Eisenhower Health

PGY1

Pharmacy Residency Program

Syllabus

2023 – 2024

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EMC Pharmacy Services

Vision

The Eisenhower Medical Center PGY1 Pharmacy Residency Program builds skills for optimizing medication use to improve patient care in collaboration with the healthcare team.

Mission

Our residency program extends the Doctor of Pharmacy education to build the essential skills for developing, delivering, managing, and monitoring safe and cost-effective medication use strategies in collaboration with the healthcare team, to advance the level of Pharmacy practice for improving patient care, to develop healthcare system specific leadership and management skills, to provide medication use education and knowledge to healthcare professionals, students, and the public.

PGY1 Pharmacy Residency Program

Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Accreditation Standards: The American Society of Health Systems Pharmacists (ASHP) standards for Postgraduate Year One (PGY1) Pharmacy Residency Programs are the accreditation standards by which this program is developed. More information on accreditation by ASHP can be found online at www.ashp.org.

Program Structure: Oversight of the PGY1 residency program is granted to the Residency Advisory Committee (RAC) consisting of pharmacy management leadership, preceptors, residents, and the residency program director (RPD). The committee is responsible for the planning, coordination, and oversight of all aspects of the program.

Practice Environment: Eisenhower Medical Center is a not-for-profit, comprehensive medical facility located in the Coachella Valley in Southern California. The Coachella Valley is located within the Sonoran Desert and is comprised of 11 cities. Rancho Mirage is a resort community, and the local population increases in winter months when people from all over the world make the Coachella Valley their winter home. The hospital has over 400 licensed beds, 64 ICU beds, approximately 19,000 inpatient admissions per year, and over 81,000 ER visits per year. Services include, but are not limited to: Emergency Department, Lucy Curci Cancer Care Center, Surgery and Surgical Units, Medical & Telemetry Units, Critical Care Units, and Rehabilitation Unit.

Professional Development Experiences: The program features a required 1-week orientation followed by a sequence of two 6-week introductory learning experiences in: Pharmacy Operations and Pharmacy Informatics, followed by 4-week core rotations for the following core learning experiences: Internal Medicine I, Emergency Medicine I, Critical Care I, Infectious Disease I, Ambulatory Infusion I, and Medication Safety I.

Elective 4-week rotations include: Emergency Medicine II, Critical Care II, Internal Medicine II, Infectious Disease II, Ambulatory Infusion II, Medication Safety II, and Pharmacy Informatics II. A Research Project and Staffing as a clinical pharmacist are required as 12-month longitudinal learning experiences.

Scheduling: The Residency Program Director develops the schedule. Any changes or modifications must be coordinated with the preceptors, Residency Advisory Committee, and/or the Residency Program Director.

Staffing: The resident will be scheduled as an inpatient pharmacist to gain practical experience. The resident may be scheduled as a staff pharmacist 2 weekend shifts per month and weekdays as needed. Preceptor(s) may assign the resident to function as a pharmacist to facilitate the medication use operations of the department.

Professional Meetings: For the required longitudinal project experiences, the resident will encouraged to be actively involved with local professional pharmacy organizations, including ASHP and CSHP. The resident is required to attend the ASHP Midyear Clinical Meeting and the Western States Conference for Pharmacy Residents, Fellows, and Preceptors.

Employee Benefits

Residents will receive the same benefits as EMC Pharmacists plus the following considerations -

Leave Time
The resident will be entitled to all benefits provided to full-time non-exempt Pharmacists. Each resident is granted leave for 10 vacation days and 10 education days. Residents may use any of these days to attend professional meetings, employment interviews, or advanced professional training; however, no more than 10 days can be used for vacation. All leave time must be approved by the residency director and rotation preceptor in advance.

Travel Allowance
Each resident will have a travel allowance to attend the ASHP Midyear Clinical Meeting and the Western States Conference. Time off to attend professional meetings listed above will be considered part of the 20 days for vacation/professional leave.

Hour Standards: Duty hour standards will comply with the *ASHP duty-hour Requirements for Pharmacy Residencies*

EMC Residency Standards

Eisenhower Medical Center residency program is designed and conducted according to the following six standards in support of the residents personal and professional Pharmacy goals and objectives using established ASHP educational competency areas, goals, and objectives.

Standard 1

1. The residency program director (RPD) or designee, a pharmacy department employee designated by the RPD to perform specific administrative tasks, will evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.
2. Candidates must submit their application through ASHPs PhORCAS website.
3. Resident applicants must be:
    a. Doctor of Pharmacy graduate or candidate for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
    b. Licensed or eligible for licensure as a California Registered Pharmacist and obtain the license within 90 days of the start date of the residency. If a resident is not granted a California Pharmacy license within the first 90 days of the program, the resident will be terminated from the residency program. This termination policy is subject to change conditional to statements and guidance issued by ASHP and the COC.
4. The application must include letter of intent, curriculum vitae, transcripts, and three letters of recommendation.
5. The predetermined criteria and procedure with the resulting Academic and Professional Report (APR) score used to evaluate applicants' qualifications will be used by all individuals involved in the evaluation and ranking of applicants.
6. Site Tours
    a. All applicants with a completed application in PhORCAS will be invited to a tour of Eisenhower Medical Center for an introduction to our program and facilities. The email invitation includes instructions to read our program syllabus with a hyperlink to our on-line syllabus.
    b. The tour will be hosted by members of the RAC including RPD designees, preceptors, residents, RPD, and Pharmacy Management.
7. Interviews
    a. The top 16 APR scoring applicants will be invited to participate in a web-based interview process.
        i. Email invitations will include instructions to indicate their preferred time slots for an interview and to read our program syllabus (attached to the email) prior to the interview. By signing and returning the interview invitation, applicants will acknowledge their acceptance and agreement of the terms as stated on the syllabus, including family and sick leave policies and the consequences of such leave on the residents' ability to complete the program.
        ii. Interviewers will include RAC members, including preceptors, residents, RPD selected designees, RPD, and Pharmacy Management.

iii. All applicants will be asked the exact same five open-ended questions
iv. Interview scores from preceptors and residents will be averaged together along with the average scores from the individual Pharmacy Management Team members.

