# YUMA REGIONAL MEDICAL CENTER
# PGY1 PHARMACY RESIDENCY
# CANDIDATE'S MANUAL

# YUMA REGIONAL MEDICAL CENTER
## DEPARTMENT OF PHARMACY
## POST-GRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAM
## RESIDENT'S MANUAL TABLE OF CONTENTS

# YUMA REGIONAL MEDICAL CENTER
# DEPARTMENT OF PHARMACY
# PGY1 PHARMACY RESIDENCY PROGRAM

## PURPOSE

PGY1 Pharmacy Residency Program at Yuma Regional Medical Center (YRMC) will build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for the 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.

## OVERVIEW

The PGY1 Pharmacy Residency at YRMC is a twelve-month, postgraduate training experience composed of four major elements:

- Acute care
- Ambulatory care
- Practice management
- Drug use policy

In accordance with ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs (*Appendix A*), all residents are required to complete rotations in core subject areas considered to be essential to the practice of pharmacy. Elective rotations are available to permit the resident flexibility in pursuing individual goals.

Additional learning experiences include the pharmacy practice skill development through staffing, development and completion of practice-related research, development of oral and written communication skills, and participation in various departmental committees.

Residents will be awarded a residency certificate upon successful completion of the YRMC PGY1 Pharmacy Residency program as defined in *Appendix B*.

## EXPECTED RESIDENCY COMPETENCY AREAS

R1: Patient Care
R2: Advancing Practice and Improving Patient Care
R3: Leadership and Management
R4: Teaching, Education and Dissemination of Knowledge

## ADMINISTRATION OF PROGRAM (*Appendix C*)

Residency Program Director (RPD)

The RPD works with the Director of Pharmacy and other preceptors to ensure that appropriate preceptors are assigned to rotations, the program goals and objectives are met, training schedules are maintained, and evaluations are conducted.

Preceptors

Each rotation has a pharmacist preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives, while maintaining the resident's interests and goals.

Residency Advisory Committee (RAC): Mark Jordan (Director of Pharmacy), Jacob Schwarz (RPD), DeAnna Manarang, preceptors

**RESIDENT PLAN FOR DEVELOPMENT**

Each resident completing the residency program at YRMC will prepare an individual plan for development (*Appendix D*). The resident will indicate their goals, interests, strengths, and opportunities for improvement. The RPD and preceptors will review the Resident Plan for Development to ensure learning experiences can help achieve the plan. Within the framework of the ASHP Residency Standard and the administrative guidelines of the YRMC PGY1 Pharmacy Residency Program the resident is encouraged to assume ownership of their training experience and development plan.

**ORIENTATION**

Each resident will have a hospital and pharmacy orientation during the month of July. At this time they will learn the roles and responsibilities of all hospital pharmacy personnel, including pharmacists and pharmacy technicians. Educational elements will be provided that will help prepare the pharmacy residents for the upcoming residency year. It is encouraged that the resident have proper Arizona state pharmacist licensure by the completion of the orientation period. The RAC will review on a case-by-case basis those that fail to obtain licensure in the allotted time period.

**PROFESSIONALISM**

YRMC pharmacy residents are expected to demonstrate professionalism defined as the active demonstration of the traits of a professional. These traits include knowledge and skills of the profession, commitment to self-improvement of skills and knowledge, pride in the profession, creativity and innovation, trustworthiness, accountability for his or her work, ethically sound decision making, and leadership. The residents must adhere to the hospital policies, rules, and regulations. Residents should maintain a professional appearance and be respectful and considerate in interactions with employees. A Professionalism Agreement (*Appendix E*) will be signed upon initiation of the residency year and it is expected the resident will abide by the Agreement.

**COMMUNICATION SKILLS**

Effective communication skills are essential for pharmacy practitioner. During the PGY1 Pharmacy Residency, the residents will have numerous opportunities to improve their communication skills. Opportunities for improving communication skills include interaction with healthcare providers and patients, presentation of MUE and research project results, in-services to healthcare staff, formulary monographs, newsletter items, and a final manuscript.

