(Cognitive - Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Taught and Evaluated	For patients on direct oral anticoagulants, ensure the patient's insurance will cover the selected agent prior to the patient's discharge. If not, discuss financial impact with patient, providing recommendations for appropriate alternatives to the patient and provider based on patient needs.
Goal R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.		
OBJ R1.2.1	(Cognitive - Applying) Collaborate and communicate with healthcare team members.	Taught and Evaluated	Actively contribute to interdisciplinary care rounds for assigned internal medicine team. Maintain an active presence on assigned internal medicine unit throughout the workday to ensure availability to all members of the multidisciplinary team. Respond to all drug information questions from interdisciplinary team members appropriately and in a timely manner, researching primary literature and tertiary drug information references as needed.
OBJ R1.2.2	(Cognitive - Applying) Communicate effectively with patients and caregivers.	Taught and Evaluated	Conduct an organized, focused patient interview incorporating active listening and open-ended questions. Demonstrate empathy, respect, and collaboration in interactions with patients and caregivers. Provide education to patients and/or caregivers at an appropriate literacy level on medications including potential adverse reactions and drug-drug, drug-food interactions. Teach patients how to properly administer insulin or use self-monitoring devices. Use motivational interviewing techniques when appropriate to promote lifestyle changes.
OBJ R1.2.3	(Cognitive - Applying) Document patient care activities in the medical record or where appropriate.	Taught and Evaluated	Complete progress notes in the electronic medical record for all initial pharmacy consults and anytime a medication dose is changed or a therapeutic level is drawn and analyzed.

Assessments:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed

ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
-------------------------------------	-----------	---------------------	--------------------------------

Faculty: Hyduk-Cardillo, Amy E.

Site:

Best Practice Health-System

Status: Active

Required

General Description:

Pharmacy Practice Management is an 11-month longitudinal learning experience within the Best Practice Health-System. The Best Practice Health-System is comprised of eight hospitals, multiple ambulatory surgery centers, ambulatory clinics, and a multi-specialty medical practice that provides services across the NE region of YZ state.

This learning experience will primarily be conducted at ABC Medical Center but will involve meetings and encompass work across all Best Practice Health-System facilities. The learning experience will provide the pharmacy resident with the opportunity to gain experience and an understanding of providing comprehensive pharmacy services in an institutional setting and the associated challenges.

Topics that are encountered by pharmacy leaders in health-system pharmacies to be reviewed during this learning experience:

- * Pharmacy financial management
- * Human Resources management pertinent to the Pharmacy Dept
- * Pharmacy personnel competency and credentialing
- * Strategic planning and forecasting for pharmacy services
- * Productivity management
- * Accreditation, legal, and regulatory requirements
- * Controlled substances diversion mitigation
- * LEAN principles
- * Leadership principles and strategies
- * Time management and personal productivity

Role(s) of Pharmacist(s):

This learning experience is precepted primarily by the System Pharmacy Director in collaboration with the Pharmacy Managers and Clinical Coordinators for all eight facilities within the enterprise.

The System Pharmacy Director's scope of responsibility includes leading the pharmacy departments and medication management services across all facilities which includes the facilitation and management of the system pharmacy strategic plan, policies and procedures, and ensuring applicable rules, regulations, and best practices are followed.

The System Pharmacy Director, in collaboration with the health-system executive team where applicable, develops and manages the budget annually for the department, negotiates contracts with pharmacy automation and other vendors, exercises financial responsibility in routinely developing and implementing medication and pharmacy service cost-savings and quality initiatives, and facilitates the development and expansion of pharmacy services across the organization.

Pharmacy Managers within the health-system manage various pharmacy services (e.g., Pharmacy Operations Manager, Pharmacy Clinical Manager, and Pharmacy Informatics Manager), directly supervise pharmacy personnel, manage day-to-day operations for their assigned services, addressing safety concerns and issues from staff, and are responsible for drafting policy and procedure revisions for review by the full Pharmacy Leadership team.

Pharmacy Clinical Coordinators within the health-system manage various clinical pharmacy servicelines (e.g., Antimicrobial Stewardship, Critical Care, Oncology, Transplant, Emergency Medicine) and are responsible for reviewing and revising clinical protocols, conducting medication usage evaluations, completing formulary drug class reviews, reviewing formulary addition requests, serving as the pharmacy representative on the multidisciplinary serviceline committees in their specialty area(s), identifying staff education needs, and developing/providing such education to staff.

Expectations of Residents:

- * Be on-time to all meetings
- * Maintain a professional calendar within the organization's email management system
- * Demonstrate professional written and verbal communication at all times
- * Meet all assigned due dates and project timelines; drafts of written work and presentations should be provided to the preceptor for review at least one week prior to the final copy being due unless otherwise communicated by the preceptor
- * Demonstrate flexibility with schedule and assigned project prioritization changes based on organizational needs

Meeting Participation:

- * Hospital Safety Huddles--Resident will participate in a minimum of 12 of the daily hospital Safety Huddles in the Administration Board Room (held daily at 8am)
- * Pharmacy Leadership Meetings--Resident will participate in a minimum of 6 over the course of the year (held weekly on Mondays at 12pm)
- * System P&T Meetings--Resident will participate in the monthly P&T meetings over the course of the year unless excused by the preceptor (held on last Friday of the month at 7am)
- * System Clinical Pharmacy Council Meetings--Resident will participate in a minimum of 3 over the course of the year (held on the last Friday of the month at 8am following P&T)
- * Other meetings as relevant to the learning experience per the preceptor's discretion
- * Resident and preceptor will meet at minimum of once per month to review current projects, tasks, and other pertinent issues/items; Resident and preceptor will also meet once per month for various topic discussions

Progression of Residents:

Day 1: Review LED with preceptor, discussing goals and objectives, activities, tentative meeting schedule, expectations of the resident, progression, and evaluation strategy

Qtr 1: This quarter will essentially involve the preceptor providing direct instruction and modeling the role of a pharmacy leader in various capacities and settings.

The resident should complete assigned readings on Time Management principles and strategies, the ASHP Pharmacy Forecast document, ASHP Guidelines on Managing Drug Product Shortages in Hospitals and Health-Systems, ASHP Guidelines on Preventing Diversion of Controlled Substances, ASHP Guidelines on MUEs, and Leading a Multi-Generational Workforce: Understanding Generational Differences for Effective Communication. The resident should complete the H-PILS learning style self-assessment and incorporate their findings and self-reflection on such into the initial development plan. The resident will be expected to identify and implement organizational time management strategies (i.e., use of calendar to outline all meetings/appts/PTO/due dates; use of to-do lists with due dates and reminders; breaking large projects into "chunks" and incorporating "mini-deadlines" for various components of the project, etc.) into their process to manage responsibilities efficiently.

The resident should review the department strategic plan and annual pharmacy department report in preparation for the topic discussion on strategic planning with the preceptor. The resident should collaborate with the preceptor to identify an MUE topic and begin work on the MUE. The resident will participate in one regional or COP residency showcase for recruitment purposes.

Qtr 2: This quarter will essentially involve the preceptor modeling and coaching the resident on various assigned projects and in meeting participation. The resident is expected to be able to function with minimal assistance in the completion of the MUE.

The resident should complete assigned readings on formulary management and financial principles in preparation for topic discussions during the quarter. The resident should read the "Lean Hospitals" text by the end of December in preparation for topic discussion to occur during early January. The resident should review the staff orientation and training materials and pharmacy personnel job descriptions in preparation for a human resources management topic discussion. The resident will participate in the ASHP Midyear Residency showcase for recruiting purposes. The resident should begin tracking and trending various pharmacy department financial metrics after initial review with, and coaching by, the preceptor. The resident will continue work on the MUE.

Qtr 3: This quarter will essentially involve the preceptor in more of the facilitation role as assigned projects progress (after the initial direct instruction and coaching with examples provided to resident). The resident should require little to no prompting in areas of discussion that are not entirely new to them.

The resident should read "The 7 Habits of Highly Effective People" in preparation for a topic discussion by the end of the quarter. The resident should complete the MUE in a final report format. The resident should complete the MUE slides and present the MUE at the System P&T Committee Mtg this quarter. The resident should complete a GAP analysis of a medication mgmt process and identify a process improvement plan applicable to the findings. The resident will begin reviewing metrics/quality data from the IV Smart Pumps. The resident will be expected to participate in residency interviews for the upcoming residency class. The resident will participate in the annual system pharmacy leadership strategic planning meeting and take minutes during the meeting.

Qtr 4: The resident should be able to function independently and complete all projects assigned during the learning experience that were not already due in a previous quarter at the level of a new practitioner by the end of the quarter.

The resident is expected to be able to present projects and presentations confidently during this quarter with limited reading of slides/notes, limited use of distracting mannerisms and "filler" words, appropriately address questions and provide timely follow-up for questions that cannot be addressed immediately during presentation and meetings. The resident should read "Who Moved My Cheese" in preparation for a topic discussion on leadership at the end of the quarter. The resident will complete an article for the Medical Staff newsletter. The resident will present their GAP analysis results and recommended PI plan to the pharmacy leadership team at a pharmacy leadership meeting.

			Activities
Goal R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management).		
OBJ R1.4.2	(Cognitive - Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Taught and Evaluated	Complete 1 drug class review and present to the system P&T Committee. Complete 1 formulary monograph and present to the System P&T Committee.
Goal R2.1	Conduct practice advancement projects.		
OBJ R2.1.2	(Cognitive - Creating) Develop a project plan.	Taught and Evaluated	After reading "Lean Hospitals" and completing the topic discussion on LEAN principles, incorporate strategies of LEAN management into the medication-use system plans for the associated GAP analysis and MUE projects.
OBJ R2.1.3	(Cognitive - Applying) Implement project plan.	Taught and Evaluated	Minor Project: Complete the comprehensive MUE, meeting all deadlines.
OBJ R2.1.4	(Cognitive - Analyzing) Analyze project results.	Taught and Evaluated	Minor Project: Assess data collected for MUE and identify recommendations. Discuss feasibility of recommendations with preceptor(s).
OBJ R2.1.5	(Cognitive - Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	Taught and Evaluated	Minor Project: After presentation of the MUE and recommendations to the System P&T Committee, finalize a plan and timeline to carry-out the recommended changes, consulting/getting approval from other stakeholders where applicable. Perform a review of the QA data from the IV Smart Pump software and identify opportunities for improvement in the drug software dataset (e.g., changes in parameters for dosing, concentration or infusion administration time based on current literature, addition of value-added warnings/alerts, reduction in duplicative/unnecessary alerts, education to end users, etc.)
OBJ R2.1.6	(Cognitive - Creating) Develop and present a final report.	Taught and Evaluated	Minor Project: Complete formal write-up of MUE.

Goal R3.1	Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.		
OBJ R3.1.1	(Cognitive - Understanding) Explain factors that influence current pharmacy needs and future planning.	Taught and Evaluated	Review and discuss the pharmacy department's strategic plan. Review and discuss with preceptor the data on pharmacy staff general pay practices, national trends, and recruitment strategies/processes. Review and discuss with preceptor the leveraging of resources across a system, developing new service lines and positions within the pharmacy department, developing a new job description, and the recruitment, interviewing and onboarding process. Review and discuss with preceptor the most recent BOP and TJC surveys of the pharmacy departments, methods, expectations, and preparation for such surveys. Review and discuss with preceptor the pharmacy budgeting process, pharmacy productivity metrics, monthly pharmacy dept operations report, pharmacy data trending reports, and other principles of financial management. Review and discuss with preceptor the pharmacy contracting, GPO, and formulary management principles. Review the ASHP Guidelines on Preventing Diversion of Controlled Substances and participate in controlled substance diversion report review and auditing processes. Track and trend pharmacy productivity measures as assigned and review observations of trends with preceptor.
OBJ R3.1.2	(Cognitive - Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Taught and Evaluated	Review and discuss with preceptor ASHP's Pharmacy Forecast document. Review and discuss with preceptor value-based purchasing principles and the pharmacy department's role in HCAHPs. Review job posting publications to observe current trends in recruiting activities and participate in discussion on recruitment and interview process/techniques with preceptor.
Goal R3.2	Demonstrate leadership skills that foster personal growth and professional engagement.		
OBJ R3.2.1	(Cognitive - Applying) Apply a process of ongoing self-assessment and personal performance improvement.	Taught and Evaluated	Complete self-assessment each quarter in the quarterly development plan updates. Complete the Health Professionals' Inventory of Learning Styles (H-PILS) self-assessment and document the results and self-reflection in the initial development plan. Implement changes identified by RPD and preceptors for success as outlined in the quarterly development plan updates.

OBJ R3.2.2	(Cognitive - Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Taught and Evaluated	Attend and report pertinent Pharmacy Dept information including drug shortage information and any immediate medication safety issues applicable to the facility at a minimum of 12 of the daily facility Safety Huddles over the course of the residency year Participate in at least 3 of the monthly system pharmacy clinical council meetings over the course of the year. Determine the mechanism and manner for which to provide medical staff with pertinent System P&T Committee decisions (following Medical Executive Committee ratification) that will impact their current practices. Exhibit professional demeanor and communication in all interactions with all healthcare providers and team members. Participate in at least 6 of the weekly system pharmacy leadership meetings over the course of the year. Participate in residency recruitment events (at least one regional or COP residency showcase and the ASHP Midyear Residency Showcase, residency interviews, and ranking meeting). Participate in, and take minutes of, the annual System Pharmacy Leadership Strategic Planning Meeting. Watch 4 videos from the ASHP Foundation's "Conversations with Pharmacy's Most Influential Leaders" (1 video from each of the 4 categories) and identify opportunities to incorporate concepts/strategies learned into personal leadership development strategy.
------------	--	----------------------	--

Assessments:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed

Community Pharmacy Medication Therapy Management

PGY1 - Community Pharmacy (D00001)

Faculty: Hyduk-Cardillo, Amy E.

Site:

Caring Pharmacy

Status: Active

Required

General Description:

The Caring Community Pharmacy provides Comprehensive Medication Reviews (CMR) and Targeted Medication Reviews (TMR) for assigned patients from Outcomes™ or Mirixa™ platforms, for patients enrolling in the medication synchronization program, for patients enrolled in disease state management services at the pharmacy, and for patients who request reviews or are referred for reviews by the staff or other healthcare providers.

Each patient has at least one follow-up phone call or pharmacy clinic visit after the initial encounter to monitor the outcome of the CMR or TMR. Each patient receives a current medication list and a medication action plan (MAP). The primary provider and other designated providers receive visit summaries as well as intervention communications via office visit, telephone, FAX, or secure mail as needed.

Role(s) of Pharmacist(s):

The role of the pharmacist includes, but is not limited to, the following: contacting patients to schedule phone or pharmacy visit appointments, collecting subjective and objective patient information to complete CMRs and TMRs, interviewing the patient, communicating and collaborating with the patient's healthcare provider(s) as needed, counseling patients on the established medication action plan, and monitoring the outcomes of the interventions.