8. A final cumulative score for each applicant will be summative scores from an applicant's APR score, tour score, average interview score, and the appreciation scores.
9. Based on information gained through the site visit, interview process, and correspondence with the RPD, the RPD may exclude a candidate from the matching process when the purposes of the applicant do not match the purpose of our program.
10. Ranking Process
    a. For Phase I, the selection of the top final 10 scoring applicants will be based on the numerical order of their final cumulative scores. The order of the 10 top applicants will be based on the applicant's personal and professional goals, aligning with our residency program goals –as determined by the Pharmacy Management Team members.
        i. The final ranking order of the top 10 will be determined by management team's cumulative scores. In case of any ties, the RPD will determine the final ranking order.
    b. The ranking order will be submitted through the NMS Match System by the RPD prior to the posted final match date.
    c. If a match for two residents during Phase I is not achieved, the program will follow the same procedure used during Phase I for Phase II. Exceptions:
        i. A site tour will not be conducted
        ii. Only new Phase II applicants will be interviewed
    d. If matches are not achieved during Phase II, the program will participate in the Scramble under the following procedure:
        i. The RPD may make a direct offer to a previously interviewed applicant who has not matched to another program during Phase I or Phase II of the Match process, without any additional interviews.
        ii. The RPD may accept new, unmatched applicants and review their credentials. If a new candidate's credentials are determined to be acceptable, the program will interview the applicant according to the interview process as described above.
        iii. The program may make an offer to an applicant at any time after the candidate's interview without completing a Scramble interview period or establishing rank order of Scramble applicants.
11. The requirements for the successful completion of the program detailed in the program syllabus will be e-mailed with a link to EMC.org prior to the applicant's scheduled interview and will be reviewed with residents during the interview.
12. Once an applicant is matched to our program, Human Resources will send the applicant an offer of employment letter within 30 days.
13. Certificate of completion requires:
    e. Completion of a minimum of twelve months of a full-time practice commitment. A cumulative leave of absence for more than 30 days may result in termination from the program.
    f. Meet ASHP PGY1 Residency Requirements as demonstrated by progressing towards all the required goals and objectives.
    g. The resident must show ACHR on greater than 80% of objectives as awarded by the RAC, with no more than three (3) Needs Improvement (NI) during the course of the residency.
    h. Any 'Needs Improvement' (NI) for a specific learning objective on any two individual summative evaluations may result in the termination of the resident from the program once approved by the RAC.
    i. Refer to Standard 2 for evaluation score definitions.
    j. During the residency, residents will complete:
        i. Four scheduled Case Presentations per resident in November, January, March, May
        ii. Two Journal Club (JC) presentations
        iii. Two Drub Monographs (DM) per resident throughout the residency year
        iv. Two Medication Use Evaluations (MUE)
        v. Two Poster Presentations, one pre-MidYear and one pre-Western States (pre- and post- research)
        vi. One Peer-Review Ready Paper
    k. Participation as members in the Pharmacy & Therapeutics Committee, Medication Safety Committee, and Antimicrobial Stewardship Program.
    l. Compliance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* throughout the accreditation cycle.

m. Consistently demonstrate professionalism.
n. Consistently complete assignments on time.
o. Compliance with the Pharmacy Services policies and procedures.
p. Conform to Eisenhower Medical Center Human resource standards
    i. Resident employment begins on the 1st of July and ends on the 30th of June the following year.
    ii. A cumulative leave of absence for more than 30 days may result in termination from the program.
q. Conform to Eisenhower Medical Center Hospital policies and procedures
r. Receive EMC 90-day "meets job expectations" job performance evaluation by the RPD.

14. Documentation of RPD review of these standards, policies and procedures, and evaluations with the resident will be maintained for six years.
15. Failure to meet any of these specified requirements can result in the immediate termination of the resident from the residency program.
16. If deemed that there are insufficient opportunities for the resident to meet the requirements for the certificate of completion, the RPD may create or designate an alternate activity for the resident to be able to fulfill a specified requirement.

Standard 2

Requirements of the Program to the Resident

1. Program will be a minimum of twelve months of a full-time practice commitment.
2. Program will comply with the ASHP duty-hour standards. Definitions and duty hour requirements are detailed in Standard 2 Duty-Hours Appendix below.
3. Program will adhere to the *Rules for the ASHP Pharmacy Resident Matching Program.* Solicitation, acceptance or use of any ranking-related information by or from anyone involved in the matching process is strictly prohibited.
4. Residency program director (RPD) will provide residents who are accepted into the program with a letter outlining their acceptance to the program that includes -
    a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) will be provided.
5. Program will provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.
6. Program will provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.
7. Certificate of residency will be awarded to the resident upon completion of the program's requirements in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* signed by the RPD and the chief executive officer of the organization.
8. Compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies* will be maintained throughout the accreditation cycle.

Standard 2: Duty-Hours Appendix

The RPD will review resident's compliance with Duty-Hour Requirements quarterly and develop a plan to correct any deviations.