**DRESS CODE**

The pharmacy dress code is professional/business casual. Males must keep their shirts tucked in at all times. A pharmacy laboratory coat is to be worn in pharmacy and patient care areas. Lab coats are to be kept clean, including sleeves and cuffs. Grossly wrinkled attire is not appropriate. Closed-toed shoes are mandatory. It is required that appropriate hospital nametag be worn for identification at all times.

**ROTATIONS**

Rotations provide structure for the residency training in various areas of pharmacy practice. The resident is expected to review the learning activities, goals, and objectives for each rotation **prior to each experience**. The resident and rotation preceptor will meet on the first

day of the rotation to discuss the expectations of the learning experience. The RPD should be utilized to cover preceptor duties to allow uninterrupted time for orientation. Residents are expected to perform independently and demonstrate proficiency in their rotations. The preceptor provides guidance to the resident and ensures the goals set forth by the resident and residency program are met. The preceptor will provide the resident with feedback during the rotation, as well as a written evaluation at the conclusion of the rotation. Residents may request to change or trade scheduled rotations, which will be approved by the RPD and involved preceptors. Residency experiences and schedule will be determined during the residents' orientation period (*Appendix G*). Each Required and Elective Rotation will be one month in length unless indicated otherwise in the learning experience description.
**Longitudinal Experiences** will be done throughout the duration of the residency year.
**Concentrated Experiences** will occur one time, or may occur more than once such as Community Service. Ad hoc learning experiences, although not formally evaluated, should have specific learning goals and objectives.

### STAFFING COMPONENT

Each resident is required to complete a staffing component of the residency program for the development of essential practice skills. Pharmacy residents at YRMC will staff every other weekend, which may include holiday weekends. The staffing component will begin following a pharmacy orientation in July. Residents may be called upon to do an extra staffing shift in an emergency basis and if so will be considered an extension of their longitudinal staffing rotation and will not go against the duty hour policy of the residency program.

### MOONLIGHTING

In order to guarantee that the PGY1 residency program upholds to ASHP duty hour requirements, and to ensure that the residents are able to spend enough time to perform any and all functions and duties of the residency. Staffing at other pharmacies (moonlighting) as well within YRMC will not be permitted during the residency year.

### ATTENDANCE

Residents are expected to abide by the Pharmacy Policies and Procedures on attendance. Call-offs, schedule changes, and requested days off must be approved in advance by the RPD and the preceptor, after which it is then submitted through the usual means (electronically) in the same manner as all other pharmacy personnel. In addition to notifying appropriate members of the Pharmacy Management team, preceptors that will be affected should be notified of absence and involved in the discussions of days off. When residents are on the schedule to work, it is expected that they will physically be at the hospital (or at a scheduled clinic, etc.). It is expected that the resident will have to study and work at home but when scheduled to work, make sure that you work at the hospital. The resident will receive a day off from work every other weekend and one day during the week that the resident is not scheduled to work in the anticoagulation clinic.

### LEAVE

If in the course of the year circumstances require the resident to take an extended leave, the Human Resources policies and procedures will be followed. The RAC will assess the ability of the resident to successfully complete the residency on a case-by-case basis.

## DUTY HOURS

This residency will abide by the definitions and requirements regarding duty hours as defined by ASHP in its document "Duty-Hour Requirements for Pharmacy Residencies" which can be found on the X:\PGY1 Residency\Residency Manual\ or online at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=7D709CCB9D2B70923083697477B0EA2CD8306E9E

Residents will be required to sign a monthly attestation and scan an electronic copy to be placed within the PGY1 folder on the X:\ drive of the YRMC intranet.

If there is a question or concern regarding amount of duty-hours being performed, the resident is to immediately notify the RPD to determine whether hours are within requirement. If RPD cannot determine, then the RAC will make overall determination as to if the resident fits within requirements as defined by ASHP.

## LICENSURE

Residents must have a valid AZ intern license at the beginning of the program and will be required to be a licensed pharmacist by the Arizona Board of Pharmacy within 90 days of the start of the residency program. Failure to do will be evaluated by the RAC on a case-by-case basis to determine whether or not the resident will be able to meet ASHP Standards, or if it will then require the dismissal of the resident from the program and further handled by HR.