Expectations of Residents:

- * Be on time for all learning experiences, meetings, patient appointments, and other learning experience obligations
- * Demonstrate professionalism in all patient, healthcare provider, and team member interactions
- * Demonstrate professional and polished written and verbal communication with all patients, healthcare providers, and team members
- * Avoid use of personal cell phone/devices when meeting with patients unless for medication management references or communication related to the patient visit; Keep personal devices on silent during patient care visits
- * Ensure all patient care plans/interventions and recommendations to providers are evidence-based and supported by the medical literature
- * Ensure billing and patient encounter documentation are completed in a timely manner per community pharmacy policy

Progression of Residents:

Day 1--Preceptor will review learning experience description with the resident. Preceptor and resident will discuss resident learning experience goals and progression in the residency program to date to determine if learning activities, expected progression, and objectives should be modified based on such. Preceptor will orient the resident to the MTM process including identification of patients for MTM, documentation requirements, billing, and patient outcome tracking expectations.

Week 1--Preceptor will model conducting CMRs and TMRs for initial patient encounters and follow-up encounters. Preceptor will model how to utilize the software to identify patients, schedule patient encounters, documentation in the patient record, bill for eligible patient encounters, and run reports to analyze patient outcomes.

Quarter 1

- * Resident will conduct CMRs and TMRs under the guidance of the preceptor.
- * Resident will observe the preceptor conducting CMRs and TMRs during physician office visits.

Quarter 2

- * Resident will conduct CMRs and TMRs independently. Preceptor will review patient encounter documentation and provide feedback accordingly to the resident.
- * Resident will conduct follow-up visits with the preceptor.
- * Preceptor will observe the resident conducting CMRs and TMRs during physician office visits.

Quarter 3

- * Resident will continue to conduct CMRs and TMRs independently, with more focus on efficiency.
- * Resident will conduct follow-up visits independently.
- * Resident will precept APPE students with the preceptor observing.
- * Resident will conduct CMRs and TMRs independently during physician office visits.

Quarter 4

- * Resident should conduct CMRs and TMRs with follow-up with the added responsibility of precepting APPE students independently. Resident will facilitate topic discussions with the APPE student(s). Resident will complete evaluation of the APPE student(s).
- * Resident will model to APPE students the conducting of CMR and TMR in the physician office.

		Activities	
Goal R1.1	Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)		
OBJ R1.1.1	(Cognitive - Analyzing) Collect relevant subjective and objective information about the patient.	Taught and Evaluated	Contact assigned patients to explain CMR or TMR benefits and schedule phone or pharmacy clinic appointment. Gather all pertinent patient-specific information in an organized manner and be prepared to discuss recommendations with preceptor.
OBJ R1.1.2	(Cognitive - Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Taught and Evaluated	Assess need for wellness and prevention services. Identify if patient is up to date on immunizations. Provide recommendations to patients for immunizations identified as needed and administer immunizations if patient consents.
OBJ R1.1.3	(Cognitive - Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Taught and Evaluated	Create a MAP for the patient Identify and prioritize the patient's therapeutic problem list, assessing which healthcare provider is most appropriate to handle each problem.

OBJ R1.1.4	(Cognitive - Applying) Implement care plans.	Taught and Evaluated	Be prepared to discuss recommendations with preceptor prior to submitting the CMR or TMR. Discuss recommendations for addressing medication therapy issues with the patient's healthcare providers and ensure agreed-upon medication changes have been implemented.
OBJ R1.1.5	(Cognitive - Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Taught and Evaluated	Interview patients for follow-up on CMRs and TMRs. Modify the care plan, if needed. Reassess all medications.
OBJ R1.1.6	(Cognitive - Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Taught and Evaluated	Complete full medication reconciliation during initial encounter. Review and update medication history with each follow-up encounter. Ensure patients have information and/or access to resources to obtain prescribed medication therapy. Identify patient access programs applicable to the medication therapy and patient. Complete prior authorization paperwork as needed.
Goal R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.		
OBJ R1.2.2	(Cognitive - Applying) Communicate effectively with patients and caregivers.	Taught and Evaluated	Show respect and empathy to patients during all patient interactions, including scheduling appointments, conducting medication reviews, and follow-up encounters.
OBJ R1.2.3	(Cognitive - Applying) Document patient care activities in the medical record or where appropriate.	Taught and Evaluated	Document billable MTM encounters in appropriate online portal for payment. Perform a medication history, review medical and pharmacy records, and contact prescribing physician as needed when completing current medication list. Record discrepancies found and recommendations on medication history form. Document each patient encounter with follow-up monitoring in patient record.

Assessments:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed

Faculty: Hyduk-Cardillo, Amy E.

Site:

Members Come First Healthplan

Status: Active

Required

General Description:

During this required six-week learning experience, the resident will participate in prior authorization (PA) activities at the Members Come First Healthplan (MCFH). This will include updating and developing prior authorization guidelines, presenting them to the Pharmacy & Therapeutics (P&T) Committee, and management of both commercial and Medicare Part D prior authorization/coverage determination requests.

MCFH is a regional healthplan with approximately 400,000 members. The MCFH headquarters is located in a metropolitan area. MCFH contracts with a large national Pharmacy Benefit Manager (PBM) for claims processing services, pharmacy network management, rebate negotiation, and some clinical programs. MCFH manages some clinical programs (prior authorization, medication therapy management, pharmacoadherence, and formulary management) in-house. MCFH has its own P&T Committee which meets quarterly. MCFH pharmacy staff includes 12 full-time pharmacists (of which 4 are dedicated to prior authorization) and 10 pharmacy technicians (of which they primarily conduct prior authorization reviews), and 4 administrative staff members.

In this learning experience, approximately 70% of the resident's activities will be in patient care:

- 1) Reviewing primary literature and nationally-recognized treatment guidelines to develop updated and new prior authorization criteria.
- 2) Reviewing prior authorization requests, making coverage determinations, and communicating these decisions with therapeutic recommendations to plan members and healthcare providers.

Role(s) of Pharmacist(s):

The role of the pharmacist is to update existing, and develop new, prior authorization guidelines. In addition, the pharmacist reviews requests for prior authorization and coverage determinations as well as communicates decisions to members and healthcare providers.

Expectations of Residents:

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment is expected to be able to perform. These activities were selected to help the resident work toward achieving specific objectives which will, in turn, help the resident achieve the goals assigned to this learning experience.

The resident is expected to familiarize themselves with the objectives associated with each goal in the PGY1 Residency Competency Areas, Goals, and Objectives document located on the ASHP website under the Residency Information section. The resident's achievement of the goals of the residency is determined through the assessment of the resident's ability to perform the activities associated with each of the related objectives.

Required Readings:

- 1) AMCP statement on Prior Authorization http://amcp.org/prior_authorization
- 2) CMS regulation on Coverage Determinations <http://www.cms.gov/Medicare/Appeals-and->

Preceptor Interaction:

- * Orientation at beginning of learning experience
- * Assign reading materials and discuss
- * Weekly meetings to discuss progress of resident in learning experience
- * Ad hoc meetings
- * Final summative evaluation discussion

Progression of Residents:

Week 1:

- Orientation to learning experience, required goals and objectives to be taught and evaluated, feedback plan, evaluation strategy, and resources available
- Review assigned readings listed above and discuss with preceptor (Direct Instruction)
- Attend weekly P&T subcommittee meeting and discuss observations with preceptor after meeting
- Review reporting tools such as RxNavigator
- Overview of formularies and utilization management edits discussion with preceptor
- Review PA guidelines for top 25 requested medications
- Identify 2 medications which need PA criteria updated
- Shadow a PA pharmacist and have the pharmacist talk through each step of the process (Modeling)

Week 2:

- Submit first draft of PA guideline updates of two new drugs
- Identify 2 new medications for which PA criteria will be developed
- Manage 4 PA requests daily while explaining each step of the process to the preceptor (Coaching)

Week 3:

- Submit final draft of PA guideline updates of two drugs
- Submit first draft of new PA guideline for two drugs
- Manage 6 PA requests daily independently (Facilitation)

Week 4:

- Submit final draft of new PA guideline for two drugs
- Manage 8 PA requests daily independently (Facilitation)

Weeks 5-6:

- Present updated and new PA guidelines to P&T Committee
- Manage 20 PA requests daily independently (Facilitation)

			Activities
Goal R1.1	Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)		
OBJ R1.1.1	(Cognitive - Analyzing) Collect relevant subjective and objective information about the patient.	Taught and Evaluated	Collect pertinent information on each assigned patient from medical records, provider, and patient (as applicable). Conduct a medication profile review on assigned patients, including a review of medical record and patient. 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.
OBJ R1.1.2	(Cognitive - Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Taught and Evaluated	Analyze assigned patient-specific medication profiles and pertinent clinical data/documentation record. Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed. Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor.
OBJ R1.1.3	(Cognitive - Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Taught and Evaluated	Be prepared to discuss recommendations for addressing medication therapy issues with preceptor. Contact prescribing/primary physician with recommended changes to medications or monitoring plans if determined that changes are needed. Determine when levels or other appropriate labs need to be ordered. Propose a medication and dosing regimen designed to achieve target levels and desired clinical outcome.
Goal R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.		
OBJ R1.2.1	(Cognitive - Applying) Collaborate and communicate with healthcare team members.	Taught and Evaluated	Provide therapeutic recommendations on assigned patients and answer drug information questions in a timely manner. When interacting with other healthcare team members, be prepared to identify medication-related problems and make evidence-based recommendations for solutions to the team. Work with physicians and nurses to resolve issues found when reconciling patients' medications.
OBJ R1.2.2	(Cognitive - Applying) Communicate effectively with patients and caregivers.	Taught and Evaluated	Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling Obtain medication histories on assigned patients Provide medication education to patients, their families, and/or caregivers.
Goal R1.3	Promote safe and effective access to medication therapy.		
OBJ R1.3.1	(Cognitive - Applying) Facilitate the medication-use process related to formulary management or medication access.	Taught and Evaluated	Document and communicate approvals and denials appropriately and timely. Recommend formulary therapeutic alternatives for non-formulary medications, as appropriate. Review non-formulary/prior authorization-required drug requests to determine if meets criteria for approval.

Goal R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management).		
OBJ R1.4.2	(Cognitive - Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Taught and Evaluated	Conduct a drug use evaluation or drug utilization review to identify opportunities for inappropriate use. Evaluate current utilization of a medication or a therapeutic class against the current evidence supporting use. Evaluate current utilization of a medication or a therapeutic class against the current evidence supporting use. Identify 2 medications for which prior authorization criteria has not yet been developed and draft prior authorization guidelines for the respective medications. Identify 2 medications which need prior authorization criteria updated and complete revisions of the respective prior authorization guidelines. Identify therapeutic areas or drugs that have a significant potential for inappropriate use (e.g., drug is ineffective or significantly less effective, or significantly more costly than the alternatives for the indication). Identify therapeutic areas or drugs that have a significant potential for inappropriate use (e.g., drug is ineffective or significantly less effective, or significantly more costly than the alternatives for the indication). Implement approved changes, as applicable. Propose the strategy and criteria to appropriate committee for approval. When a new gap between current evidence and current use patterns is identified, propose a utilization management strategy.

Assessments:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed

Faculty: Craig, R.C.

Site:

ABC Specialty Hospital

Status: Active

Elective

General Description:

This adult long-term acute critical care learning elective experience occurs at ABC Specialty Hospital which consists of 52 licensed beds. ABC Specialty Hospital is a high acuity long-term care hospital for adults with a 12-bed high-obs unit consisting of the highest acuity long-term acute care patients. The critical care rotation is designed to provide the resident with the opportunity to develop the knowledge and skills about the clinical course, manifestations and therapy of common critical care disease states through direct instruction, observation and modeling by the preceptor. Residents will have the opportunity to apply this knowledge through active participation in the multi-disciplinary team and focused projects relating to critical care with coaching and facilitation occurring by the preceptor. The resident can expect to be involved in direct patient care with a broad range of patients including, but not limited to, ventilator-dependent patients, post-op transplant patients, patients with VADs, and patients recovering from trauma and neurologic conditions such as stroke, traumatic brain injury, bleeds, etc.

This elective learning experience is precepted by Dr. R. Craig, a board-certified critical care physician and Medical Director for ABC Specialty Hospital. Partner physicians, nurse practitioners, physician assistants and pharmacists at ABC Specialty Hospital will assist in the teaching aspects of this learning experience. Partner physicians will also assist in precepting the resident in Dr. R. Craig's absence.

The structure of the medical team schedule at ABC Specialty includes critical care physicians who staff/take 24/7 call in 1-2 week blocks and then switch. Dr. R. Craig staffs at ABC Specialty Hospital for two weeks each month. Two to three nurse practitioners or physician assistants staff daily as well.

ABC Specialty Hospital is a high-acuity long-term acute care hospital for adults with a broad range of disease states. For this reason, the rotation encompasses exposure to and topic discussion on a wide variety of disease states. The resident will become familiar with the following content through daily patient care experiences, assigned readings and/or presentations and lectures. The resident will be expected to lead certain topic discussions as decided by the preceptor. Topics will include, but are not limited to the following:

PGY2 Topics

The PGY2 should already have a strong foundation in the following areas and will only be reviewed briefly on an as-needed basis:

- Supportive Care/ICU Prophylaxis
- Acid/Base disorders
- Acute renal failure
- Community/ hospital/ventilator associated pneumonia
- Analgesia, Sedation, Delirium
- Acute gastrointestinal hemorrhage

Required Topics:

- Sepsis
- Shock States
- Acute Exacerbation of COPD
- Fluid and electrolyte disorders
- Antimicrobial Stewardship
- Acute Respiratory Distress Syndrome
- Anticoagulation and Bleeding Disorders
- End of life, palliative care

Role(s) of Pharmacist(s):

There is not a pharmacist who is routinely decentralized on the floor with the providers so this is conducted as a non-pharmacist learning experience. There are pharmacists 24/7 at ABC Specialty Hospital, however, who have responsibilities that include review of patient profiles, medication history/reconciliation, pharmacokinetic, parenteral nutrition and anticoagulation monitoring, recommending therapeutic changes to the patient's medication therapy, attending emergent situations including code-blue scenarios, documentation in the electronic health record, and clinical documentation system and counseling patients. The pharmacist attends twice-weekly multidisciplinary/SIBR (standardized interdisciplinary bedside rounds) and antimicrobial stewardship rounds, and makes recommendations directly to the medical team. The pharmacist is also responsible for providing drug information and education to health care professionals and patients and their families as well as participating in quality and safety meetings throughout the month.

Expectations of Residents:

The PGY2 resident is assigned to, and expected to competently cover, all patients at ABC Specialty Hospital by the end of Week 1 (i.e., be fully prepared for rounds, complete admission med rec review, handle all pharmacy dosing and monitoring consults and antimicrobial stewardship tasks for this full complement of patients, assist in preparation of discharge med rec, patient/family medication education, etc.). The PGY2 resident is expected to co-precept pharmacy students if on-site during same month.