Definitions:

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned

activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours will be discussed with the resident during the Orientation rotation and evaluated with each resident's quarterly development plan, or more frequently as determined by the RPD

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

DUTY-HOUR REQUIREMENTS

Policy: Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) will ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program will be planned, scheduled and balanced with concerns for patients' safety and residents' well-being.

I. Personal and Professional Responsibility for Patient Safety

A. Residency program directors will educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors will educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

D. Eisenhower Pharmacy residency program does not use any type of on-call program.

E. The residency program director will ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.

2. Prior to moonlighting, all moonlighting must be approved by the RPD.

3. Following moonlighting, the total number of moonlighting hours internal and external must be reported to the RPD.

4. The RPD will maintain documentation of moonlighting hours and any performance consequences stemming from moonlighting.

5. The RPD will notify resident's current preceptor of resident's moonlighting.

6. The preceptor will notify the RPD if resident's participation in moonlighting is affecting their judgment on scheduled duty hours.

7. If moonlighting has affected resident's performance, the RPD may disapprove further moonlighting. Continued excessive use of moonlighting will be documented in resident's quarterly development plan. The development plan will incorporate specific moonlighting guidelines for the resident. Failure to meet these guidelines may result in termination from the program.

C. Mandatory time free of duty: residents will have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents will have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

III. Maximum Duty-Period Length

A. Continuous duty periods of residents will not exceed 16 hours. The maximum allowable duty assignment will not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

B. Residents will not be involved with In-house call programs, at-home, or any other call program.

IV. Compliance with "Duty Hours" to be documented with each quarterly resident development plan.

Requirements of the Resident for Certification

1. Each applicant must return the offer of acceptance letter issued by Human Resources no later than the "return by date" defined in the letter, as well as the Acknowledgement and Agreement of Residency Program's Terms and Conditions, to verify they have read and understand the terms and conditions of the program along with the expectations of the program for certification prior to beginning the residency.
2. Certificate will be awarded at the end of the program contingent upon the successful completion of the following learning experience performance requirements:

Performance Requirements

a. Completion of a minimum of twelve months of a full-time practice commitment. A cumulative leave of absence for more than 30 days may result in termination from the program.
b. Meet ASHP PGY1 Residency Requirements as demonstrated by progressing towards all the required goals and

objectives.

c. The resident must show ACHR on greater than 80% of objectives as awarded by the RAC, with no more than three (3) Needs Improvement (NI) during the course of the residency.

d. Any "needs improvement" (NI) for a specific learning objective on any two individual summative evaluations may result in the termination of the resident from the program once approved by the RAC.

e. Evaluation score definitions:

Rating	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)	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 Rarely requires assistance to complete the objective; minimum supervision required No further developmental work needed
Achieved for Residency (ACHR)*	Resident consistently performs objective at Achieved level, as defined above, for the residency.

f. During the residency, residents will complete:

   i. Four scheduled Case Presentations per resident in November, January, March, May
   ii. Two Journal Club (JC) presentations
   iii. Two Drug Monographs (DM) per resident throughout the residency year
   iv. Two Medication Use Evaluations (MUE)
   v. Two Poster Presentations, one pre-MidYear and one pre-Western States (pre- and post-research)
   vi. One Peer-Review Ready paper

g. Participation as members in the Pharmacy & Therapeutics Committee, Medication Safety Committee, and Antimicrobial Stewardship Program.

h. Compliance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* throughout the accreditation cycle.

i. Consistently demonstrate professionalism.

j. Complete assignments consistently on time.

k. Compliance with the Pharmacy Services policies and procedures.

l. Residents must conform to Eisenhower Medical Center Human Resource standards, hospital policies and procedures, and receive EMC 90-day "meets job expectations" job performance evaluation as outlined in Standard 1

Rotation Learning Experiences, Required

a. Orientation – 1 week
b. Pharmacy Operations – 6 weeks
c. Pharmacy Informatics – 6 weeks
d. Internal Medicine I –4 weeks
e. Critical Care I – 4 weeks

f. Emergency Medicine I – 4 weeks
g. Infectious Disease I – 4 weeks
h. Ambulatory Infusion I – 4 weeks
i. Medication Safety I – 4 weeks

Rotation Learning Experience, Elective

a. Internal Medicine II – 4 weeks
b. Critical Care II – 4 weeks
c. Emergency Medicine II – 4 weeks
d. Infectious Disease II – 4 weeks
e. Ambulatory Infusion II – 4 weeks
f. Pharmacy Informatics II – 4 weeks
g. Medication Safety II – 4 weeks

Longitudinal Learning Projects, Required

1. **Research Project**. Resident will perform a medication use evaluation to identify an opportunity to improve patient care by developing a new Pharmacist-driven acute care clinical guideline, present the patient care opportunity at ASHP-Mid Year poster, implement guideline, measure the effectiveness of the guideline, and write a peer-review ready paper for publication on the new Pharmacist-driven clinical guideline.
2. **Staffing Experiences**. Staff as a clinical pharmacist at least 1 weekend shift per month or weekdays as needed.
3. **Code Blue Call**. Resident will respond to all Code Blue events during normal rotation duty hours throughout PGY1 year after initial licensure and ACLS certification.
4. **Learning Experiences –**

General Learning Experiences schedule:

Resident		A	B	C	D	E	F
Rotation	**Length**	**Learning Experiences**					
0	1 week	Orientation	Orientation	Orientation	Orientation	Orientation	Orientation
1	6 weeks	Pharmacy Operations	Pharmacy Operations	Pharmacy Operations	Pharmacy Informatics	Pharmacy Informatics	Pharmacy Informatics
2	6 weeks	Pharmacy Informatics	Pharmacy Informatics	Pharmacy Informatics	Pharmacy Operations	Pharmacy Operations	Pharmacy Operations
3	4 weeks	Emergency Medicine I	Internal Medicine I	Critical Care I	Infectious Disease I	Ambulatory Infusion I	Medication Safety I
4	4 weeks	Internal Medicine I	Critical Care I	Infectious Disease I	Ambulatory Infusion I	Medication Safety I	Emergency Medicine I
5	4 weeks	Critical Care I	Infectious Disease I	Ambulatory Infusion I	Medication Safety I	Emergency Medicine I	Internal Medicine I
6	1 week	ASHP MIDYEAR CONFERENCE					
7	4 weeks	Infectious Disease I	Ambulatory Infusion I	Medication Safety I	Emergency Medicine I	Internal Medicine I	Critical Care I
8	4 weeks	Ambulatory Infusion I	Medication Safety I	Emergency Medicine I	Internal Medicine I	Critical Care I	Infectious Disease I
9	4 weeks	Medication Safety I	Emergency Medicine I	Internal Medicine I	Critical Care I	Infectious Disease I	Ambulatory Infusion I
10	4 weeks	Elective	Elective	Elective	Elective	Elective	Elective
11	4 weeks	Elective	Elective	Elective	Elective	Elective	Elective
12	1 week	WESTERN STATES CONFERENCE					
13	4 weeks	Elective	Elective	Elective	Elective	Elective	Elective

5. The resident's progress during the course of the residency will be documented on each resident's Competency Scheme following the completion of each learning experience by the RPD as NI, SP, or ACH.
6. Objectives evaluated as achieved (ACH) once will be presented to the RAC. The committee may grant the objective for the resident as achieved for residency (ACHR) status.
7. Objectives awarded ACHR will be noted in PharmAcademic by the RPD.
8. Once an objective has been awarded ACHR, the objective will no longer be evaluated in future learning experiences.
9. An assessment of the resident's progress towards ACHR will be documented by the RPD during the course of the program on the resident's quarterly development plan.
10. Compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies* will be maintained throughout the accreditation cycle.

Standard 3

Design and Conduct of the Residency Program

1. The educational goals and objectives support achievement of the residency's purpose.
2. Program core required learning experiences and electives will be designed and conducted for the purpose of developing competencies to
    a. Provide safe and effective patient care
    b. Advance Pharmacy practice and improve patient care
    c. Exercise leadership and management skills
    d. Deliver education to patients and other healthcare providers
3. Competency Areas, Educational Goals and Objectives
    a. The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program's design:
        I. patient care
        II. advancing practice and improving patient care
        III. leadership and management; and,
        IV. teaching, education, and dissemination of knowledge.
4. Resident Learning
    a. Program structure
        I. A written description of the structure of the program will include
            a. Required learning experiences and length of time will be defined for each experience
            b. Elective learning experiences will be listed in the program design
            c. Required learning projects and length of time will be defined for each project
        II. Structure will permit residents to gain experience in
            a. Diverse patient populations
            b. Variety of disease states
            c. Range of patient problems and complexity
        III. No more than one-third of the twelve-month residency will deal with a specific disease state and population.
        IV. Residents will be in direct patient care activities in at least two thirds of their scheduled experiences.
5. Orientation of the residents to the program will be performed by the RPD.
6. Rotation learning experiences and longitudinal learning projects
    a. Descriptions and documentation of each scheduled learning experience and project will include:
        i. General description of the practice area
        ii. Description of Pharmacist's role
        iii. Educational goals and objectives assigned to the learning experience
        iv. For each objective, a list of the activities that will facilitate its achievement

v. Description of evaluations to be completed by preceptors

b. Preceptors will orient the residents to the practice area for each rotation learning experience and longitudinal learning experience.

c. Residents must progress over the course of each practice area to be more:
   i. Efficient
   ii. Effective
   iii. Independent

7. Evaluations
   a. Initial assessment
      i. At the beginning of the residency, the RPD in conjunction with preceptors will perform an initial competency assessment during orientation related to the goals and objectives of the program. Assessments to include:
         a. Pharmacist Clinical Skills
         b. Confidentiality and Patient Rights
         c. Compounding
         d. Controlled Substances
         e. Storage
         f. Safety
         g. Security
         h. Fire
         i. Infection Control
      ii. An initial competency will be performed and results will be documented in the development plan of each resident.
      iii. Initial competency will be taken into consideration in
         a. Scheduling learning experiences
         b. Evaluations
         c. Learning activities
         d. Adjustments to resident development plan
   b. During each required rotation, the resident will perform a self-evaluation
   c. Feedback
      i. Preceptors will provide criteria-based on-going feedback to residents about how they are progressing day-to-day and how they can improve that is frequent, immediate, specific, and constructive.
         a. Feedback will be verbal and/or written.
         b. Written documentation with specific recommendations for improvement will be forwarded to the RPD to be documented in the residents file.
         c. During each rotation, formative feedback will be documented in PharmAcademics by the preceptor at least once
      ii. Preceptors will make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.
      iii. On-going criteria-based feedback will provide the basis why their educational goals and objectives are being or not being satisfactorily met in the summative evaluation.
   d. Summative evaluation
      i. At the end of each learning experience, or at least every three months, the preceptor will provide the resident a verbal and written assessment of their criteria-based performance towards achieving the educational goals and objectives of the learning experience in PharmAcademics.
      ii. Summative evaluations will be an extension of previous on-going criteria-based feedback documentations during the learning experience
      iii. Rating Scale (see Standard 2 for Evaluation score definitions in detail)
         a. Needs Improvement (NI) – not performing at an expected level; significant improvement needed

b. Satisfactory Progress (SP) – performing at level leading to mastery
c. Achieved (ACH) – able to perform independently
d. Achieved for Residency (ACHR) – able to perform independently across the scope of pharmacy practice.