## ACCESSIBILITY

Residents are expected to carry their zone phones while in the hospital for rotation experiences so they are accessible to the pharmacy staff. Microsoft Outlook calendars should remain up-to-date.

## MEETINGS

Residents will be required to attend a variety of meetings throughout the year. The following meetings will be attended by the resident during the residency year:

- RAC meetings
- Departmental meetings
- P&T Committee meetings
- Other meetings will be determined by the RPD and preceptors as they deem important for the development of the resident

## TEACHING

Upon completion of the PGY1 Pharmacy Residency program, the resident will have developed competency in teaching and training healthcare professionals, pharmacy students, and patients. Residents will provide in-services for medical staff, and other healthcare professionals, help facilitate pharmacy students on rotation at YRMC, educate patients on medication management, as well as contribute to other educational activities throughout the residency year. Residents are responsible for the scheduling of all presentations, including but not limited to the reserving of rooms and availability of presentation equipment as needed.

**JOURNAL CLUB**
Each resident will do at least three Journal Club presentations (or more as assigned by preceptors) for the pharmacy staff during the course of the residency. Articles should be selected by the pharmacy resident and discussed with preceptors before the presentation.

**NEWSLETTER ARTICLES**
Pharmacy-related articles for the Arizona Pharmacy Alliance newsletter, *Arizona Journal of Pharmacy*, may be required throughout the duration of the residency. The articles will be assigned by the RPD and should be submitted by the deadline indicated.

**FORMULARY MONOGRAPHS**
Formulary monographs will be prepared and presented by the pharmacy residents at P & T Meetings, as assigned by the Director of Pharmacy and RPD

**MEDICATION USE EVALUATION**
Medication-use evaluation (MUE) is a performance improvement method that focuses on evaluating and improving medication-use processes with the goal of optimal patient outcomes. Each resident is required to complete an MUE during the first half of the residency year for presentation at ASHP Midyear Clinical Meeting. A list of ideas provided by the pharmacy staff will be provided to the residents in July. The resident will be evaluated on the proposal, abstract, final report, and poster. A designated preceptor will provide guidance and evaluation for the MUE. Poster submission guidelines are available on the X/Share drive (PGY1 Residency folder).

**RESEARCH PROJECT**
Each resident will be required to complete one major research project relating to a specific aspect of pharmacy practice for presentation at conference designated by the RPD and RAC. A list of project ideas provided by the pharmacy staff will be provided to the residents in the early part of the residency year. A designated preceptor will provide guidance and evaluation for the research project.

**MANUSCRIPT**
A written manuscript suitable for publication will be prepared and submitted to those providing guidance for the research project. This will be a written presentation of the research project and will be submitted prior to residency completion.

**MATERIAL STORAGE**
All items produced by the resident in conjunction with the residency are to be placed in the X/Share drive (PGY1 Residency folder) to become property of the YRMC PGY1 Pharmacy Residency Program. This includes, but is not limited to, presentations, research projects, drug information responses, etc. This should be updated regularly.

**TRAVEL ACCOMMODATIONS/EXPENSES**
The residency program will define a budget for registration, travel, dining and lodging associated with required meetings. Residents are required to attend ASHP Midyear Clinical Meeting and the Western States Residency Conference. Department of Pharmacy will pay for hotel accommodations, meeting registration, flight, parking, mileage associated with travel for required meetings. Meals may be reimbursed up to a specified dollar amount per day.

Receipts are required for reimbursement. Once the funds are exhausted, the resident will be required to pay their own expenses. Careful planning will allow for all expenses to be met. ***Required conference attendance and reimbursement will be based on YRMC approved budgets and are subject to change at any time during the residency.***

### EVALUATION PROCESS

During the year, the residents will be evaluated by the RPD, rotation preceptors, and themselves (*Appendix H*). The resident is required to meet with the rotation preceptor **prior** to the start of each new rotation, primarily to discuss and customize the rotation's goals and objectives. The following evaluations are required for each rotation:

- Preceptor evaluation of resident
- Resident evaluation of preceptor
- Resident self-evaluation

These will be submitted to the RPD via PharmAcademic® and the resident will maintain a copy for their records.