The resident is expected to be present at ABC Specialty Hospital Monday through Friday during the hours of 7am to 4pm at minimum with the priority on completion of all direct patient care tasks and follow-up/hand-off communication being completed before the resident leaves each day. Specific patient care activities are listed in the grid with additional activities included but not necessarily limited to, listed below:

- Topic discussions (resident to lead at least one topic discussion/presentation of assigned therapeutic guidelines at provider meeting during the month)
- Weekly Journal Club (resident will be required to lead one weekly journal club during the month; resident may select journal article but preceptor to approve one week in advance)
- Develop and present nursing medication education/in-service/lunch and learn program
- MUE/retrospective chart review
- Rapid response and code blue attendance and participation
- Research and completion of drug information questions

Please refer to the rotation calendar for more specific details on the rotation for these non-patient care activities

Preceptor Interactions:

Daily:

- * 0700: Attend sign-out with night provider and incoming early shift provider; Pre-round on high-obs and newly admitted patients
- * 0830: Round with physician on high-obs and newly admitted patients (rounding times will vary daily based on physician schedule)
- * 10:30: Tuesdays & Thursdays only—SIBR & antimicrobial stewardship rounds
- * 11:00: Round with attending physician and "float shift" nurse practitioner on patients
- * 1200: MWF only—Provider meetings (Mondays—Journal Club; Wednesdays—General providers meeting and teaching session; Fridays—Review of patients)
- * 1300: Round with "late shift" nurse practitioner on patients

Progression of Residents:

Expected Progression of the Resident

Day 1: Preceptor to review syllabus, activities and expectations with resident. Site Pharmacist in central pharmacy to review policies, protocols, resources and pharmacy dept information specific to ABC Specialty Hospital with resident. Pharmacist to review report tools that resident will use for SIBR and antimicrobial stewardship rounds and admission medication reconciliation process with the resident.

Week 1: Resident to round daily with Dr. R. Craig. Resident to read and review assigned readings. Resident to meet with respiratory therapist to gain understanding/review trachs, trach care, ventilator circuit mechanics, and ventilator settings (if not already completed in required critical care learning experience). The PGY2 resident is assigned to, and expected to competently cover, all patients at ABC Specialty Hospital by the end of Week 1 (i.e., be fully prepared for rounds, complete admission med rec review, handle all pharmacy dosing and monitoring consults and antimicrobial stewardship tasks for this full complement of patients, assist in preparation of discharge med rec, patient/family medication education, etc.). The resident is expected to be involved in daily medication education immunosuppressant and transplant supportive care medications for any transplant patients at ABC Specialty Hospital.

Week 2: Resident to round daily with Dr. R. Craig or his intensivist partners in his absence in the morning. Resident to round daily with advanced practice practitioners in the afternoons, functioning independently as a member of the interdisciplinary team. Resident will co-precept pharmacy student if on service at same time.

Week 3-4: Resident to round daily with Dr. R. Craig or his intensivist partners in his absence in the morning. Resident to round daily with advanced practice practitioners in the afternoons, functioning independently as a member of the interdisciplinary team. Resident to serve as the pharmacist member on the team for SIBR and antimicrobial stewardship rounds. Resident to provide in-service to nursing staff, facilitate a journal club, and facilitate two topic discussions with providers by the end of the learning experience.

			Activities
Goal R1.1	In collaboration with the health care team, provide comprehensive medication management to critically ill patients following a consistent patient care process.		
OBJ R1.1.2	(Cognitive - Applying) Interact effectively with critically ill patients, family members, and caregivers.	Taught and Evaluated	• Demonstrate appropriate self introduction utilizing AIDET • Employ empathy and use cultural awareness while interacting with patients and their families. • Complete admission medication reconciliation for all patients admitted over the previous 24 hours.
OBJ R1.1.4	(Cognitive - Applying) Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.	Taught and Evaluated	• Review/pre-round on all high-obs and newly admitted patients prior to physician rounds. Focus on new lab and culture data, antimicrobial stewardship principles, DVT and SUP, ensure all new medications from previous 24hrs are dosed appropriately for indication and renal/hepatic function and include appropriate monitoring.
			• Actively participate in SIBR & provider meetings, making therapeutic recommendations and answering any drug information questions. • Identify medication gaps in care & discuss w/team
OBJ R1.1.5	(Cognitive - Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients.	Taught and Evaluated	• Develop evidence based monitoring plans for safety and efficacy and discuss the recommendations, including monitoring recommendations with the preceptor/medical team. Be prepared to provide the reference on request. • Analyze the limitations of the recommendations and be prepared to offer alternatives
OBJ R1.1.6	(Cognitive - Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions.	Taught and Evaluated	• Provide recommendations in a concise manner on rounds on a routine basis starting day 2 of the rotation • Employ strategies to communicate plans regarding TPN, vancomycin, aminoglycoside and anticoagulation therapy with the medical team and pharmacy staff daily
OBJ R1.1.7	(Cognitive - Applying) For patients, document direct patient care activities appropriately in the medical record or where appropriate.	Taught and Evaluated	• Document vancomycin, aminoglycoside, TPN and anticoagulation recommendations in the medical record, including all pertinent details • Document daily activities in appropriate location in a clear concise manner with appropriate amount of information for others to be able to follow (i.e. EHR or Senti7)

Goal R4.1	Provide effective medication and practice-related education to critically ill patients, caregivers, healthcare professionals, students, and the public (individuals and groups).		
OBJ R4.1.1	(Cognitive - Applying) Design effective educational activities related to critical care pharmacy.	Taught and Evaluated	• Design and deliver presentation for nursing lunch and learn session • Present and discuss journal club article to critical care providers • Develop and present two topic discussions to critical care providers

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed

Criteria-based Feedback

The Objective R4.1.3 (PGY1 harmonized CAGOs) below will be used for this exercise as it contains similar language for an objective that is included in the Competency Areas, Goals, and Objectives for all program types.

Objective R4.1.3: Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area

Selected Examples of Criteria:

(The selected examples of criteria are associated with the specific objective for the PGY1 Pharmacy harmonized CAGOs but are similar across all program types.)

- Demonstrates rapport with learners.
- Speaks at an appropriate rate and volume with articulation and engaging inflection.
- Captures and maintains learner/audience interest throughout the presentation
- Summarizes important points at appropriate times throughout presentations.
- Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.

A preceptor is asked to provide criteria-based feedback to a resident on their presentation. Here are a few examples of feedback to the resident – **which comments are criteria-based?**

1. The audience liked your presentations – you did a great job at engaging them and keeping their interest through interactive activities.
2. You do the best presentations I have ever heard!
3. Wow! Are you ever active when you present!
4. Your presentations this month were better than last month. Practicing your presentations ahead of time really helped you to decrease the number of “ums” and “ahs.” Your pacing was very good.
5. Great slides!
6. You did a great job summarizing key points both during the presentation and at the end to help learners retain the information you presented.
7. You talk too much.

The following comments are criteria-based:

1. The audience liked your presentations – you did a great job at engaging them and keeping their interest through interactive activities.

Relevant Criteria: Captures and maintains learner/audience interest throughout presentation.

2. Your presentations this month were better than last month. Practicing your presentations ahead of time really helped you to decrease the number of “ums” and “ahs.” Your pacing was very good.

Relevant Criteria: Speaks at an appropriate rate and volume with articulation and engaging inflection.(e.g., excessive “ah’s” and “um’s”)

3. You did a great job summarizing key points both during the presentation and at the end to help learners retain the information you presented.

Relevant Criteria: Summarizes important points at appropriate times throughout presentations

Review the criteria below – can you think of how you would compose comments based on each criteria?

Selected Examples of Criteria:

- Incorporates multiple appropriate educational techniques to present content.
- Demonstrates ability to adapt appropriately during the presentation)
- Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).
- Makes smooth transitions between concepts.

View Assessment

[Print this assessment](#) | [Download as PDF](#)

Resident Being Evaluated:	Test Resident	
Evaluation	Summative Evaluation of Test Resident for Adult Medicine I	
Evaluator	Amy E. Hyduk-Cardillo PharmD, MBA, BCPS (Primary Preceptor)	
Learning Experience:	Adult Medicine I	ASHP Demo Site #2 (Pharmacy)
		No photo on file...

Page: 1

PGY1 Pharmacy Required (2024)

R1.1 - Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)

ACHR : No

*R1.1.1 - Collect relevant subjective and objective information about the patient.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

While some of the comments describe what was completed, they also include criteria-based feedback (e.g., timely manner) and indicate the ability to completed the expected workload (e.g., majority of patients). Areas of improvement are identified with specific actionable plans to help resident progress.

Comments:

Resident progressed during her rotation and was able to complete all the consults and iVents in a timely manner in addition to discussing it with the student. She was able to review the majority of the patients on 5W regularly during the latter part of the rotation. You will want to continue to work on improving your efficiency and modifying your workflow so that you can increase your patient load. It may help to review each patient in the same manner each time to avoid missing pertinent information. This will help to make sure that you looked at each patient in the same manner.

*R1.1.2 - Assess clinical information collected and analyze its impact on the patient's overall health goals.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

The first part describes the resident growth which supports why the resident did not receive a rating of ACH. Additional specific comments are provided to identify the areas of improvement needed for the resident.

Comments:

Over the course of the rotation, Resident was able to take on more responsibilities and her patient load increased. She was able identify duplicate and/or unnecessary orders during patient review even though she was not able to DC them herself at that time. Continue to work on looking at the patient as a whole and not just the iVent or consult. This will help to optimize therapies and find other interventions that we were not consulted on.

*R1.1.3 - Develop evidence-based, cost effective, and comprehensive patient-centered care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

The first part describes the resident growth which supports why the resident did not receive a rating of ACH. Additional specific comments are provided to identify the areas of improvement needed for the resident.

Comments:

Resident was able to follow the pharmacy protocols, but also knew when to use her own clinical judgement to adjust a patient's drug regimen and not strictly just follow the protocol. Continue to work on utilizing the resources that you have for medication review. For example, policies on the ABC webpage are helpful for certain medication use situations.

*R1.1.4 - Implement care plans.

ACHR : Yes

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☒ Achieved (ACH)
- ☐ Not Applicable (NA)

Because this was previously marked as achieved for the residency (ACHR) and is rated as achieved here, this objective would not require comments. However, if the resident did not continue to perform at an achieved level, the preceptor should include criteria-based feedback and areas of improvement for the resident specific to the learning experience.

Comments: No Comments Entered

***R1.1.5 - Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Criteria-based comments describe how well the resident performed this skill and provide specific examples where the skills we demonstrated. The preceptor also identified areas of improvement to reach the level of achieved.

Comments:

Resident was able to clearly sign-out to the evening pharmacist and if needed, would discuss the patient's situation in-person (she was able to differentiate whether to hand-off verbally or not). Continue to work on your communication to RNs and MDs specifically via voalte messaging. Make sure that it is concise and written in a manner that the recipient will be able to easily respond. This will also come with practice since different providers filter and respond to messages differently.

***R1.1.6 - Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

These qualitative comments provide clear descriptions of resident progress and areas of improvement. Actionable comments for resident improvement match activities assigned to the objective and include additional considerations for achievement that the resident was not able to encounter.

Comments:

Towards the end of the rotation, Resident was able to review more more medication reconciliation ivents. Continue to work on prioritizing and completing these to gain experience with obtaining refill records, checking the physical chart, patient interviews, reviewing clinic notes, and notifying provider when appropriate. Many times interventions arise during medication reconciliation review. Continue to work on opening iVents for CHF, COPD, DM and other disease states that warrant patient education at discharge and to also help the TOC pharmacist. Sometimes if a patient transfers to another floor, especially if it is a complicated patient, it is helpful to notify the pharmacist at that unit. We didn't really have any opportunities during the rotation but something to keep in mind.

R1.2 - Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

ACHR : No

***R1.2.1 - Collaborate and communicate with healthcare team members.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

This includes qualitative comments describing performance on activies and areas for improvement consistent with a rating of SP.

Comments:

Resident works well with others and was respectful. She was able to gain experience working with other departments, particularly dietitians, palliative care nurses and physicians. Continue to work on being proactive with other departments and your assertiveness on your recommendations/interventions.

***R1.2.2 - Communicate effectively with patients and caregivers.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

This comments provides criteria-based feedback and uses an example of when this skill was demonstrated. There is specific and actionable feedback to help the resident improve.

Comments:

Resident shows empathy and works with her patients. This was most evident when we were managing a patient's pain regimen for a majority of the rotation. Continue to work on different methods of communicating similar questions/information. When we see a patient on a daily basis, it may seem redundant to ask the same questions, but if we pose it a different way we may be able to get a more comprehensive interview.

***R1.2.3 - Document patient care activities in the medical record or where appropriate.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Feedback provides specific and actionable plans for resident improvement.

Comments:

Resident was able to use the progress note templates appropriately and even reviewed the pharmacy student's documentations, both progress notes and iVents. Continue to fine-tune your documentation, particularly in the ivents, so that it aids in your patient review as well as being guide for other pharmacists. It may be helpful to continue to observe and/or adopt other preceptors' methods to get a variety of options.

Page: 2

Overall Comments

Overall Comments for this Evaluation

Resident was flexible and easily adapted to the changes and interruptions that occurred. In addition, she was amenable to help precept the pharmacy student

which made it an even better and richer experience. Sally progressed well through the rotation and was slowly transitioning from the pharmacy student mindset to the clinical pharmacist of the unit. Her positive attitude and ability to take feedback graciously and apply it will make her successful on her next rotations. Continue to work on reviewing guidelines ahead of time, especially ones that may be pertinent to the rotation as well as ACLS and PALS algorithms. Depending on the rotation, it may be helpful to come in earlier to start reviewing patients so that you can review all the patients. Continue to work on your assertiveness on your recommendations/interventions.

Send back for edit

Close



View Assessment

[Print this assessment](#) | [Download as PDF](#)

Resident Being Evaluated:	Test Resident		
Evaluation	Summative Evaluation of Test Resident for Adult Medicine I		
Evaluator	Amy E. Hyduk-Cardillo PharmD, MBA, BCPS (Primary Preceptor)		
Learning Experience:	Adult Medicine I	ASHP Demo Site #2 (Pharmacy)	No photo on file...

Page: 1

PGY1 Pharmacy Required (2024)

R1.1 - Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)

ACHR : No

*R1.1.1 - Collect relevant subjective and objective information about the patient.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

This comment describe the completion of an activity but does not clearly provide criteria-based feedback on the specific objective. Completion of consults and ivents includes several steps of the JCPP Pharmacist Patient Care Process and multiple objectives. It is not clear how well the resident is able to collect information and where they need to improve.