iv. Rating an objective as needs improvement (NI) must have been previously discussed and documented with a verbal and written feedback during the learning experience.
v. Preceptor's summative evaluation of the resident and the resident's summative evaluation of the learning experience evaluation to be reviewed by the RAC.
vi. Preceptor and the resident's next scheduled preceptor to connect as a "hand-off" communication, via discussion or email, concerning the resident's performance.
vii. Preceptors are to review previous summative evaluations and resident development plans during the first week of the rotation.
viii. For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation will be completed at least every three months.
ix. With more than one preceptor assigned, as in co-preceptorship, all preceptors will provide input to the resident's evaluation.
x. For preceptors-in-training, both the preceptor in-training and the preceptor will sign evaluations
xi. Residents will complete at least one evaluation for each preceptor at the end of the learning experience and discuss with RPD.
xii. Residents will complete at least one evaluation of each learning experience at the end of the learning experience, no later than the last day, and review with RPD.

e. Progressive Development
    i. Objectives areas evaluated as achieved (ACH) once will be presented to the RAC and may grant objectives for the resident as achieved for residency (ACHR) status.
    II. Objectives Achieved for Residency
        a. Objectives awarded ACHR will be noted as ACHR in PharmAcademics by the RPD.
        b. Once an objective has been awarded ACHR, the objective will no longer be evaluated during future learning experiences.
    III. At the end of the residency program, ACHR may be awarded for each objective by the RAC for each objective when rated ACH.
    IV. To be awarded a Certificate of Completion, the resident must be awarded ACHR for 80% of the objectives by the RAC.

f. Development Plans
    i. Each resident will have an individualized quarterly development plan
    ii. Entering Interests, initial plan changes will be presented at the RAC August meeting. First, second, and third development plans will be presented to the RAC November, January and April meetings.
    iii. Each plan will describe and document resident strengths, areas for improvement, and areas of progress as well as any planned adjustments to the their residency experience.
    iv. Resident development plans will be posted in PharmAcademics within 7 days of obtaining Resident and RPD signatures.
    v. An assessment of the resident's progress towards ACHR will be documented by the RPD during the course of the program on the resident's quarterly development plan.
    vi. Development plan changes will be based on identified strengths and opportunities for improvement documented identified in the learning experience summative evaluations.
    vii. RPD will quarterly review resident's compliance with Duty-Hour Requirements and develop a plan to correct deviations from the requirements
    viii. Quarterly development plans will be presented at the RAC and posted in PharmAcademics.

8. Continuous program improvements

a. Quarterly focused RAC meetings, using resident summative learning experience evaluations, will include a discussion on the:
    i. areas of strength
    ii. opportunities for improvement
    iii. strategies to improve the residency program
b. RAC members and current residents will perform a formal annual evaluation of the program during the last month of the program in June. The annual evaluation will include a discussion on the:
    i. areas of strength
    ii. opportunities for improvement
    iii. strategies to improve the residency program
c. RPD will develop and implement program improvements based on assessments of the program
d. RPD will track the professional experiences of the graduate, including
    i. Initial and subsequent employment
    ii. Board certification
e. During the last month of the program in June, the RPD will meet with the residents individually to determine what changes are needed for:
    i. Rotation requirements
    ii. Preceptors
    iii. General program requirements

Standard 4: Program Oversight

Residency Program Director (RPD)

1. RPD will be a Pharmacist from a practice site involved in the program
2. RPD will establish and chair a residency advisory committee (RAC)
3. RPD may delegate, with oversight, to one or more individuals program administrative activities
4. RPD will be a California licensed Pharmacist who:
    a. Has completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
    b. Has completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
    c. Without completion of an ASHP-accredited residency, has five or more years of pharmacy practice experience.
5. RPD will be a professional role model as evidenced by:
    a. Leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
    b. Demonstrating ongoing professionalism and contribution to the profession;
    c. Representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization
6. RPD will demonstrate leadership role model as evidenced by responsibility for:
    a. Organization and leadership of a RAC that provides guidance for residency program conduct and related issues;
    b. Oversight of the progression of residents within the program and documentation of completed requirements;
    c. Implementing use of criteria for appointment and reappointment of preceptors;
    d. Ensuring preceptors continue to meet the requirements for preceptorship
    e. Developing a preceptor development plan for the program
    f. Ensuring preceptors are scheduled to work primarily in the area of their expertise
    g. Developing a performance improvement plan for each preceptor not meeting annual requirements for preceptors.
    h. Continuously updating the residency program improvement in conjunction with the residency advisory committee; and,
    i. Collaborating with administration to advance the practice of Pharmacy Services to improve patient care.