### PROBLEM RESOLUTION PROCEDURE

If a resident disagrees with established rules of conduct, policies, practices or conditions of participation in the residency, she/he can express this to a member of the RAC. It is expected that as problems or issues arise, the resident will first attempt to solve the issue themselves. If the problem cannot be handled alone, then the next step is speaking with the RPD. If no resolution can be made at that level, then the issue can be escalated to the RAC committee. Remember that clear communication can resolve most issues between individuals.

### DISMISSAL PROCESS

If in the event it is felt by the RAC that a resident is not an appropriate candidate for graduation from the residency program, the RAC may recommend dismissal from the program. Once this has been recommended, Human Resources procedures for employee termination will be followed.

# Appendix A

## ACCREDITATION STANDARD FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAMS

### Introduction

Purpose of this Standard: the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

PGY1 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.

Application of the Standard: the requirements serve as the basis for evaluating a PGY1 residency program for accreditation.

Throughout the Standard use of the auxiliary verbs *will* and *must* implies an absolute requirement, whereas use of *should* and *may* denotes a recommended guideline.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The *ASHP Regulations on Accreditation of Pharmacy Residencies*[1] describes the policies governing the accreditation program and procedures for seeking accreditation.

### Overview of the Standards for PGY1 Pharmacy Residencies

The following explains the rationale and importance of the areas selected for inclusion in the standards.

**Standard 1**: **Requirements and Selection of Residents**

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

**Standard 2**: **Responsibilities of the Program to the Resident**

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

**Standard 3**: **Design and Conduct of the Residency Program**

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

**Standard 4**: **Requirements of the Residency Program Director and Preceptors**
The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

**Standard 5**: **Requirements of the Site Conducting the Residency Program**
It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

**Standard 6**: **Pharmacy Services**
When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

**Standard 1: Requirements and Selection of Residents**

1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.

1.2 The predetermined criteria and procedure used to evaluate applicants' qualifications must be used by all involved in the evaluation and ranking of applicants.

1.3 Applicants to pharmacy residencies must be graduates or candidates 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).

1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure in the state or jurisdiction in which the program is conducted.

1.5 Consequences of residents' failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

**Standard 2: Responsibilities of the Program to the Resident**

2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.

2.1.a. Non-traditional residency programs must describe the program's design and length used to meet the required educational competency areas, goals, and objectives.

2.2 Programs must comply with the ASHP duty hour standards[2].
(http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx)

2.3 All programs in the ASHP accreditation process must adhere to the *Rules for the ASHP Pharmacy Resident Matching Program*[3], unless exempted by the ASHP Commission on Credentialing.

2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.

2.4.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) must be provided.

2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.

2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.

2.6 The residency program must 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.

2.7 The RPD will award a certificate of residency only to those who complete the program's requirements.

2.7.a. Completion of the program's requirements must be documented.

2.8 The certificate provided to residents who complete the program's requirements must be issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*[1], and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.

2.8.a. Reference must be made in the certificate of the residency that the program is accredited by ASHP.

2. 9 The RPD must maintain the program's compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies*[1] throughout the accreditation cycle.

**Standard 3: Design and Conduct of the Residency Program**

3.1 Residency Purpose and Description

The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.

PGY1 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.

3.2 Competency Areas, Educational Goals and Objectives

3.2.a. The program's educational goals and objectives must support achievement of the residency's purpose.

3.2.b. The following competency areas and all associated educational goals and objectives[4] are required by the Standard and must be included in the program's design:

(1) patient care;
(2) advancing practice and improving patient care;
(3) leadership and management; and,
(4) teaching, education, and dissemination of knowledge.

3.2.c. Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.

3.3 Resident Learning

3.3.a. Program Structure

3.3.a.(1) A written description of the structure of the program must be documented formally.

3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.

3.3.a.(1)(b) Elective experiences must also be listed in the program's design.