Comments:

Resident progressed during her rotation and was able to complete all the consults and iVents

*R1.1.2 - Assess clinical information collected and analyze its impact on the patient's overall health goals.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments are not specific to the objective and do not describe the residents performance related to the activities assigned to the objective. Describing patient load does not detail the resident's ability to assess information collected.

Comments:

Over the course of the rotation, resident was able to take on more responsibilities and her patient load increased

*R1.1.3 - Develop evidence-based, cost effective, and comprehensive patient-centered care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

It is not clear if the SP rating is based on performance in this specific learning experience or if the preceptor is interpreting the rating scale as ACH being equivalent to "achieved for residency" (ACHR). Comments do not adequately describe the residents performance in developing the plans using criteria for the objective.

Comments:

Resident was able to follow the pharmacy protocols. She will gain more experience on the next rotation

*R1.1.4 - Implement care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments only address one activity within implementation. The comment does not include how the resident needs to improve to meet expectations for ACH.

Comments:

Resident was able to clearly sign-out to the evening pharmacist

*R1.1.5 - Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments:
Good job!!

This does not provide the resident with clear feedback on what they did well or what they need to improve on to reach the achieved level.

***R1.1.6 - Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

The comment is vague and does not indicate where the deficit for the resident was identified. Specific and actionable feedback related to how the resident needs to improve would be needed.

Comments:
Toward the end of the rotation, the resident was able to review more med rec iVents

R1.2 - Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

ACHR : No

***R1.2.1 - Collaborate and communicate with healthcare team members.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments do not describe performance using any criteria-based statements. This includes a brief description of experiences and does not highlight activities. Also, this does not include why the resident did not achieve the objective or how to improve.

Comments:
Resident was able to gain experience working with other departments, particularly dietitians, palliative care nurses and doctors

***R1.2.2 - Communicate effectively with patients and caregivers.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

This statement is vague and does not adequately describe achievement. It is not clear why the resident was marked as SP for this objective. If not achieved, the objective comments must describe where the resident needs to improve including actionable feedback.

Comments:
Resident works well with her patients

***R1.2.3 - Document patient care activities in the medical record or where appropriate.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

There are no criteria-based qualitative comments. There is no indication of what must be improved or actionable feedback for the resident.

Comments:
Will improve with additional opportunities for documentation

Page: 2

Overall Comments

These are good overall comments to describe resident progress and strengths. They do not include specific feedback on mapped objectives as these comments should be indicated above.

Overall Comments for this Evaluation

Resident was flexible and easily adapted to the changes and interruptions that occurred. In addition, she was amenable to help precept the pharmacy student which made it an even better and richer experience. Sally progressed well through the rotation and was slowly transitioning from the pharmacy student mindset to the clinical pharmacist of the unit. Her positive attitude and ability to take feedback graciously and apply it will make her successful on her next rotations.

Cosignature History

Cosign Date	Name	Status	Comments
	Resident, Test	Awaiting Cosignature	

Send back for edit

Close



View Assessment

[Print this assessment](#) | [Download as PDF](#)

Resident Being Evaluated:	Test Resident	
Evaluation	Summative Evaluation of Test Resident for Community Pharmacy Medication Therapy Management	
Evaluator	Amy E. Hyduk-Cardillo PharmD, MBA, BCPS (Primary Preceptor)	
Learning Experience:	Community Pharmacy Medication Therapy Management	ASHP Demo Site #2 (Community Pharmacy)
		No photo on file...

Page: 1

PGY1 Community-Based Pharmacy Required (2024)

R1.1 - Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)

ACHR : No

*R1.1.1 - Collect relevant subjective and objective information about the patient.

ACHR : No

- ☐ Needs Improvement (NI)
- ☐ Satisfactory Progress (SP)
- ☒ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments provide qualitative remarks regarding performance of the activities which support achievement of the objective within this learning experience.

Comments:

Resident is thorough in review of patient health record and "interview" of patient during CMR calls and visits.

*R1.1.2 - Assess clinical information collected and analyze its impact on the patient's overall health goals.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

The comments state that the resident is meeting expectations for the timeframe, but also identify the areas of improvement. Using direct language like "in order to achieve this objective" makes it clear to the resident what needs to be done to progress. This is a longitudinal learning experience, so it is not uncommon for the preceptor comments to describe expectations at benchmarks of the learning experience. In block learning experience evaluations, a summative rating for the objective should focus on resident performance in the specific learning experience, not over the course of the year.

Comments:

Resident is meeting expectations at this point with the assessment of patient information. In order to ACH this objective, the resident should consistently ensure that all medications are matched to an active problem/condition/disease state in the patient's problem list in order to work towards minimizing poly pharmacy.

*R1.1.3 - Develop evidence-based, cost effective, and comprehensive patient-centered care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments could be more specific related to how well the resident has developed plans, but does highlight the strengths of the resident that support progress. The comments also provide actionable feedback for the resident to address.

Comments:

Resident has good knowledge base overall and understanding of recommendations from the guidelines. She will continue to improve with more experience. Resident should also continue to increase knowledge base of immunization schedules, particularly adult immunization catch-up schedules to ensure that recommendations on patient immunizations are comprehensive.

*R1.1.4 - Implement care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

This is a simple but qualitative comment that supports achievement of the objective. The preceptor includes criteria-based comments about timeliness and follow-through.

Comments:

Resident has demonstrated excellent follow-thru with completion of medication action plans and recommendations to providers in a timely manner.

*R1.1.5 - Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

These comments identify the performance of the resident that meets expectations and supports a rating of SP since there has not been sufficient opportunities to demonstrate achievement. This is appropriate for a longitudinal learning experience where the resident will have additional opportunities to complete the activities within the learning experience. Similar comments may also be seen in a blocked learning experience, however, the program should consider if the objective is appropriately assigned if there are not consistent opportunities to complete the activities for the objective.

Comments:

Resident has had limited opportunities for follow-up encounters thus far since it is only the first quarter. For the couple of patients she has had the opportunity to follow-up with, she has completed follow-up in a timely manner, including resolving patient issues and questions in a timely manner. During such follow-ups, the resident has asked appropriate questions about adherence and if the patient has experienced any adverse events. Marking SP for now until the resident has more opportunities to follow-up with patients both over the phone and in the clinic.

***R1.1.6 - Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

There are good comments on how to improve below. The preceptor might also consider adding criteria-based comments about what the resident has done well. Preceptors can consider using the "Start/stop/continue" method for feedback. Start - what does the resident need to do that they have not been doing. Stop - what behaviors should the resident discontinue that are preventing progression or no longer needed based on level of progression. Continue - behaviors or skills that should be maintained to ensure achievement.

Comments:

Resident should work toward more independently identifying patients who have additional needs to ensure better adherence--patient financial assistance plans for applicable medications, facilitating prior authorization paperwork for applicable medications, etc.

R1.2 - Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

ACHR : No

***R1.2.1 - Collaborate and communicate with healthcare team members.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments include criteria-based feedback and identify clearly what the resident must improve on to meet the expectations for achievement. The preceptor has provided actionable plans to help the resident be successful.

Comments:

Resident interacted with the health-care team well. Resident has relaxing/calm tone to her voice so when she does make recommendations it never sounds aggressive or overbearing. To achieve, resident should be prepared to cite source (study from primary literature, guideline, drug info reference, etc.) if provider seems hesitant about recommendation. Resident should also be prepared with a "plan B" in case the provider does not accept "plan A" recommendation when appropriate.

***R1.2.2 - Communicate effectively with patients and caregivers.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

The comments here highlight positive performance related to criteria as well as clearly define the opportunities for improvement. The number of areas identified support a rating of needs improvement, however, the comments do not make it clear if the resident has been consistently having issues with performance or if there was one instance of concern. Additionally, the preceptor should consider if there are tools that they can direct the resident to use to assist with meeting these expectations.

Comments:

Resident is respectful and demonstrates empathy towards patients. Resident should continue to review and fine-tune medication action plans for patients to ensure that these are written in patient-friendly language/at an appropriate patient reading and comprehension level. Also, resident should ensure that all acronyms are spelled out for the patient in the medication action plans.

***R1.2.3 - Document patient care activities in the medical record or where appropriate.**

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments use criteria-based feedback.

Comments:

Notes in the medical record are of appropriate detail and easy to follow.

Page: 2

Since the learning experience was not assigned a specific objective related to professional behaviors (e.g., R3.2.3) the preceptor has documented this additional feedback in the overall comments section. It is very important to document feedback for residents not progressing or performing as expected. An additional option for documentation could include the use of the resident feedback button where these comments could be mapped to the specific objective.

Overall Comments

Overall Comments for this Evaluation

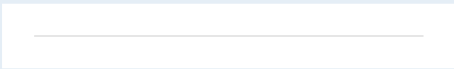
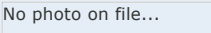
Other than the comments above, the resident has an opportunity to work on being on-time to the learning experience and to meetings with preceptors. While she is timely in completing her work (as noted above), she has been arriving late (~10-15 minutes) at an increasing frequency toward the end of the quarter and is not always on-time to preceptor meetings. This is an area of expected improvement for the next several weeks that needs to be monitored closely by all preceptors--this has been verbally discussed with the resident and the goal is to arrive 10 minutes early to ensure she is logged in and ready to start work at 8am each day for this learning experience.

Send back for edit

Close

View Assessment

[Print this assessment](#) | [Download as PDF](#)

Resident Being Evaluated:	Test Resident	
Evaluation	Summative Evaluation of Test Resident for Community Pharmacy Medication Therapy Management	
Evaluator	Amy E. Hyduk-Cardillo PharmD, MBA, BCPS (Primary Preceptor)	
Learning Experience:	Community Pharmacy Medication Therapy Management	ASHP Demo Site #2 (Community Pharmacy)
		

Page: 1

PGY1 Community-Based Pharmacy Required (2024)

R1.1 - Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)

ACHR : No

*R1.1.1 - Collect relevant subjective and objective information about the patient.

ACHR : No

- ☐ Needs Improvement (NI)
- ☐ Satisfactory Progress (SP)
- ☒ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments:
Great job!!

This does not provide the resident with clear feedback on what they did well or adequately support the rating of achieved.

*R1.1.2 - Assess clinical information collected and analyze its impact on the patient's overall health goals.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments:
Assessed information well.

This comment is vague and doesn't help the resident to know which information was assessed well. Since this objective was marked as SP, the comments need to include what the resident needs to improve on and actionable plans to improve. The preceptor should consider wording like "in order to achieve this objective" to identify the feedback on areas of improvement.

*R1.1.3 - Develop evidence-based, cost effective, and comprehensive patient-centered care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☐ Satisfactory Progress (SP)
- ☒ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments:
Completed 15 CMRs this quarter--nice job!

This comment describes the quantity of work completed but do not include a description of the quality of the encounters. It is not clear that the completion of a CMR fully meets the objective and that the resident has demonstrated appropriate skills. To be compliant, the comments would need to include criteria-based feedback about the resident performance and may benefit from including examples of how the plans developed meet the expectations.

*R1.1.4 - Implement care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☐ Satisfactory Progress (SP)
- ☒ Achieved (ACH)
- ☐ Not Applicable (NA)

Comments:
Completed almost 100 TIPs this quarter

Again, the quantity only is described in this comment. The comment lacks qualitative and criteria-based comments to support a rating of ACH.

*R1.1.5 - Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

ACHR : No

- ☐ Needs Improvement (NI)
- ☒ Satisfactory Progress (SP)
- ☐ Achieved (ACH)

☐ Not Applicable (NA)

Comments:

Not much opportunity to complete yet since only 1st Qtr

This comment highlights the lack of opportunity for follow-up, however it does not describe if the resident has completed any encounters that would demonstrate any skills or describe the resident's performance. Some programs may define the rating of NA as a lack of opportunity to complete or may also consider the use of NI when a resident has not been able to demonstrate skills to show progress or achievement.

***R1.1.6 - Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.**

ACHR : No

☐ Needs Improvement (NI)

☐ Satisfactory Progress (SP)

☒ Achieved (ACH)

☐ Not Applicable (NA)

This provides minimal qualitative comments related to the consistency of completion. However, there are no sufficient criteria-based comments to support achievement. There are likely additional activities that should also be completed and assessed to show achievement of the objective.

Comments:

Resident completes full med rec with each initial patient encounter

R1.2 - Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

ACHR : No

***R1.2.1 - Collaborate and communicate with healthcare team members.**

ACHR : No

☐ Needs Improvement (NI)

☐ Satisfactory Progress (SP)

☒ Achieved (ACH)

☐ Not Applicable (NA)

This comment highlights the lack of opportunity for interaction with healthcare team members, however it does not describe if the resident has completed any encounters that would demonstrate any skills or describe the resident's performance. The objective should not be marked as ACH if the resident has not completed activities.

Comments:

Not much opportunity to complete yet since only 1st Qtr

***R1.2.2 - Communicate effectively with patients and caregivers.**

ACHR : No

☐ Needs Improvement (NI)

☒ Satisfactory Progress (SP)

☐ Achieved (ACH)

☐ Not Applicable (NA)

These comments are general and do not adequately describe patient and caregiver interactions. Criteria-based comments regarding verbal and non-verbal skills, ability to address communication barriers, organization of education, use of motivational interviewing and open-ended questions, and/or use of assistive technology and virtual platforms would be useful for the resident. Because this is rated as SP, the preceptor should identify where the resident needs to improve.

Comments:

Resident has a positive demeanor and is personable

***R1.2.3 - Document patient care activities in the medical record or where appropriate.**

ACHR : No

☐ Needs Improvement (NI)

☐ Satisfactory Progress (SP)

☒ Achieved (ACH)

☐ Not Applicable (NA)

Comments do not provide support for a rating of achieved. Criteria-based comments regarding selection of appropriate information to document, timeliness, and completeness should be included to support the rating.

Comments:

Nice work!

Page: 2

Overall Comments

Overall Comments for this Evaluation

Resident is doing a great job meeting expectations. Can't think of any areas for improvement. Resident will continue to develop over time with more clinical exposure. Great first resident!!

If the preceptor cannot think of areas for improvement, it is surprising that all objectives are not marked as achieved. The RPD may consider if the preceptor is appropriately applying the rating scale or if there are ways to help the preceptor define areas for improvement.

Cosignature History

Cosign Date	Name	Status	Comments
	Resident, Test	Awaiting Cosignature	

Send back for edit

Close



View Assessment

Resident Being Evaluated:	N/A	Due Date	9/01/2022 11:59:59 PM
Evaluation	ASHP Learning Experience Evaluation		
Evaluator	Sally Smith Pharm.D.		
Course:	Internal Medicine		ABC Medical Center (Pharmacy)

Page: 1

Learning Experience Evaluation

	Consistently True	Partially True	False
*1. I understood the objectives for this learning experience prior to beginning.	☐	☐	☐
*2. The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.	☐	☐	☐
*3. Resources I needed were available to me.	☐	☐	☐
*4. I feel that the preceptor's assessment of my performance on the objectives was fair.	☐	☐	☐
*5. I was encouraged to further develop my ability to self-assess during this learning experience.	☐	☐	☐
*6. This learning experience provided me opportunities to provide patient-centered care in a responsible way to my patients.	☐	☐	☐

	True	False
*7. The preceptor(s) oriented me to the learning experience, including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and evaluation strategies.	☐	☐

8. What were the strengths of this learning experience?

This rotation provided me with ample opportunity to expand my knowledge base.