7. RPD will implement a preceptor in-training program for Pharmacists new to precepting who do not meet the qualifications for residency preceptors, including
    a. Assigning an advisor or coach who is a qualified preceptor
    b. Developing a preceptor in-training development plan for the preceptor to meet preceptor qualifications within two years that includes
        i. Attending a professional Pharmacy association preceptor education meeting
        ii. Reading ASHP's publications:
            1. Preceptor's Handbook for Pharmacists
            2. Maximize Your Rotation
8. RPD will maintain an on-going residency program development plan
    a. RPD will present residency program development plan annually in the first quarter of the residency to the RAC for approval. Plan to be based on
        i. Preceptors and residents assessments and feedback from each RAC meeting,
        ii. Preceptors and resident assessments of the program annually in June, or more frequently.
        iii. Individual preceptor assessments annually.
    b. RPD may evaluate and update the program and preceptor development plans at any time based on the consensus of the RAC
    c. RPD will review ASHP residency accreditation site visit recommendations and posted new standards to maintain compliance with all current standards.
9. RPD will reappoint preceptors
    a. Preceptor appointments will be renewed every three (3) years.
    b. During the month of June, the RPD will review the credentials of those preceptors whose terms are expiring and issue reappointment letters as appropriate.
    c. A preceptor's signature on the reappointment letter will indicate agreement to uphold the program's policies and procedures.
10. RPD will dismiss preceptors when –
    a. RAC deems the preceptor non-compliant with program P&Ps.
    b. Changes in a preceptor's job responsibilities do not permit adequate time to function as a preceptor.
    c. Preceptor has a suspended or revoked pharmacy license.
11. RPD will develop Pharmacist preceptor eligibility:
    a. Organization will allow RPD to appoint and develop pharmacy staff to become preceptors for the program.
    b. RPDs will develop and apply criteria for preceptors consistent with those required by the Standard.

Program Preceptors

1. Pharmacist preceptors will be California licensed Pharmacists who:
    a. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
    b. Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
    c. Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.
2. Preceptor will serve as a role model for learning experiences by:
    a. Contributing to the success of residents and the program
    b. Providing learning experiences in accordance with Standard 3;
    c. Participating actively in the residency program's continuous quality improvement processes;
    d. Demonstrating practice expertise, preceptor skills, and strive to continuously improve;
    e. Adhering to residency program and department policies pertaining to residents and services; and,
    f. Demonstrating commitment to advancing the residency program and pharmacy services.
3. Preceptor will meet one or more of the following six qualification areas:
    a. Demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
    b. The ability to assess residents' performance;
    c. Recognition in the area of pharmacy practice for which they serve as preceptors;
    d. An established, active practice in the area for which they serve as preceptor;
    e. Maintenance of continuity of practice during the time of residents' learning experiences; and,
    f. Ongoing professionalism, including a personal commitment to advancing the profession.

4. Preceptor Annual Requirements
    a. RAC Attendance: maintain > 50% RAC attendance on days scheduled to work
    b. Providing written feedback to the resident at least once during a learning experience and whenever the resident is not progressing satisfactorily at any time during the learning experience.
    c. Completing summative evaluation of residents by the last week of each learning experience.
    d. Active Professional Membership: maintain active membership in a professional Pharmacy association
    e. Resident Evaluation Scores: maintain > 90% resident's "always" evaluation for each rotation
    f. Staff Job Performance: maintain a minimum of "meets expectations" staffing job performance evaluation
    g. Professional Association Meeting: attend at least one professional Pharmacy association meeting, or RPD approved equivalent, every 2 years
    h. Professional Advancing Activity: complete at least one profession advancing activity in their area of expertise
    i. Committee Involvement: participate regularly in at least one institutional committee
    j. Preceptor CE: complete at least 2 hours of CE in precepting training
    k. Area of Expertise CE: complete at least 2 hours of CE in area of expertise
    l. Staff Education: update two core competency training sessions for the Pharmacist staff in their area of expertise
    m. Academic and Professional Record: update Academic and Professional Record
    n. Learning Experience Description: update assigned rotation and learning experience descriptions
    o. Preceptor Self-Assessment: complete self-assessment annually in June
    p. Preceptor Development Plan: update individual preceptor development plans annually.

Preceptors-In-Training

1. Preceptors-in-training are Pharmacists new to precepting who do not meet the qualifications for residency preceptors:
2. Preceptor-in-training recruitment
    a. Candidates for preceptor-in-training must submit a letter of intent and Professional and Academic Record to the RPD.
    b. Candidates must be capable of meeting the preceptor requirements within two years.
    c. Acceptance into the preceptor-in-training program requires approval by the Residency Advisory Committee.
3. Preceptors-in-training will -
    a. Maintain preceptor performance standards
    b. Be assigned a coach who is a qualified preceptor
    c. Complete ASHP's Academic and Professional Record
4. Preceptors-in-training will be trained by coach or RPD to include
    a. Orientation to the mission, goals and objectives of the residency program
    b. Orientation to four preceptor roles: instruction, modeling, coaching, and facilitating
    c. Orientation to developing learning experience descriptions for their area of expertise, including
        i. General description of the practice area
        ii. Description of pharmacist's role in the area precepting
        iii. Expectations of learners
        iv. Educational goals and objectives assigned to the learning experience – 2 to 6 objectives
        v. Activities that facilitate achievement of each objective – 2 to 6 activities
        vi. Activities schedule – daily/weekly
        vii. Interaction with preceptor
        viii. Progressive development plan
        ix. Evaluation schedule
    d. Orientation to performing resident feedback and summative evaluations, including types of evaluation ratings
    e. Implements an individualized development plan to meet the preceptor qualifications within two years that includes
        - Attending a professional Pharmacy association preceptor education event
        - Reading ASHP's publications
            - Preceptor's Handbook for Pharmacists, chapters 1 – 3.
            - Maximize Your Rotation, chapters 1 and 17
            - Orientation to EMC's Residency Program Syllabus with RPD
            - Read and discuss Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD.
5. Preceptor-in-training evaluations of residents must be co-signed by their coach.