3.3.a.(2) The program's structure must facilitate achievement of the program's educational goals and objectives.

3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.

3.3.a.(4) Residency programs that are based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity.

3.3.a.(5) No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).

3.3.a.(6) Residents must spend two thirds or more of the program in direct patient care activities.

3.3.b. Orientation

Residency program directors must orient residents to the residency program.

3.3.c. Learning Experiences

3.3.c.(1) Learning experience descriptions must be documented and include:

3.3.c.(1)(a) a general description, including the practice area and the roles of pharmacists in the practice area;

3.3.c.(1)(b) expectations of residents;

3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;

3.3.c.(1)(d) for each objective, a list of learning activities that will facilitate its achievement; and,

3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.

3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.

3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.

3.3.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.

3.4 Evaluation

The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.

3.4.a. Initial assessment

3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.

3.4.a.(2) The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

3.4.b. Formative (on-going, regular) assessment

3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.

3.4.b.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

3.4.c. Summative evaluation

3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

3.4.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.

3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.
3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.
3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.

3.4.d. Residents' development plans

3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.
3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted.
3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.

3.5 Continuous Residency Program Improvement

3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.
3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.
3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.

3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

**Standard 4: Requirements of the Residency Program Director and Preceptors**

4.1 Program Leadership Requirements

4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s)] administrative duties/activities for the conduct of the residency program.
4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:

4.1.e.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
4.1.e.(2) The agreement must include definition of:

4.1.e.(2)(a) responsibilities of the RPD; and,
4.1.e.(2)(b) RPD's accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors' Eligibility

RPDs must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or

• without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

4.3 Residency Program Directors' Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by:

4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;

4.3.b. demonstrating ongoing professionalism and contribution to the profession;

4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization; and,

4.4 Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;

4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;

4.4.c. implementing use of criteria for appointment and reappointment of preceptors;

4.4.d. evaluation, skills assessment, and development of preceptors in the program;

4.4.e. creating and implementing a preceptor development plan for the residency program;

4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,

4.4.g. working with pharmacy administration.

4.5 Appointment or Selection of Residency Program Preceptors

4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.

4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed pharmacists who:

• have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or

• 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

• without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.7 Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

4.7.a. contribute to the success of residents and the program;

4.7.b. provide learning experiences in accordance with Standard 3;

4.7.c. participate actively in the residency program's continuous quality improvement processes;

4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;

4.7.e. adhere to residency program and department policies pertaining to residents and services; and,

4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences as described in sections 4.8.a–f.

4.8.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;

4.8.b. the ability to assess residents' performance;

4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;

4.8.d. an established, active practice in the area for which they serve as preceptor;

4.8.e. maintenance of continuity of practice during the time of residents' learning experiences; and,

4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

4.9 Preceptors-in-Training

4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must*:*

4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,

4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,

4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

## Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program

5.1 As appropriate, residency programs must be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal must be conducted by a recognized organization appropriate to the practice setting.

5.2 Residency programs must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards.

5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.

5.3.a. Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.

5.3.b. Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.

5.3.b.(1) Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met.

5.3.c. A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.

5.3.d. Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.

5.3.e. Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy's service requirements in Standard 6.

5.4 Multiple-site residency programs must be in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs*[5].

**Standard 6: Pharmacy Services**

The most current edition of the ASHP *Best Practices for Health-System Pharmacy*, available at www.ashp.org, and, when necessary, other pharmacy association guides to professional practice and other relevant standards (e.g, NIOSH, OSHA, EPA) that apply to specific practices sites will be used to evaluate any patient care sites or other practice operations providing pharmacy residency training.

6.1 Pharmacist Executive

The pharmacy must be led and managed by a professional, legally qualified pharmacist.

6.2 The pharmacy must 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:

6.2.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;
6.2.b. the practice site includes pharmacy in the planning of patient care services;
6.2.c. the scope of pharmacy services is documented and evidenced in practice and quality measures;
6.2.d. pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;
6.2.e. pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,
6.2.f. pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.

6.3 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.