9. What were the weaknesses of this learning experience?

10. What suggestions can you make to improve this learning experience?

11.

This was a challenging rotation!

Cosignature History

Cosign Date	Name	Status	Comments
9/3/2022 4:36 PM	Hurst, Jeff	Submitted	
9/6/2022 1:31 PM	Roberts, Julia	Submitted	

View Assessment

Resident Being Evaluated:	N/A	Due Date	10/12/2022 11:59:59 PM
Evaluation	ASHP Learning Experience Evaluation		
Evaluator	Sally Smith Pharm.D.		
		ABC Medical Center (Pharmacy)	
Course:	Critical Care		

Page: 1

Learning Experience Evaluation

	Consistently True	Partially True	False
*1. I understood the objectives for this learning experience prior to beginning.	☒	☐	☐
*2. The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.	☒	☐	☐
*3. Resources I needed were available to me.	☒	☐	☐
*4. I feel that the preceptor's assessment of my performance on the objectives was fair.	☒	☐	☐
*5. I was encouraged to further develop my ability to self-assess during this learning experience.	☒	☐	☐
*6. This learning experience provided me opportunities to provide patient-centered care in a responsible way to my patients.	☒	☐	☐

	True	False
*7. The preceptor(s) oriented me to the learning experience, including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and evaluation strategies.	☒	☐

8. What were the strengths of this learning experience?

9. What were the weaknesses of this learning experience?

10. What suggestions can you make to improve this learning experience?

11. Overall Comments

This has been the most challenging yet rewarding rotation.

Cosignature History

Cosign Date	Name	Status	Comments
10/14/2022 9:59 AM	Myers, Sue	Submitted	
10/16/2022 6:58 AM	Post, Kelly	Submitted	We appreciate Sally's feedback and hope to move this rotation earlier for future residents.
10/20/2022 7:33 PM	Roberts, Julie	Submitted	

View Assessment

Resident Being Evaluated:	N/A	Due Date	9/01/2022 11:59:59 PM
Evaluation	ASHP Learning Experience Evaluation		
Evaluator	Sally Smith Pharm.D.		
Course:	Internal Medicine	ABC Medical Center (Pharmacy)	

Page: 1

Learning Experience Evaluation

	Consistently True	Partially True	False
*1. I understood the objectives for this learning experience prior to beginning.	☒	☐	☐
*2. The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.	☒	☐	☐
*3. Resources I needed were available to me.	☒	☐	☐
*4. I feel that the preceptor's assessment of my performance on the objectives was fair.	☒	☐	☐
*5. I was encouraged to further develop my ability to self-assess during this learning experience.	☐	☒	☐
*6. This learning experience provided me opportunities to provide patient-centered care in a responsible way to my patients.	☒	☐	☐

	True	False
*7. The preceptor(s) oriented me to the learning experience, including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and evaluation strategies.	☒	☐

8. What were the strengths of this learning experience?

This rotation provided me with ample opportunity to expand my knowledge base. I also had the opportunity to work independently and enhance my confidence. I also loved rounding with the hospitalist team.

9. What were the weaknesses of this learning experience?

Because a couple of pharmacists were out with COVID the 1st weeks of my learning experience, Jeff had to cover additional patients and mostly working from a different unit. Though Jeff oriented me to the learning experience the week prior to my start, I still felt a little lost initially as this was my 1st clinical rotation.

10. What suggestions can you make to improve this learning experience?

In the future, if there are staffing issues, it might be helpful to re-assign the resident to a different learning experience less impacted by staffing issues or find a way to have other preceptors cover part of the patients in the morning at least for the 1st few days of the learning experience.

11.

This was a challenging rotation, but it provided me with the comfort and knowledge to practice more independently.

Cosignature History

Cosign Date	Name	Status	Comments
9/3/2022 4:36 PM	Hurst, Jeff	Submitted	I agree with Sally that it was a challenging rotation for her as I did not have a lot of time initially to precept her but she handled it with grace and the hospitalist team was impressed with her recommendations and enjoyed having her round with them. In the future, I agree it would be beneficial to potentially re-assign the resident or perhaps have the clinical coordinator take the preceptor's patients (or help precept the resident) early in the rotation, especially for residents new to the hospital.
9/6/2022 1:31 PM	Roberts, Julia	Submitted	

View Assessment

Resident Being Evaluated:	N/A	Due Date	10/12/2022 11:59:59 PM
Evaluation	ASHP Learning Experience Evaluation		
Evaluator	Sally Smith Pharm.D.		
		ABC Medical Center (Pharmacy)	
Course:	Critical Care		

Page: 1

Learning Experience Evaluation

	Consistently True	Partially True	False
*1. I understood the objectives for this learning experience prior to beginning.	☒	☐	☐
*2. The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.	☒	☐	☐
*3. Resources I needed were available to me.	☒	☐	☐
*4. I feel that the preceptor's assessment of my performance on the objectives was fair.	☒	☐	☐
*5. I was encouraged to further develop my ability to self-assess during this learning experience.	☒	☐	☐
*6. This learning experience provided me opportunities to provide patient-centered care in a responsible way to my patients.	☒	☐	☐

	True	False
*7. The preceptor(s) oriented me to the learning experience, including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and evaluation strategies.	☒	☐

8. What were the strengths of this learning experience?

The amount of hands-on knowledge you get in this rotation as a result of daily rounds, topic discussions, and gaining familiarity with new orders is definitely a strength. I feel like this rotation is what tied all of my year-long knowledge together and took it to the next level. Having three critical care-trained pharmacists also contributed to this experience because they all were able to teach me in their own ways that made sense to me. The organized schedule (mini topic presentations, topics, meetings, etc.) was super helpful to keep me on track.

9. What were the weaknesses of this learning experience?

One weakness is having this rotation at the end of the year (well, this is a strength and a weakness). For me about to transition into my ED practice, this was the perfect rotation to end on. However, looking at it from a resident's learning perspective - the amount of knowledge you get from this rotation would really enhance the experience of the other rotations. I do think some of the topics (depending where the resident is in their year, and what their targeted role is as after residency) could be adjusted to meet the needs of the specific resident (maybe have a running list of topics - ones that are required, and ones that could be substituted out).

10. What suggestions can you make to improve this learning experience?

The mini-dose presentation in central is somewhat distracting. We are fortunate to have a very nice, accommodating conference room that could be used to deliver this presentation without it being so awkward. Also, given the low stakes of the mini dose, I'm not sure sending the drafts to three people for three different sets of edits is warranted. I would recommend maybe only having one person provide edits as all of my preceptors are highly qualified to provide feedback on an individual basis.

11. Overall Comments

This has been the most challenging yet rewarding rotation. Every day I woke up at 445am to come in thinking "not again" but at the end of the week I always leave feeling grateful for the opportunity and the knowledge I have gained on this rotation. I appreciate Sue, Bill, and Kelly for all of their work in making this rotation what it has been for me these past 5 weeks.

Cosignature History

Cosign Date	Name	Status	Comments
10/14/2022 9:59 AM	Myers, Sue	Submitted	
10/16/2022 6:58 AM	Post, Kelly	Submitted	We appreciate Sally's feedback and hope to move this rotation earlier for future residents.
10/20/2022 7:33 PM	Roberts, Julie	Submitted	

Summative Evaluation Checklist

Criteria	Criteria Met?
Evaluations include: - Preceptor evaluation of resident - Resident evaluation of preceptor(s), as applicable - Resident evaluation of learning experience	
Evaluation rating scales are clearly defined and documented, including the definition for ACHR. • <i>Strongly recommend using the ASHP standard rating scale of Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), and Achieved for Residency (ACHR)</i>	
Summative evaluations include qualitative written comments that: - Are specific and actionable - Use criteria related to specific educational objectives - Recognizes residents' skill development - Focus on how residents' may improve their performance - Are completed by the due date or within seven days	

Ratings Scale Definitions and ACHR Criteria Example #1

Programs must determine who may determine when a resident has obtained a level of skill that fulfills their definition of Achieved for Residency

Rating Scale Example	Definition
Needs Improvement (NI)	• Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	• Fully accomplished the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), if the objective has been marked with the ACH rating, these will be brought to the quarterly RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels (e.g., internal medicine and critical care, etc.), these will be brought to the quarterly RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

Once ACHR rating consensus is conferred to applicable objectives, this will be documented in the RAC meeting minutes, communicated to the resident, documented in the resident's development plan as well as the RPD will document the applicable objectives as ACHR in PharmAcademic™. Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

Ratings Definitions & ACHR Process Example #2

<u>Rating</u>	<u>Definition/Criteria</u>
Needs Improvement (NI)	• Does not know how to perform activity • Requires extensive preceptor supervision • Cannot complete tasks or assignments without complete guidance from start to finish • Gather basic information to answer general patient care questions • Other unprofessional activities noted Examples: • Recommendations are incomplete, poorly researched, and/or lack justification • Consistently requires preceptor prompting to communicate recommendations to team or follow-up on patient care issues
Satisfactory Progress (SP)	• At expected state for time of residency year • Performs <i>most</i> skills independently • Requires some directed preceptor intervention to complete a task • Improvement is noted during learning experience but does not include mastery of the objective Examples: • Consistently able to answer questions of the team and provide complete response with minimal preceptor prompting or assistance • Able to make recommendations to team without preceptor prompting • Recommendations are straightforward and well-received • Sometimes struggles with more complex recommendations or difficult interactions

	• Should continue to identify supporting evidence to assist with difficult recommendations
Achieved (ACH)	• Able to practice independently with limited preceptor supervision/preceptor mainly functions in “facilitation” preceptor role • Able to perform skill and self-monitor quality • Mastered the objective and consistently performed task/ expectation with limited to no guidance Examples: • Recommendations are always complete with appropriate data and evidence; requires no preceptor prompting • Consistently makes effort to teach team members the rationale for therapy recommendations and follows up on patient care issues without prompting
Achieved for Residency (ACHR)	• For objectives taught and evaluated in multiple learning experiences or multiple quarters, requires having an evaluation of “achieved” on two separate learning experiences • Objectives evaluated in a singular learning experience may be marked ACHR after a one-time evaluation of “achieved” Designated only by program director or coordinator based upon review and assessment of each resident’s performance from summative evaluations

The Four Preceptor Roles

The four roles are sequential in nature, meaning that to teach a skill that is new to the resident, the preceptor starts with the first role of direct instruction, then progresses to the second role of modeling, followed by coaching, and culminating in facilitating. However, each resident is different so the preceptor may be able to start in a different role. For example, if the resident already has the background, foundational information for a specific learning experience, the preceptor may be able to skip direct instruction and start with modeling. Alternatively, if the resident has numerous problems during coaching, the preceptor may need to revert to modeling and then progress back up to coaching.

Preceptor's Role	Definition	Example
Direct Instruction	Ensuring that the resident has the required background information before applying a skill Direct instruction of residents vs. students differs: Resident knowledge gap: refer them to the relevant resource materials then check their understanding Student knowledge gap: mini-lectures are appropriate	Assigning the resident to read articles or chapters on a disease state and therapies (e.g., transplant pharmacotherapy) before learning to design medication regimens for patients with that condition Before a resident develops a medication regimen for an asthmatic patient, the resident needs to master the disease state pathophysiology, treatment options, and the latest research/guidelines
Modeling	Preceptor demonstration of thinking strategies by “thinking out loud” while performing tasks that the resident needs to learn so the resident can hear the thought process	Preceptor “thinking out loud” while solving patient cases as the resident observes and listens
Coaching	Resident demonstration of thinking strategies by “thinking out loud” while performing tasks and receiving feedback from the preceptor	Resident “thinking out loud” while solving patient cases and receiving feedback from the preceptor
Facilitating	Allowing a resident to function independently while the preceptor remains available for questions as needed The preceptor no longer needs to provide corrective feedback. Both the preceptor and the resident feel confident in the resident functioning independently.	Preceptor lets the resident know how to reach him/her while the resident sees patients independently, meeting to debrief afterward Make residents responsible for progressively more complex patients <i>It is important to keep challenging residents at this stage of their training</i>

Pharmacy Residency Program Oversight Annual Assessment

(Suggested areas for evaluation inclusive of input from residents, preceptors, and other stakeholders)

- Recruitment Methods:
 - Advertising and marketing
 - Review of screening tools/rubrics used in selection and ranking process
 - Interview processes
- Residency Policies:
 - Clarity/accuracy
 - Program completion requirements
 - Inclusive of all expectations
 - % of objectives ACHR
 - Evaluation strategies
 - Ratings scale definitions
 - Timeliness and quality of summative evaluation criteria-based feedback
 - Frequency and documentation of formative feedback
- Program Structure:
 - Orientation
 - Duration
 - Content
 - Learning experiences
 - Required vs. elective
 - Duration(s)
 - Sequencing
 - Assignment of goals and objectives (TE Grid review)
 - Learning activities aligned with Bloom's taxonomy
 - Other program requirements
 - Project(s)
 - Selection process
 - Timelines/expectations
 - Quality of presentations/manuscripts
 - Value to department/organization
 - Support--statistics, data analytics
 - Presentation(s)
 - Numbers and types
 - Formal
 - Informal
 - Teaching opportunities
 - Precepting
 - Didactic
 - Teaching certificate
 - Service commitment
 - Areas of practice
 - Duration of commitment

- Training
 - Assessment strategies/inclusion of feedback from all staff
- Resident well-being/resilience
- Preceptors
 - Areas of practice
 - Alignment with learning experiences
 - Development needs
 - Assessment of performance (resident evaluations of preceptors and learning experiences)
 - Preceptor well-being/resilience
- Program Oversight Committee
 - Members/Participants
 - Meeting frequency
 - Agenda items
- Global Questions:
 - What initial post-residency positions are the residency graduates taking?
 - Are the residency graduates adequately prepared with skills and experience for their post-residency positions?
 - Accomplishments of graduates from previous years
 - Positions
 - Board certification
 - Involvement in teaching, precepting (residency programs and faculty appointments)
 - Publications/presentations/awards
 - Involvement in professional organizations
 - Other?
- Documentation
 - Program improvement opportunities
 - Plans for changes
 - Evidence of implementation

Pharmacy Residency Program Annual Assessment (YEAR)				
Item	Completed (Yes/No)	Comments	Changes Needed to Program/Timeline	Date Completed
Recruitment review and changes needed				
Residency Policies/ Processes Review & Update				
Completion Requirements Review (% objectives ACHR and all expectations & deliverables)				
Does the current structure facilitate ACHR of the objectives?				
Evaluation (ratings scale definitions, timeliness and quality of feedback; how formative feedback is documented if applicable)				
Program Structure				
Orientation Review				
Learning Experiences Review (required vs elective; duration; sequence changes needed)				
TE Grid Review (objectives & learning experiences alignment)				
Activities alignment with Blooms Taxonomy and objectives				
Resident Feedback				
Program & Learning Experiences (obtained via survey or verbal discussion and review of residents' evaluations)				
Preceptors (obtained via survey or verbal discussion)				

and review of residents' evaluations)				
Preceptor Feedback				
Program (survey or verbal discussion)				
Other Comments:				

ABC Medical Center
Preceptor Development Policy
(Documented in Residency Manual)

ABC Medical Center will offer multiple educational opportunities for preceptors to improve their precepting skills. Annually, a preceptor development plan will be developed to focus on areas of identified preceptor development needs. In addition, new preceptors will be required to complete additional preceptor training. Individual preceptor development plans will be developed for any preceptor who has specific development needs identified through the appointment and reappointment of preceptors. The process includes:

- The program director or designee (RPD/designee), in conjunction with the residency advisory committee (RAC), will be responsible for creating and implementing a preceptor development plan to support the ongoing refinement of preceptor skills.
- A schedule of activities for each residency year will be documented.
- Preceptors must complete 4 preceptor development activities during each reappointment cycle.
- Reappointment cycles are every 4 years.
- The goal will be to offer 1 preceptor development topic/quarter or 4/year.
- Documentation of the preceptor development plan will include topics presented, dates and who attended.