6. Complete a learning experience description when planning to precept a new program learning experience
8. Preceptors will display ongoing professionalism with a commitment to advancing the profession of Pharmacy as demonstrated by compliance with development of preceptor standards detailed in Standard 4: Requirements of the Residency Program Director.
9. Non-pharmacist preceptors (e.g., physicians, physician assistants, certified nurse practitioners) may be used when:
    a. The learning experience is scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
    b. A pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Standard 5: Practice Site

1. EMC residency programs will be conducted only in practice settings accredited by an outside appraisal agency for the facilities and patient care practices. The external appraisal will be conducted by a recognized organization appropriate to the practice setting.
2. EMC residency programs will be conducted only in practice settings with staff committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards.

Standard 6: Pharmacy Services

1. Pharmacist Executive: The pharmacy will be led and managed by a professional, legally qualified pharmacist.
2. The pharmacy will be an integral part of the health-care delivery system at the practice site in which the residency program is offered, as evidenced by the following:
    a. The scope and quality of pharmacy services provided to patients at the practice site is based upon the mission of the pharmacy department and an assessment of pharmacy services needed to provide care to patients served by the practice site;
    b. The practice site includes pharmacy in the planning of patient care services;
    c. The scope of pharmacy services is documented and evidenced in practice and quality measures;
    d. Pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;
    e. Pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,
    f. Pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.
3. The pharmacist executive must provide effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for medication-use and medication-use policies.
4. The pharmacist executive will ensure that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting):
    a. A pharmacy mission statement;
    b. A well-defined pharmacy organizational structure;
    c. Current policies and procedures which are available readily to staff participating in service provision;
    d. Position descriptions for all categories of pharmacy personnel, including residents;
    e. Position descriptions requiring residency training
    f. Procedures to document patient care outcomes data;
    g. Procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;
    h. Procedures to ensure clinical pharmacy services are safe and effective; and,
    i. A staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).
5. Pharmacy leaders ensure pharmacy's compliance with:
    a. All applicable contemporary federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site; and,
    b. Current national practice standards and guidelines.

6. The medication distribution system will include the following components:
    a. Effective use of personnel (e.g., technicians);
    b. A unit-dose drug distribution service;
    c. An intravenous admixture and sterile product service;
    d. A research pharmacy including an investigational drug service;
    e. An extemporaneous compounding service;
    f. A system for handling hazardous drugs;
    g. A system for the safe use of all medications, (e.g., drug samples, high alert, look-alike/sound-alike, emergency preparedness programs, medical emergencies);
    h. A secure system for the use of controlled substances;
    i. A controlled floor-stock system for medications administered;
    j. A system ensuring accountability and optimization for the use of safe medication-use system technologies.
7. The following patient care services and activities are provided by pharmacists in collaboration with other health-care professionals to optimize medication therapy for patients:
    a. Membership on interdisciplinary teams in patient care areas;
    b. Prospective participation in the development of individualized medication regimens and treatment plans;
    c. Implementation and monitoring of treatment plans for patients;
    d. Identification and responsibility for resolution of medication-related problems;
    e. Review of the appropriateness and safety of medication prescriptions/orders;
    f. Development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;
    g. Participation as a provider of individual and population-based patient care services and disease state management, initiating and modifying drug therapy, based on collaborative practice agreements or other treatment protocols;
    h. A system to identify appropriately trained and experienced pharmacists and ensure quality care is provided, including when pharmacists are practicing under collaborative practice agreements (e.g., complete credentialing and privileging for pharmacists providing patient care service);
    i. Documentation of significant patient care recommendations and resulting actions, treatment plans, and progress notes in the appropriate section of patients' permanent medical records;
    j. Medication administration consistent with laws, regulations, and practice site policy;
    k. disease prevention and wellness promotion programs (e.g., smoking cessation, immunization);
    l. A system to ensure and support continuity-of-care during patient care transitions; and,
    m. Drug use policy activities including, but not limited to, the following (as applicable to the practice setting):
    n. Developing and maintaining an evidence-based formulary;
    o. Educating health care providers on timely medication-related matters and medication policies;
    p. Development and monitoring of evidence-based medication-use guidelines, policies, and order sets;
    q. Managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,
    r. Managing selection, procurement, storage, and dispensing of medications used within the organization.
8. The pharmacy practice will have personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy's:
    a. Facilities are designed, constructed, organized, and equipped to promote safe and efficient work;
    b. Professional, technical, and clerical staff complement is sufficient and diverse enough to ensure that the department can provide the level of service required by all patients served; and,
    c. Resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others).
9. Continuous Quality Improvement
    a. Pharmacy department personnel will engage in an on-going process to assess the quality of pharmacy services.
    b. Pharmacy department personnel will develop and implement pharmacy services improvement initiatives to respond to assessment results.
    c. The pharmacy department's assessment and improvement process will include assessing and developing skills of the of pharmacy department's staff.

Learning Experience Goals and Objectives

ASHP's objectives will be taught and evaluated at least once during the course of the year. Typically, each learning experience will include at least two objectives associated with at least one activity specific for the learning experience.

Competency areas include R1: Patient Care; R2: Advancing Practice and Improving Patient Care; R3: Leadership and Management, and R4: Teaching, Education, and Dissemination of Knowledge as detailed in the following areas. Specific learning activities for each objective will be unique for each learning experience based on the following ASHP criteria:

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.
Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building.
- Demonstrates advocacy for the patient.

Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
  - History of present illness.
  - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  - Social history.
  - Medication history including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
  - Laboratory values.
  - Pharmacogenomics and pharmacogenetic information, if available.
  - Adverse drug reactions.
  - Medication adherence and persistence.
  - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face-to-face, and others.
- Recording system is functional for subsequent problem solving and decision making.
- Clarifies information as needed.
- Displays understanding of limitations of information in health records.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
Criteria:

- Includes accurate assessment of patient's:
  - health and functional status,
  - risk factors
  - health data
  - cultural factors
  - health literacy
  - access to medications

- immunization status
- need for preventive care and other services when appropriate
- other aspects of care as applicable.

- Identifies medication therapy problems, including:
  - Lack of indication for medication.
  - Medical conditions for which there is no medication prescribed.
  - Medication prescribed or continued inappropriately for a particular medical condition.
  - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  - Therapeutic duplication.
  - Adverse drug or device-related events or potential for such events.
  - Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
  - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  - Patient not receiving full benefit of prescribed medication therapy.
  - Problems arising from the financial impact of medication therapy on the patient.
  - Patient lacks understanding of medication therapy.
  - Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
  - Laboratory monitoring needed.
  - Discrepancy between prescribed medications and established care plan for the patient.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  - Relevant patient-specific information including culture and preferences.
  - The goals of other inter-professional team members.
  - The patient's disease state(s).
  - Medication-specific information.
  - Best evidence.
  - Ethical issues involved in the patient's care.
  - Quality-of-life issues specific to the patient.
  - Integration of all the above factors influencing the setting of goals.

- Designs/redesigns regimens that:
  - Are appropriate for the disease states being treated.
  - Reflect:
    - The therapeutic goals established for the patient
    - The patient's and caregiver's specific needs
    - Consideration of:
      - Any pertinent pharmacogenomic or pharmacogenetic factors.
      - Best evidence.
      - Pertinent ethical issues.
      - Pharmacoeconomic components (patient, medical, and systems resources).
      - Patient preferences, culture and/or language differences.
      - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - Adhere to the health system's medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization’s or patient’s formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and self-management.

- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
  - When applicable, reflects preferences and needs of the patient.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
Criteria:
- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient's right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system's policies and procedures.
  - Tests correspond with the recommended monitoring plan.
  - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
Criteria:
- Selects appropriate direct patient-care activities for documentation.
- Documentation is clear.
- Written in time to be useful
- Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
Criteria:
- Gives priority to patient care activities.

- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Criteria:

- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.

Criteria:

- Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
  - Identifying, clarifying, verifying, and correcting any medication order errors.
  - Considers complete patient-specific information.
  - Identify existing or potential drug therapy problems.
  - Determining an appropriate solution to an identified problem.
  - Securing consensus from the prescriber for modifications to therapy.
  - Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
  - When required, accurately calibrates equipment.
  - Ensuring solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
  - Adheres to appropriate safety and quality assurance practices.
  - Prepares labels that conform to the health system's policies and procedures.
  - Medication contains all necessary and/or appropriate ancillary labels.
  - Inspects the final medication before dispensing.
- When dispensing medication products:
  - Follows the organization's policies and procedures.
  - Ensures the patient receives the medication(s) as ordered.
  - Ensures the integrity of medication dispensed.
  - Provides any necessary written and/or verbal counseling.
  - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information (PHI).
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.
Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use process.
- Effectively prioritizes work load and organizes work flow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.
Criteria:

- Displays objectivity.
- Effectively synthesize information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.

- Uses evidence-based medicine to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.
Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Criteria:
- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.
Criteria:
- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determine an appropriate topic for a practice-related project of significance to patient care
- Uses best practices or evidence based principles to identify opportunities for improvements
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.
Criteria:
- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately
- Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question realistic for time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, and other sources of decision support, as applicable
- Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.
Criteria:
- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).
- Plan is based upon appropriate data.
- Gains necessary commitment and approval for implementation
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.
Criteria:
- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses Continuous Quality Improvement (CQI) principles to assess success of implementation of change, if applicable.
- Correctly identifies modifications or if additional changes are needed.
- Accurately assesses the impact, including sustainability if applicable, of the project.
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.
Criteria:

- Outcome of change are reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes.
- Report includes implications for changes to/improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.
- Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

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

- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.
Criteria:

- Accurately summarizes one's own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.
Criteria:

- Identifies and explains factors that influence departmental planning, including:
  - Basic principles of management.
  - Financial management.
  - Accreditation, legal, regulatory, and safety requirements.
  - Facilities design.
  - Human resources.
  - Culture of the organization.
  - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.
Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.
- Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven healthcare, and reimbursement models) related to medication use.
- Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).
- Describes the governance of the healthcare system and leadership roles.

Objective R3.2.3: (Applying) Contribute to departmental management.
Criteria:

- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.

Objective R3.2.4: (Applying) Manage one's own practice effectively.
Criteria:

- Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable new learning opportunities when performance does not meet expectations.
- Demonstrates effective workload management and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and "can-do" approach.
- Strives to maintain a healthy work-life balance.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates pride in, and commitment to, the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

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

- Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that address the audiences' defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices.
- Includes accurate citations and relevant references, and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.
Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive "ah's" and "um's").
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visuals and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and advancement in knowledge or summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the reader (e.g., physicians, pharmacists, other health care professionals, patients, public).
- Creates one's own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.
Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, and learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance/support/ensure goals were met, if needed.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve their effectiveness.

Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.
Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
    - Selects direct instruction when learners need background content.
    - Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
    - Selects coaching when learners are prepared to perform a skill under supervision.
    - Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.
Criteria:

- Instructs students, technicians, or others, as appropriate.
- Models skills, including "thinking out loud," so learners can "observe" critical thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.