6.4 The pharmacist executive must ensure that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting):

6.4.a. a pharmacy mission statement;
6.4.b. a well-defined pharmacy organizational structure;
6.4.c. current policies and procedures which are available readily to staff participating in service provision;
6.4.d. position descriptions for all categories of pharmacy personnel, including residents;
6.4.e. procedures to document patient care outcomes data;
6.4.f. procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;
6.4.g. procedures to ensure clinical pharmacy services are safe and effective; and,
6.4.h. a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).

6.5 Pharmacy leaders ensure pharmacy's compliance with:

6.5.a. all applicable contemporary federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site; and,
6.5.b. current national practice standards and guidelines.

6.6 The medication distribution system includes the following components (as applicable to the practice setting):

6.6.a. effective use of personnel (e.g., technicians);
6.6.b. a unit-dose drug distribution service;
6.6.c. an intravenous admixture and sterile product service;
6.6.d. a research pharmacy including an investigational drug service;
6.6.e. an extemporaneous compounding service;
6.6.f. a system for handling hazardous drugs;
6.6.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);
6.6.h. a secure system for the use of controlled substances;
6.6.i. a controlled floor-stock system for medications administered;
6.6.j. an outpatient drug distribution service including a patient assessment and counseling area; and,
6.6.k. a system ensuring accountability and optimization for the use of safe medication-use system technologies.

6.7 The following patient care services and activities are provided by pharmacists in collaboration with other health-care professionals to optimize medication therapy for patients:

6.7.a. membership on interdisciplinary teams in patient care areas;
6.7.b. prospective participation in the development of individualized medication regimens and treatment plans;
6.7.c. implementation and monitoring of treatment plans for patients;
6.7.d. identification and responsibility for resolution of medication-related problems;
6.7.e. review of the appropriateness and safety of medication prescriptions/orders;
6.7.f. development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;
6.7.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;
6.7.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);
6.7.i. documentation of significant patient care recommendations and resulting actions, treatment plans, and progress notes in the appropriate section of patients' permanent medical records;
6.7.j. medication administration consistent with laws, regulations, and practice site policy;
6.7.k. disease prevention and wellness promotion programs (e.g., smoking cessation, immunization);
6.7.l. a system to ensure and support continuity-of-care during patient care transitions; and,
6.7.m. drug use policy activities including, but not limited to, the following (as applicable to the practice setting):

6.7.m.(1) developing and maintaining an evidence-based formulary;
6.7.m.(2) educating health care providers on timely medication-related matters and medication policies;
6.7.m.(3) development and monitoring of evidence-based medication-use guidelines, policies, and order sets;
6.7.m.(4) managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,
6.7.m.(5) managing selection, procurement, storage, and dispensing of medications used within the organization.

6.8 The pharmacy practice must have personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy's:

6.8.a.(1) facilities are designed, constructed, organized, and equipped to promote safe and efficient work;

6.8.a.(2) 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,
6.8.a.(3) resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others).

6.9 Continuous Quality Improvement

6.9.a. Pharmacy department personnel must engage in an on-going process to assess the quality of pharmacy services.
6.9.b. Pharmacy department personnel must develop and implement pharmacy services improvement initiatives to respond to assessment results.
6.9.c. The pharmacy department's assessment and improvement process must include assessing and developing skills of the of pharmacy department's staff.

## Glossary

***Assessment.*** Measurement of progress on achievement of educational objectives.

***Certification***. A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's qualifications.

***Clinical pharmacist.*** Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes. Clinical pharmacists practice in health care settings where they have frequent and regular interactions with physicians and other health professionals, contributing to better coordination of care. *(American College of Clinical Pharmacy)*

***Competency area.*** Category of residency graduates' capabilities.

***Complex condition***. Patients with complex conditions are those who are being treated with high-risk medications, high numbers of medications, and/or have multiple disease states.