Creating Content for Preceptor Development

- Preceptors will be required to complete the Preceptor Self-Assessment Tool annually by May 1st.
- The RPD/designee will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs.
- RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.
- Education on recognizing burnout syndrome, the risks, and mitigation strategies for residents will be presented annually. Resources available on the ASHP website can be found here:
<https://www.ashp.org/wellbeing>.

Development Process for Annual Preceptor Development Plan:

- Preceptor development needs identified through the above assessment process will be discussed annually as part of the annual end-of-year preceptor meeting in June.
- The RPD and RAC will come to a consensus on the areas of preceptor development to focus on during the upcoming year (4/year).
- The preceptor development plan with activities to address areas of need and a schedule of activities will be presented to the residency advisory committee (RAC) at the July or next scheduled RAC meeting.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop an individual plans for these preceptors in addition to the plan for the preceptor group.
- The preceptor development plan will be distributed to all preceptors and will be documented as an attachment to the July RAC minutes (or at the next scheduled meeting if the July meeting is cancelled).

Additional Required Preceptor Training for New Preceptors or Preceptors with Specific Development Needs:

- Read and discuss *"The ASHP Accreditation Standard for Post-Graduate Residency Programs"* and the applicable programs' "Competency Areas, Goals, and Objectives" with RPD or designee

- Read ABC Medical Center Residency Manual and review components with RPD
- Review PharmAcademic with RPD
- Review the Preceptor Resources section on the ASHP website under section of Pharmacy Educators for additional tools
- The RPD/designee will develop an individual plan designed to ensure the preceptor meets all ASHP preceptor qualifications within 2 years for any preceptors not meeting qualifications

Supplemental Opportunities for Preceptor Development for ABC Medical Center Preceptors:

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills
- Please submit request to manager if requesting professional leave or travel reimbursement (attendance at professional meetings is subject to travel policy)
- Those who attend meetings which provide education regarding residency training/preceptorship will share the information with the site's preceptors at a RAC or other preceptor meeting or other forum as appropriate
- APhA, ASHP, and Pharmacist Letter have educational programs available to orient new preceptors
- ASHP has numerous podcasts with information applicable to preceptor development along with the Pharmacy Educators Resource Center
- ABC Medical Center, School of Pharmacy, ASHP, and other web-based programs are available

ABC Medical Center Preceptor Development Plan for Upcoming Year
(Documented in July RAC meeting minutes)

Based on assessment completed at the June preceptor meeting, the following areas have been identified as areas of focus for the upcoming year:

- Review and revision of TE grid for assignment of objectives, review of learning experience descriptions
- Providing an effective layered learning model
- Documentation of criteria-based feedback in summative plan
- Consistent use of evaluation ratings – do our rating scale definitions need adjusting?
- Crucial conversations and handling difficult situations with learners

Activities and scheduling:

- Review and revision of TE grid for assignment of objectives, review of learning experience descriptions
 - July Quarterly Preceptor Meeting
 - RPD to facilitate review of current TE grid with preceptor group to determine if any changes should be made to which learning experiences objectives are currently assigned to. Preceptors will begin review of their learning experience descriptions for applicable revisions resulting from any changes to TE grid assignments. RPD will follow-up in August to review all revisions to ensure all learning descriptions meet the Standard and that all changes in the TE grid have been captured correctly in PharmAcademic.
 - ATTENDANCE:
- Providing an effective layered learning model
 - October Quarterly Preceptor Meeting
 - Review of ASHP podcast: Instituting a Remote Layered Learning Model: Easy as Cake!
 - Discussion of applicability at ABC Medical Center
 - ATTENDANCE:
- Providing effective verbal and documented criteria-based feedback
 - January Quarterly Preceptor Meeting
 - Review of program's evaluation ratings scale and definitions
 - Review of selected summative evaluations from previous quarter
 - Discussion of examples of documented feedback – “The Good, Bad, and the Ugly”
 - ATTENDANCE:
- Residency Challenges
 - April Quarterly Preceptor Meeting
 - Viewing of ASHP Webinar: Handling Difficult Situations in Residency Programs
 - 5-minute pearl on “Crucial Conversations” book summary
 - ATTENDANCE:

PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD*

Full Name and Credentials:
Position or Title:
Are you a Residency Program Director (RPD)? ☐ Yes ☐ No If yes, for which type of program are you RPD? ☐ PGY1 ☐ PGY2 (specialty area(s): _____
Organization/Training Site:
Title of Learning Experience(s) Precepted:

ELIGIBILITY

EDUCATION:

College or University	Dates	Degree/Major

ASHP-ACCREDITED RESIDENCY TRAINING – Standard 4.2 (if RPD)/Standard 4.5 (if preceptor)

Specific Type of Postgraduate Training	Organization	Program Director	Dates

PROFESSIONAL EXPERIENCE (List your experience in pharmacy practice for the last five years, most recent record first.) – Standard 4.2 (if RPD)/Standard 4.5 (if preceptor)

Practice Site	Location	Position and Practice Area	Dates

QUALIFICATIONS

Briefly describe your contributions/experiences in the following sections:

IF PGY2 RPD, PLEASE COMPLETE THIS SECTION. IF NOT, SKIP TO NEXT SECTION.

BPS Certification in advanced practice area - Standard 4.3.a

BPS Certification type	Expiration date

PRECEPTORS AND RPDs WHO ALSO SERVE AS PRECEPTORS:

Content knowledge/expertise in the area(s) of pharmacy practice precepted - Standard 4.6.a

Note: At least one example in this section must be addressed.

- Any active BPS certification(s)

BPS Certification type	Expiration date

- Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD)
 - Type:

- Completion of Pharmacy Leadership Academy (DPLA)
 - Date completed:

- Pharmacy-related certification in the area precepted recognized by the Council on Credentialing in Pharmacy (CCP):

Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS)

Certification Type	Expiration date

- For non-direct patient care areas, nationally recognized certification in the area precepted (see Standard and Guidance for examples)

Certification Type	Expiration date

- Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university (must be obtained or renewed in the last four years)

Name of certificate program	Certificate provider	Completion date

- Privileging for advanced practice granted by preceptor's current organization (must include peer-review as part of the renewal process). Privileging for therapeutic substitution protocols or pharmacokinetic protocols WILL NOT be accepted. See Standard and Guidance for privileging criteria required:

Privileging Type	Date granted

Note: if privileging is used to meet this section, one copy of organization's privileging policy, example application packet, and applicable collaborative practice agreements/protocols must be included in packet for ASHP residency accreditation surveys.

- Subject matter expertise as demonstrated by:
 - ☐ Completion of PGY2 residency training in the area precepted PLUS at least **2 years** of practice experience in the area precepted
OR
 - ☐ Completion of PGY1 residency training PLUS at least **4 years** of practice experience in the area precepted
OR
 - ☐ Completion of PGY2 residency training NOT in the area precepted PLUS at least **4 years** of practice experience in the area precepted
OR
 - ☐ At least **5 years** of practice experience in the area precepted

CONTRIBUTIONS TO PHARMACY PRACTICE
<u>RPDs AND PRECEPTORS:</u> Contribution to pharmacy practice - Standard 4.3.b (if RPD)/Standard 4.6.b (if preceptor) • At least one example in at least one section must be demonstrated. AND • Examples are from the <u>last four years</u> of practice - Examples older than 4 years will NOT be considered. AND • Do NOT include examples that occurred prior to licensure and/or during residency training – they will NOT be considered.

Contribution to the development of clinical or operational policies/guidelines/protocols

- for preceptors, this must be related to the practice area precepted
- for RPDs this can include maintenance and development of residency policies

Narrative	Date of contribution

Contribution to the creation/implementation of a new clinical or operational service

- for preceptors, this must be related to the practice area precepted

Narrative	Date of contribution

Contribution to an existing service improvement

- for preceptors, this must be related to the practice area precepted

Narrative	Date of contribution

In-services or presentations to pharmacy staff/other health professionals at organization. This can be at least 3 different in-services/presentations given in the past 4 years OR a single in-service/presentation given at least annually within the past 4 years.

Name of In-service/Presentation	Audience	Date

(Preceptors CAN use this to meet this section; RPD's can NOT use this to meet this section – RPDs must meet this in the following section):

Appointments to drug policy or other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) other residency-related committees:

Committee	Date appointment ended (if not current)

APPOINTMENTS TO COMMITTEES (RPDS ONLY)
--

Ongoing committee participation - Standard 4.3.c
--

Note: Must include at least one <u>current</u> example

Appointments to drug policy or other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees:

Committee	Date appointment ended (if not current)

OPTIONAL: PROFESSIONAL ENGAGEMENT

Documentation of ongoing professional engagement is no longer required by The Standard. The section below may be used for the purpose of documenting any program-specific preceptor requirements for ongoing professional engagement, if required as part of the program's criteria for appointment and reappointment

Lifetime Achievement:

Note: example(s) in the Lifetime Achievement section must designate professional excellence over a career; therefore, the year conferred does not need to be within the past 4 years to count. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at state/regional level.

Achievement	Awarding body
<i>Example: FASHP</i>	<i>ASHP</i>

Primary preceptor for pharmacy APPE/IPPE students (does not include precepting residents):

Learning Experience Precepted	Most recent year precepted

Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site):

Audience Members	Course/Lecture	Date(s)

Service (beyond membership) in national, state, and/or local professional associations:

Name of Association	Office Held, Committee Served	Date(s)

Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable). Do not include presentations or posters during residency training.:

Title	Professional Meeting	Month/Year

Completion of a teaching certificate program (may be completed during residency if completed within the last 4 years).

Name of Program	Sponsor	Date completed

Providing preceptor development to other preceptors at the site:

Title	Month/Year

Evaluator at state/regional residency conferences; poster evaluator at professional meetings; evaluator at other local/regional/state/national meetings; CV reviewer/mock interviewer for local/regional/state/national organizations; and/or ASHP RPD Mentor (RPD only):

Conference/Meeting	Date(s)

Publications in peer-reviewed journals or chapters in textbooks:

Title	Name of Journal/Book	Month/Year

Formal reviewer of submitted grants or manuscripts. (Do not include review of posters/presentations/publications authored by staff/residents within your organization):

Journal Name/Type	Date(s)

Participant in the provision of a wellness program(s), health fair(s), health-related consumer education class(es), and/or employee wellness/disease prevention program(s) (e.g., can be within the organization, community, schools, places of worship):

Type of Program	Sponsor or setting	Date of last participation

Community service related to professional practice (e.g., free clinic, medical mission trip):

Type of activity	Dates

Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor):

Type of activity	Dates

Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence not included in any other section (please describe type and date of recognition and the approximate number of recipients per year):

Award/recognition	Awarding body	Date	Number of recipients per year

For preceptors that do not meet Standards 4.6.a and/or 4.6.b (Subject Matter Expertise, and/or Contributions to [Pharmacy] Practice): attach individualized preceptor development plan showing how this preceptor will meet Standards 4.6.a and/or 4.6.b within two years - Standard 4.6.d.

Pharmacy Preceptor Appointment and Reappointment Criteria and Process

The process for the appointment and selection of preceptors is inclusive of all pharmacists within the organization that are interested in precepting and serve in a position that aligns with the structure and learning experiences of the program (4.4.c)

At time of initial appointment and at reappointment:

- Review APR and determine if preceptor meets the following:
 - o PGY1- Meets ASHP Preceptor Eligibility (4.5.a)
 - o PGY2- Meets ASHP Preceptor Eligibility (4.5.b)
 - o Preceptor Meets Qualification (4.6)
 - Content expertise in area precepted (4.6.a)
 - Contribution to pharmacy practice in area precepted (4.6.b)
- If the above is “no” and preceptor does not meet criteria, there is a plan developed for achievement within 2 years

AND

- Preceptor maintains an active practice in the area precepted (4.7)

AND

Additional program requirements for Preceptor Reappointment:

- Is timely with completion of resident evaluations
- Employs the four preceptor roles
- Maintains the learning experience description to include all required elements
- Meets Professional Development - 2 sessions required
- Attends required RAC meetings - "x" %
- Completes the annual preceptor self-assessment by May 1

Preceptors will be reviewed for reappointment by the RAC every "x" years (*programs to select frequency of up to 4yrs max*) based on the above-listed criteria and based on meeting eligibility and criteria as listed in the most current version of the *ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs* and the program specific criteria as listed above.

Pharmacist Licensure Policy Examples

Each of the examples below is fully compliant with Standards 2.4.a and 2.4.b of the *ASHP Standards for Accreditation of Postgraduate Pharmacy Residencies*. If a program chooses to use an example policy, the exact wording should be used to ensure full compliance. However, if a program makes any modifications to the policies below, or chooses to use their own, the criteria at the end of this document should be utilized to ensure compliance with the Standard. Any licensure policy, including the examples below, should be reviewed by your organization's Human Resources Department or other applicable organizational body prior to implementation.

Example 1:

Resident must obtain pharmacist licensure to practice in XY state within 120 days from the start of the residency program. If the resident fails the NAPLEX or law exam during this period, the resident is allowed to re-take the test. If the resident is not licensed by the 120-day deadline, the resident will be dismissed from the residency program.

Example 2:

Resident is expected to obtain pharmacist licensure in XY state within 120 days of the residency program's start date. Failure to obtain licensure within 120 days of the program's start date will result in suspension of the resident from the program. Suspension will be without pay or benefits. The resident will be reinstated and pay and benefits will resume when pharmacist licensure is obtained. The end date of the residency program will be extended by the number of days of suspension from the program. Extension of the program will include benefits and salary. If the resident is not licensed within 30 days of suspension from the program, the resident will be dismissed from the program and employment terminated.

Example 3:

- I. The pharmacy resident must submit appropriate documentation to the "XY" State Board of Pharmacy and pursue pharmacist licensure as soon as possible after receiving their Match results. If pharmacist licensure cannot be obtained by the start of the residency program, the pharmacy resident must obtain, and maintain, an active Pharmacy Intern license for "XY" State until pharmacist licensure is obtained.
- II. The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX and MPJE exam in the state and having an active pharmacist license) within 90 days of the beginning of the residency program.
- III. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
 - a. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.
 - b. If the resident has taken, but not passed the NAPLEX and/or MPJE exam, the RAC will grant a 30-day extension of the licensure deadline only if the resident has achieved minimum ratings of satisfactory progress on summative evaluations and is completing learning experience assignments by assigned deadlines. The sequencing of learning experiences may be modified to place a non-patient care learning experience earlier in the year while awaiting pharmacist licensure.
 - c. If approved, this extension will be noted in the RAC minutes.
 - d. If the licensure deadline extension is not approved, the resident will be dismissed.
- IV. If a 30-day deadline extension has been provided and the resident is still not licensed as a pharmacist at the end of the 30-day extension, the resident will be dismissed.

Pharmacist Licensure Policy Examples (Cont.)

Example 4:

- I. The pharmacy resident must submit appropriate documentation to the "XY" State Board of Pharmacy and pursue pharmacist licensure as soon as possible after receiving their Match results. If pharmacist licensure cannot be obtained by the start of the residency program, the pharmacy resident must obtain, and maintain, an active Pharmacy Intern license for "XY" State until pharmacist licensure is obtained.
- II. The resident must be fully licensed as a pharmacist (passing the NAPLEX and MPJE exam in the state and having an active pharmacist license) within 90 days of the beginning of the residency program.
- III. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
 - a. If the resident has taken, but not passed the NAPLEX and/or MPJE exam, the RAC will grant up to a 30-day extension of the licensure deadline only if the resident is able to become licensed within 30 days. If the resident is not licensed during the 30 day extension, the resident will be dismissed.
 - b. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed unless the resident was on approved leave during this time period. The maximum extension allowed for residents on leave to become licensed is 120 days from the program start date. Residents not licensed within 120 days of the start date will be dismissed.

Licensure Criteria

Residents are licensed pharmacists in the state(s) or jurisdiction(s) as required by the program (or equivalent registration in the country if outside of the US) prior to or within 120 days after the program start date.

Licensure policies include a licensure deadline and information about how the program will be modified if the resident is not licensed within 120 days to ensure resident complete at least two-thirds of their residency as a licensed pharmacist.

Licensure policies that include extensions or suspensions must document in licensure policy:

- Status of salary and benefits during suspension or extension.
- Maximum duration of extension or suspension

All licensure policies ensure 2/3 of residency completed as a licensed pharmacist

Policy clearly written with little left to interpretation.

Ensures uniform application of the policy

Residency Remediation/Disciplinary Policy Examples

Each of the examples below is fully compliant with Standard 2.6 of the *ASHP Standards for Accreditation of Postgraduate Pharmacy Residencies*. If a program chooses to use an example policy, the exact wording should be used to ensure full compliance. However, if a program makes any modifications to the policies below, or chooses to use their own, the criteria at the end of this document should be utilized to ensure compliance with the Standard. Any dismissal/remediation policy, including the examples below, should be reviewed by your organization's Human Resources Department or other applicable organizational body prior to implementation.

Example 1

Residents are expected to complete all requirements of the Residency Program based on the ASHP Residency Standards and Competency Areas, Goals and Objectives for their specific program. Only those residents who complete the residency requirements set forth will receive their residency certificate. Evaluation of the resident's progress in completing the residency completion requirements is documented as part of the quarterly review process.

The residency program director (RPD), in conjunction with residency advisory committee (RAC), will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements [e.g., "Needs Improvement" (NI) for the same objective on more than one summative evaluation, multiple NI's for a single summative evaluation, not meeting progression expectations during a learning experience, not meeting deadlines], or if there is a concern with other behaviors related to performance (e.g., unprofessional behavior, plagiarism) the following steps shall be taken.

The RPD will provide the resident verbal coaching for any initial issues identified. If the identified issues continue, the resident will be placed in a resident corrective action plan. The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the criteria for successful remediation and will have a timeline for remediation of no longer than 4 weeks.

- If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency to receive a certificate of completion.
- If the resident is not successful in completing the action steps, yet makes progress, a second resident corrective action plan can be executed. The second resident corrective action plan will be no longer than 4 weeks.
- If the resident does not meet the criteria for successful remediation in the second plan, the resident will be dismissed from the program and will not receive a certificate.

Residency-related conduct or actions that may be grounds for immediate dismissal include, but are not limited to, plagiarism.

Residents also must abide by the organization's code of conduct.

If a resident completes 52 weeks of the residency but does not fulfill all residency completion requirements, a certificate will not be issued. No extensions will be granted for residents who have failed to meet residency

completion requirements.

Example 2

Policy: The Residency Program Director (RPD), Residency Advisory Committee (RAC), and preceptors will follow a corrective action process based on oral and documented corrective action counseling when one or more serious deficiencies in a resident's performance is noted. The corrective action process will be used when addressing areas of resident performance and/or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified time frame(s) will result in the resident not receiving a certificate of successful completion and may result in involuntary dismissal. However certain behaviors or actions will be considered immediate grounds for dismissal and the corrective action process will not apply. Corrective action process procedures and grounds for dismissal are outlined below.

Corrective action may be imposed if the resident fails to meet their obligations and responsibilities inherent to successful completion of the residency-training period. This includes, but is not limited to, progress toward achievement of learning experience objectives, completing assignments and meeting deadlines, progress towards completion of the residency project, completion of the program's requirements and deliverables as outlined in the completion requirements policy, and completion and submission of all program evaluation materials. Corrective action process may also be imposed if the resident acts in a manner contrary to the professional obligations (e.g., unprofessional behavior, plagiarism) and responsibilities of a pharmacist.

Procedure: The RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified deficiencies. The following are examples of concerns, performance, or actions that may prompt an investigation to determine the need for corrective action (this list is not comprehensive):

1. Failure to make progress towards achievement of an educational objective in more than one learning experience.
2. Failure to meet required deadlines.
3. Failure to complete assigned work.

Following an investigation, the RPD, in conjunction with the RAC will review the results of the investigation to determine the need to impose corrective action. The RPD shall inform the Resident of the results of the review regardless of the final decision. In addition, the RPD will contact Human Resource (HR) personnel, as appropriate.

When the RPD, in conjunction with the RAC, determines that corrective action is necessary, corrective action will begin with oral counseling followed by, if necessary, a written corrective action plan.

1. Oral Counseling will include a discussion of the issues identified. The Resident will also be provided with suggestions for improvement, progression expectations, and the expected timeline for meeting progression expectations or issue resolution that is no longer than four weeks. The Resident will also be notified that the Oral Counseling discussion will be documented in the resident's personnel file. The RPD and Resident's preceptors will closely monitor the resident's performance to determine if expectations for progression/issue resolution are being met.
2. A Corrective Action Plan will be initiated if the RPD and Residency Advisory Committee determine the Resident has not met progression expectations or corrected identified issues by the end of the expected

timeline. The purpose of the Corrective Action Plan is to document specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to correct identified issues and/or displays behavior that is not conducive to achieving the predetermined objectives of the residency program. Corrective Action Plans will include the following components:

- A. Description of the issues that must be corrected.
 - B. Timeline that does not exceed four weeks.
 - C. Criteria for successful resolution of the corrective action plan.
 - D. Date and signatures of the resident and RPD.
3. Within five working days of the agreed upon timeframe for evaluation, the RPD and the Residency Advisory Committee will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.
- a. If the resident was able to successfully complete the corrective action plan, no further action is necessary.
 - b. If the resident was NOT able to successfully complete the performance improvement plan, the resident will be dismissed from the residency program and employment terminated.
 - c. If the resident is making progress but has not achieved all criteria for successful resolution: The RPD/RAC, may provisionally extend the Corrective Action Timeline, up to four weeks if, based on their assessment, the resident can successfully complete the plan in this time frame. Progression and duration of the extension will be documented in the Corrective Action Plan with a copy provided to the resident. At the end of any extension, the resident will be dismissed from the residency program and will not receive a certificate of completion if all criteria for resolution have not been met.

Dismissal: Grounds for immediate dismissal from the residency program include but are not limited to:

1. Failure to obtain pharmacist licensure within 120 days of the residency start date.
2. For PGY2 residents, failure to provide their PGY1 certificate of completion within 30 days from the residency start date.
3. Knowingly or negligently places a patient, employee or any other person in danger.
4. Falsifying information on a document.
5. Committing plagiarism as determined by the RAC after review of the materials suspected of plagiarism.

The resident is also subject to the Hospital's Performance Improvement Policy

Residency Remediation/Disciplinary Policy Criteria	
Defines:	
	Resident failure to progress
	Resident-specific behaviors that trigger the disciplinary policy (e.g., plagiarism)
Defines the procedure that will be followed when the resident fails to progress	
	When will the certificate be withheld

• When will the resident be dismissed
• When the program will be extended
Programs that offer an extension in their policy includes:
• Status of salary and benefits during extension
• Maximum duration of extension allowed
Policy should be consistent with organization's HR policies
Requirements are objective and clearly written with little left to interpretation
Documentation ensures uniform application of requirements

PGY1 Pharmacy Completion Requirements Example

The *ASHP Accreditation Standard for Post Graduate Residency Programs* (The Standard) requires programs to document requirements for successful completion of the program (Standards 2.5, 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d), provide completion requirements to applicants at the time the interview invitation is extended (Standards 2.8, 2.8.d), track progress towards completion of program requirements at the same time the development plan is documented quarterly (3.3.e), and document completion of all program requirements at the end of the residency (Standards 2.13.a and 2.13.b). The requirements for successful completion must be consistent throughout the program's documents.

For PGY1 residencies, the completion requirements must also include all deliverables listed in the [Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy, Community-Based, and Managed Care Residency Programs \(effective July 1, 2024\)](#) (CAGOs).

Two examples of a Completion Requirements document are provided below. The first example is a table format, and the second example is a list format. Both formats include all elements required by The Standard. When using the table or list format to create your program's Completion Requirements document, refer to the criteria at the end of the document to ensure all criteria are met.

PGY1 Pharmacy Completion Requirements Example – Table Format

Documentation of your completion requirements in this format helps ensure consistency between program documents as the table can be included in the manual and/or documents provided to applicants invited to interview and utilized to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency.

Completion Requirements Tracker	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements
A minimum of 29 objectives achieved for the residency (ACHR)				
No objectives with a final rating of NI				
Completion of all required learning experiences				
1 Grand Rounds Presentation				
1 Inservice to Nurses				
1 P&T Newsletter Article				
Completion of a drug monograph or completion/revision of a treatment protocol				

Written report of completed MUE and presentation at P&T Committee				
Complete a project plan for major project submission to IRB				
Presentation of year-long project (major project) at a regional residency conference				
Final manuscript for major project in a format suitable for publication and that has been approved by project team				
Staff a minimum of 32 weekend staffing shifts				

PGY1 Pharmacy Completion Requirements Example – List Format

The list format below is also fully compliant and is a common method for documenting completion requirements in the program's manual and/or documents provided to applicants invited to interview. If the list format is chosen for this use, ensure that the requirements in the document(s) used to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency are consistent with the list of program requirements to ensure compliance with Standards 2.8.d and 2.13.b).

Please note: The asterisk() and font in superscript behind each completion requirement in the list below is included only as a reference to the criteria below and the deliverables specific to the CAGOs objectives. This verbiage is not required to be included in your program's completion requirements.*

- A minimum of 29 objectives achieved for the residency (ACHR)^{*1 and 2}
- No objectives with a final rating of NI^{*1 and 2}
- Completion of all required learning experiences^{*5}
- Presentations:
 - 1 Grand Rounds^{*3 (Objectives R4.1.1 and 4.1.3)}
 - 1 Inservice to Nurses^{*3 (Objectives R4.1.1 and 4.1.3)}
 - Presentation of year-long project (major project) at a regional residency conference^{*3 (Objective R2.1.6)}
- 1 P&T Newsletter Article^{*3 (Objectives R4.1.1 and 4.1.2)}
- Completion of a drug monograph or completion/revision of a treatment protocol^{*3 (Objective R1.4.2)}
- Written report of completed MUE and presentation at P&T Committee^{*3 (Objective R2.1.6)}
- Complete a project plan for major project submission to IRB^{*3 (Objective R2.1.2)}
- Final manuscript for major project in a format suitable for publication and that has been approved by project team^{*3 (Objective R2.1.6)}
- Staff a minimum of 32 weekend staffing shifts^{*5}

Criteria
Requirements for successful completion of the program are documented and include the following:
1. Requirements for overall achievement of educational objectives for the residency (ACHR)
2. The minimum threshold related to educational objectives that would allow awarding a certificate of completion
3. List of required deliverables related to educational objectives (Deliverables are defined as documents developed by residents that are related to educational objectives). See <i>Required Competency Areas, Goals, and Objectives for Post Graduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs</i> (effective July 1, 2024) for minimum requirements for program completion.
4. Appendix requirements, if the program's associated Competency Areas, Goals, and Objectives include a required appendix. (<i>Note: This is not applicable for PGY1 Pharmacy residency programs.</i>)
5. Other requirements as defined by the program
Matches checklist used to track progress quarterly and final documentation at the end of the year if the completion requirements are documented in a different format in the manual or documents provided to applicants invited to interview. (Standards 2.8.d, 2.13.b and 3.3.e)
Requirements are objective and clearly written with little left to interpretation
Documentation ensures uniform application of requirements

PGY1 Community-Based Pharmacy Completion Requirements Example

The *ASHP Accreditation Standard for Post Graduate Residency Programs* (The Standard) requires programs to document requirements for successful completion of the program (Standards 2.5, 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d), provide completion requirements to applicants at the time the interview invitation is extended (Standards 2.8, 2.8.d), track progress towards completion of program requirements at the same time the development plan is documented quarterly (3.3.e), and document completion of all program requirements at the end of the residency (Standards 2.13.a and 2.13.b). The requirements for successful completion must be consistent throughout the program's documents.

For PGY1 residencies, the completion requirements must also include all deliverables listed in the [Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy, Community-Based, and Managed Care Residency Programs \(effective July 1, 2024\)](#) (CAGOs).

Two examples of a Completion Requirements document are provided below. The first example is a table format, and the second example is a list format. Both formats include all elements required by The Standard. When using the table or list format to create your program's Completion Requirements document, refer to the criteria at the end of the document to ensure all criteria are met.