***Criteria***. Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

***Educational Goal.*** Broad statement of abilities.

***Educational Objective.*** Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

***Evaluation.*** Judgment regarding quality of learning.

***Formative assessment.*** On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

***Interdisciplinary team.*** A team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academy Press; 2001.)

***Multiple-site residency***. A residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.

1.To run a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:

a.RPD has expertise, however the site needs development (for example, site has a good variety o patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);

b.quality of preceptorship is enhanced by adding multiple sites;

c.increased variety of patients/disease states to allow wider scope of patient interactions for residents;

d.increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;

e.synergy of the multiple sites increases the quality of the overall program;

f.allows the program to meet all of the requirements (that could not be done in a single site alone); and,

g.ability to increase the number of residents in a quality program.

2.A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.

3.In a multiple-site residency program, a sponsoring organization must be identified to assumeultimate responsibility for coordinating and administering the program. This includes:

a.designating a single residency program director (RPD);

b.establishing a common residency purpose statement to which all residents at all sites are trained;

c.ensuring a program structure and consistent required learning experiences;

d.ensuring the required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;

e.ensuring a uniform evaluation process and common evaluation tools are used across all sites;

f.ensuring there are consistent requirements for successful completion of the program;

g.designating a site coordinator to oversee and coordinate the program's implementation at eachsite that is used for more than 25% of the learning experiences in the program (for one or more residents); and,

h.ensuring the program has an established, formalized approach to communication that includesat a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

***Non-traditional residency:*** Residency program that meets requirements of a 12-month residency program in a different timeframe.

***Pharmacist executive***. The person who has ultimate responsibility for the residency practice site/pharmacy in which the residency program is conducted. (In some settings this person is referred to, for example, as the *director of pharmacy*, the *pharmacist-in-charge*, the *chief of pharmacy services*) In a multiple-site residency, a

sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

***Preceptor***. An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of residents' performance.

**Preceptor-in-training**. Pharmacists who are new to precepting residents who have not yet met the qualification for a preceptor in an accredited program. Through coaching and a development plan, they may be a preceptor for a learning experience and become full preceptors within two years.

***Residency Program Director***. The pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

***Resident's Development Plan***. Record of modifications to residents' program based on their learning needs.

***Self-evaluation.*** A process of reflecting on one's progress on learning and/or performance to determine strengths, weaknesses, and actions to address them.

***Service commitments***. Clinical and operational practice activities. May be defined in terms of the number of hours, types of activities, and a set of educational goals and objectives.

***Single-site residency***. A residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, the majority of the resident's training program occurs at the site; however, the resident may spend assigned time in short elective learning experiences off-site.

***Site***. The actual practice location where the residency experience occurs.

***Site Coordinator***. A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:

1. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
2. practice at the site at least ten hours per week;
3. have the ability to teach effectively in a clinical practice environment; and,
4. have the ability to direct and monitor residents' and preceptors' activities at the site (with the RPD's direction).

***Sponsoring organization***. The organization assuming ultimate responsibility for the coordination and administration of the residency program. The sponsoring organization is charged with ensuring that residents' experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health-system, and individual site), the organizations must mutually designate one organization as the sponsoring organization.

***Staffing***. See "Service commitments."
***Summative evaluation.*** Final judgment and determination regarding quality of learning.

**References**

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Approved by the ASHP Board of Directors September 19, 2014. Developed by the ASHP Commission on Credentialing. This standard replaces the previous *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* approved by the ASHP Board of Directors on September 23, 2005. For existing programs this revision of the accreditation standard takes effect July 1, 2016. Until that time the current standard, which was approved September 23, 2005, is in force.

## Appendix B

### CRITERIA FOR SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM

**Purpose:** To establish the criteria for successful completion of the Residency Program. Residents will be awarded a certificate if all of the criteria are met.