PGY1 Community-Based Pharmacy Completion Requirements Example - Table Format

Documentation of your program's completion requirements in this format helps ensure consistency between program documents as the table can be included in the manual and/or documents provided to applicants invited to interview and utilized to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency.

Completion Requirements Tracker	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements
A minimum of 29 objectives achieved for the residency (ACHR)				
No objectives with a final rating of NI				
Completion of all required learning experiences				
1 Grand Rounds presentation				
1 Inservice to other healthcare providers				
Presentation of year-long project (major project) at a regional residency conference				

1 Pharmacy newsletter				
Completion of a drug class review or completion/revision of a collaborative practice agreement				
Written project plan for major project				
Business plan for major, minor, or other project				
Written report of completed quality improvement project (minor project) and presentation to leadership				
Final manuscript for major project in a format suitable for publication and that has been approved by project team				
Staff a minimum of 32 weekend staffing shifts				

PGY1 Community-Based Pharmacy Completion Requirements Example - List Format

The list format below is also fully compliant and is a common method for documenting completion requirements in the program's manual and/or documents provided to applicants invited to interview. If the list format is chosen for this use, ensure that the requirements in the document(s) used to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency are consistent with the list of program requirements to ensure compliance with Standards 2.8.d and 2.13.b).

Please note: The asterisk() and font in superscript behind each completion requirement in the list below is included only as a reference to the criteria below and the deliverables specific to the CAGOs objectives. This verbiage is not required to be included in your program's completion requirements.*

- A minimum of 29 objectives achieved for the residency (ACHR)^{*1 and 2}
- No objectives with a final rating of NI^{*1 and 2}
- Completion of all required learning experiences^{*5}
- Presentations:
 - 1 Grand Rounds^{*3 (Objectives R4.1.1 and 4.1.3)}
 - 1 Inservice to other healthcare provider(s)^{*3 (Objectives R4.1.1 and 4.1.3)}
 - Presentation of year-long project (major project) at a regional residency conference^{*3 (Objective R2.1.6)}
- 1 Pharmacy Newsletter^{*3 (Objectives R4.1.1 and 4.1.2)}
- Completion of a drug class review or completion/revision of a collaborative practice agreement^{*3 (Objective R1.4.2)}
- Written project plan for major project.^{*3 (Objective R2.1.2)}
- Business plan for major, minor, or other project.^{*3 (Objective R2.1.2)}
- Written report of completed quality improvement project (minor project) and presentation to leadership^{*3 (Objective R2.1.6)}
- Final manuscript for major project in a format suitable for publication and that has been approved by project team^{*3 (Objective R2.1.6)}

- Staff a minimum of 32 weekend staffing shifts*⁵

Criteria
Requirements for successful completion of the program are documented and include the following:
1. Requirements for overall achievement of educational objectives for the residency (ACHR)
2. The minimum threshold related to educational objectives that would allow awarding a certificate of completion
3. List of required deliverables related to educational objectives (Deliverables are defined as documents developed by residents that are related to educational objectives). See <i>Required Competency Areas, Goals, and Objectives for Post Graduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs</i> (effective July 1, 2024) for minimum requirements for program completion.
4. Appendix requirements, if the program's associated Competency Areas, Goals, and Objectives include a required appendix. <i>(Note: This is not applicable for PGY1 Pharmacy residency programs.)</i>
5. Other requirements as defined by the program
Matches checklist used to track progress quarterly and final documentation at the end of the year if the completion requirements are documented in a different format in the manual or documents provided to applicants invited to interview. (Standards 2.8.d, 2.13.b and 3.3.e)
Requirements are objective and clearly written with little left to interpretation
Documentation ensures uniform application of requirements

PGY1 Managed Care Pharmacy Completion Requirements Example

The *ASHP Accreditation Standard for Post Graduate Residency Programs* (The Standard) requires programs to document requirements for successful completion of the program (Standards 2.5, 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d), provide completion requirements to applicants at the time the interview invitation is extended (Standards 2.8, 2.8.d), track progress towards completion of program requirements at the same time the development plan is documented quarterly (3.3.e), and document completion of all program requirements at the end of the residency (Standards 2.13.a and 2.13.b). The requirements for successful completion must be consistent throughout the program's documents.

For PGY1 residencies, the completion requirements must also include all deliverables listed in the [Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy, Community-Based, and Managed Care Residency Programs \(effective July 1, 2024\)](#) (CAGOs).

Two examples of a Completion Requirements document are provided below. The first example is a table format, and the second example is a list format. Both formats include all elements required by The Standard. When using the table or list format to create your program's Completion Requirements document, refer to the criteria at the end of the document to ensure all criteria are met.

PGY1 Managed Care Pharmacy Completion Requirements Example – Table Format

Documentation of your completion requirements in this format helps ensure consistency between program documents as the table can be included in the manual and/or documents provided to applicants invited to interview and utilized to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency.

Completion Requirements Tracker	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements
A minimum of 29 objectives achieved for the residency (ACHR)				
No objectives with a final rating of NI				
Completion of all required learning experiences				
1 Presentation of a drug monograph or utilization management criteria to the P&T Committee				
Presentation of year-long project (major project) at a regional residency conference or AMCP meeting				

1 Provider Newsletter summarizing the P&T Committee decisions				
Completion of two drug monographs				
Development of utilization criteria for one new-to-market drug				
Project plan for major project				
Final manuscript for major project in a format suitable for publication and that has been approved by project team				
Project plan for HEDIS score improvement project (second project).				
Final written report for HEDIS score improvement project (second project).				
Completion of all required topic discussions and active participation in managed care key principles as delineated in the PGY1 Managed Care CAGOs Appendix				

PGY1 Managed Care Pharmacy Completion Requirements Example – List Format

The list format below is also fully compliant and is a common method for documenting completion requirements in the program's manual and/or documents provided to applicants invited to interview. If the list format is chosen for this use, ensure that the requirements in the document(s) used to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency are consistent with the list of program requirements to ensure compliance with Standards 2.8.d and 2.13.b).

Please note: The asterisk() and font in superscript behind each completion requirement in the list below is included only as a reference to the criteria below and the deliverables specific to the CAGOs objectives. This verbiage is not required to be included in your program's completion requirements.*

PGY1 Managed Care Pharmacy Completion Requirements Example

- A minimum of 29 objectives achieved for the residency (ACHR)^{*1 and 2}
- No objectives with a final rating of NI^{*1 and 2}
- Completion of all required learning experiences^{*5}
- Presentations:
 - 1 Presentation of drug monograph or utilization management criteria to P&T Committee^{*3 (Objectives R4.1.1 and 4.1.3)}

- 1 Presentation of year-long project (major project) at a regional residency conference or AMCP meeting ^{*3}
(Objective R2.1.6)
- 1 Provider Newsletter summarizing the P & T Committee decisions ^{*3} (Objectives R4.1.1 and 4.1.2)
- Completion of two drug monographs ^{*3} (Objective R1.4.2)
- Development of utilization criteria for one new-to-market drug ^{*3} (Objective R1.4.2)
- Project plan for major project ^{*3} (Objective R2.1.2)
- Final manuscript for major project in a format suitable for publication and that has been approved by project team ^{*3} (Objective R2.1.6)
- Project plan for HEDIS score improvement project (second project) ^{*3} (Objective R2.1.2)
- Final written report for HEDIS score improvement project (second project) ^{*3} (Objective R2.1.6)
- Completion of all required topic discussions and active participation in managed care key principles as delineated in the PGY1 Managed Care CAGOs Appendix ^{*4}

^{*3}Correlates with requirement number in Criteria. For Criteria 4 the corresponding objectives with requirements for deliverables are also included in parentheses for easy reference. The numbers are for reference only and do not need to be included in programs' completion requirements checklists.

Criteria
Requirements for successful completion of the program are documented and include the following:
6. Requirements for overall achievement of educational objectives for the residency (ACHR)
7. The minimum threshold related to educational objectives that would allow awarding a certificate of completion
8. List of required deliverables related to educational objectives (Deliverables are defined as documents developed by residents that are related to educational objectives). See <i>Required Competency Areas, Goals, and Objectives for Post Graduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs</i> (effective July 1, 2024) for minimum requirements for program completion.
9. Appendix requirements, if the program's associated Competency Areas, Goals, and Objectives include a required appendix. (<i>Note: This is not applicable for PGY1 Pharmacy residency programs.</i>)
10. Other requirements as defined by the program
Matches checklist used to track progress quarterly and final documentation at the end of the year if the completion requirements are documented in a different format in the manual or documents provided to applicants invited to interview. (Standards 2.8.d, 2.13.b and 3.3.e)
Requirements are objective and clearly written with little left to interpretation
Documentation ensures uniform application of requirements

PGY2 Completion Requirements Example

The *ASHP Accreditation Standard for Post Graduate Residency Programs* (The Standard) requires programs to document requirements for successful completion of the program (Standards 2.5, 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d), provide completion requirements to applicants at the time the interview invitation is extended (Standards 2.8, 2.8.d), track progress towards completion of program requirements at the same time the development plan is documented quarterly (3.3.e), and document completion of all program requirements at the end of the residency (Standards 2.13.a and 2.13.b). The requirements for successful completion must be consistent throughout the program's documents.

Two examples of a PGY2 Completion Requirements document are provided below. The first example is a table format and the second example is a list format. Both formats include all elements required by The Standard. When using the table or list format to create your program's Completion Requirements document, refer to the criteria at the end of the document to ensure all criteria are met.

PGY2 Completion Requirements Example - Table Format

Documentation of your program's completion requirements in this format helps ensure consistency between program documents as the table can be included in the manual and/or documents provided to applicants invited to interview and utilized to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency.

Completion Requirements Tracker	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements
All R1.1 (R1.1.1-R1.1.8) are achieved for the residency (ACHR)				
A minimum of 20 additional objectives achieved for the residency (ACHR)				
No objectives with a final rating of NI				
Completion of all required learning experiences				
Completion of all requirements of the PGY2 Critical Care CAGOs Appendix				
Complete assigned critical care medication use evaluation with presentation of results/recommendations at P&T Committee				

1 Grand Rounds presentation				
1 Inservice to critical care nursing staff				
Presentation of year-long project (major project) at a regional residency conference or other conference approved by RPD				
Completion of 16 weekend critical care staffing shifts				
Completion/revision of a critical care treatment protocol				
Final project manuscript in a format suitable for publication and that has been approved by RPD				

PGY2 Completion Requirements Example - List Format

The list format below is also fully compliant and is a common method for documenting completion requirements in the program's manual and/or documents provided to applicants invited to interview. If the list format is chosen for this use, ensure that the requirements in the document(s) used to track progress towards completion of program requirements and for documentation of completion of all program requirements at the end of the residency are consistent with the list of program requirements to ensure compliance with Standards 2.8.d and 2.13.b).

Please note: The asterisk() and font in superscript behind each completion requirement in the list below is included only as a reference to the criteria below. This verbiage is not required to be included in your program's completion requirements.*

- All R1.1 (R1.1.1-R1.1.8) are achieved for the residency (ACHR) ^{*1 and 2}
- A minimum of 20 additional objectives achieved for the residency (ACHR) ^{*1 and 2}
- No objectives with a final rating of NI ^{*1 and 2}
- Completion of all required learning experiences ^{*Related to 1}
- Completion of all requirements of the PGY2 Critical Care CAGO's appendix ^{*4}
- Complete assigned critical care medication use evaluation with presentation of results/recommendations at P&T Committee (program-specific requirement) ^{*5}
- Presentations:
 - 1 Grand Rounds ^{*3}
 - 1 Inservice to critical care nursing staff ^{*3}
- Presentation of year-long project (major project) at a regional residency conference or other conference approved by RPD ^{*3}
- Completion of 16 weekend critical care staffing shifts ^{*5}
- Completion/revision of a critical care treatment protocol ^{*3}
- Final project manuscript in a format suitable for publication and that has been approved by RPD ^{*3}

^{*} Correlates with requirement number in Criteria

Criteria
Requirements for successful completion of the program are documented and include the following:
11. Requirements for overall achievement of educational objectives for the residency (ACHR)
12. The minimum threshold related to educational objectives that would allow awarding a certificate of completion
13. List of required deliverables related to educational objectives (Deliverables are defined as documents developed by residents that are related to educational objectives).
14. Appendix requirements, if the program's associated Competency Areas, Goals, and Objectives include a required appendix
15. Other requirements as defined by the program
Matches checklist used to track progress quarterly and final documentation at the end of the year (Standards 2.13.b and 3.3.e)
Requirements are objective and clearly written with little left to interpretation
Documentation ensures uniform application of requirements

PGY2 Procedure for Verification of PGY1 Program Completion Examples

Each of the examples below is fully compliant with Standards 2.7 and 2.7.a of the *ASHP Standards for Accreditation of Postgraduate Pharmacy Residencies*. If a program chooses to use an example policy, the exact wording should be used to ensure full compliance. However, if a program makes any modifications to the policies below, or chooses to use their own, the criteria at the end of this document should be utilized to ensure compliance with the Standard. Any procedure for verification of PGY1 completion, including the examples below, should be reviewed by your organization's Human Resources Department or other applicable organizational body prior to implementation.

Example 1:

Incoming PGY2 residents must upload a copy of their PGY1 certificate of completion into their PGY2 PharmAcademic™ files tab within 30 days of the start of the residency. Failure to upload a PGY1 certificate of completion within 30 days of the start of the PGY2 residency will result in dismissal from the residency program and termination of employment.

Example 2:

Incoming PGY2 residents must provide a copy of the PGY1 certificate of completion prior to the PGY2 residency start date; the PGY2 RPD will upload the PGY1 certificate into PharmAcademic™ files tab. Failure to provide a copy of the PGY1 certificate of completion will result a delay in the residency start date and extension of the residency end date to ensure a 52 week minimum term of employment. Failure to provide a copy of the PGY1 certificate of completion within 15 days of the initial start date will result in withdrawal of the offer of employment.

Example 3:

Incoming PGY2 residents must provide a copy of the PGY1 certificate of completion prior to the PGY2 residency start date that is to be uploaded into the resident's share drive folder by the RPD. If the incoming PGY2 resident is unable to provide a certificate of completion prior to the residency start date, the RPD may also use PharmAcademic™ or direct communication with the resident's PGY1 residency program director to verify PGY1 residency completion. If direct communication with the RPD is utilized for PGY1 verification prior to the start of the residency, a certificate of PGY1 completion must be provided within 30 days of the resident start date. If completion of a PGY1 residency cannot be verified by any of the above methods, the offer of employment will be withdrawn.

CRITERIA: Procedure for Verification of a PGY1 Residency
Policy includes method of verification
Policy includes a method of verification that must be retrievable
Includes a timeframe for verification
Includes consequences if the incoming resident did not complete their PGY1 program
Requirements are objective and clearly written with little left to interpretation
Documentation should ensure uniform application of policy