**Policy:** Upon successful completion of all requirements of the residency program the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent and in accordance with accreditation standards as set forth by the American Society of Health-Systems Pharmacist

## Procedure:

The following are required criteria that the resident must meet prior to receiving a residency certificate:

1. The resident is expected to abide by all policies of the residency program, pharmacy department and Yuma Regional Medical Center.
2. The resident is required to perform all duties expected of a resident and licensed pharmacist, including but not limited to: staffing (anticoagulation, central pharmacy), drug information, clinical consultative services.
3. For required Competency Goals and Objectives, the resident must have 100% *Achieve for the Residency* in those objectives involving direct patient care, as well as 50% of the remaining objectives, with none of the objectives marked below *Satisfactory Progress* as defined by this following rubric:
    a. **Achieved for Residency (ACHR):** This designation indicates that the resident has mastered this objective/goal and can perform associated tasks independently across the scope of pharmacy practice.

    b. **Achieved (ACH):** This designation indicates that the resident has mastered this goal/objective for this rotation. The resident can perform the task independently or upon request for this experience/population.

    c. **Satisfactory Progress (SP):** This designates that the resident is performing and professing at a rate that should lead to a master of the objective during the residency year.

    d. **Needs Improvement (NI):** The resident is not performing at a level expected of similar residents at that particular time; significant improvement is needed to meet this objective during the course of the residency year.
4. The resident must complete a medication use evaluation (MUE) and present it as a poster at the ASHP Midyear Clinical Meeting.
5. The resident will complete a major research or quality improvement project and complete a manuscript for their project suitable for publication.
6. The resident must present their project at the Western States Residency Conference or any other alternative conference with the approval of the residency program director.

## Appendix C

### RESIDENCY PROGRAM ROSTER

**RESIDENT ADVISORY COMMITTEE:**

**Director of Pharmacy:**

Mark Jordan, Pharm.D.
Director of Pharmacy
Rotations: Practice Management

**Residency Program Director:**

Jacob Schwarz, Pharm.D., M.B.A., BCIDP, BCCCP, BCPS, FAzPA
Clinical Pharmacist
Rotations: Critical Care, Student Preceptor

**Preceptors:**

Samuel Felix Jr, Pharm.D., BCPS
Clinical Pharmacist
Rotation: Ambulatory Infusion Center

Deanna Manarang, Pharm.D.
Operations Coordinator/Clinical Pharmacist
Rotation: Practice Management

Savan 'Sam' Nagrecha, Pharm.D., BCPS
Clinical Pharmacist
Rotation : Internal Medicine, Research

Quan Pham, Pharm.D.
Clinical Pharmacist
Rotation : Internal Medicine, Staffing

John "Zack" Riddle, Pharm.D.
Clinical Pharmacist
Internal Medicine, Research, Teaching/Preceptor Development

Hailey Wang, Pharm.D.
Clinical Pharmacist
Rotation: Intensive Staffing, Internal Medicine

**PRECEPTORS-IN-TRAINING:**

Rebecca Hudock, Pharm.D.
J.P. Lee, Pharm.D., BCSCP, BCPS
Nadine Kanyana, Pharm.D.
Karen Seo, Pharm.D.
Serinna Singh, Pharm.D.

## Appendix D

**RESIDENT PLAN FOR DEVELOPMENT**
**PGY1 PHARMACY RESIDENCY**
**YUMA REGIONAL MEDICAL CENTER**

**2016-2017**

**Name:_____ Date:_____**

The following questions are intended to provide insight into your current strengths, areas of interest and professional goals. This will assist in planning your experiences during the PGY1 year. Please answer in complete sentences, where applicable, and return to Jake Schwarz as soon as possible.

1. State your short-term goals. Describe your ideal practice setting and current interests.
2. How do you think your practice will change post-residency and over the next 5 years?
3. What are your long-term career goals (10-15 years)?
4. What are your strengths? Include both personal and professional skills.
5. List areas of weakness that you would like to improve on during your residency.
6. Given your current strengths and weaknesses, identify your immediate goals and any skills you hope to obtain related to the following areas:
   - Clinical training:
   - Teaching abilities:
   - Research skills:
   - Other:

7. Describe past experiences that have contributed to your skills related to:
   - Written communication:
   - Verbal communication:
   - Public speaking:
   - Time management:
   - Problem solving:
   - Supervision:

8. Describe your practice experience and proficiencies in the following areas:
   - Acute care:
   - Ambulatory care:
   - Pharmacy practice management:

9. What qualities would your ideal preceptor have? Include detail about the type and frequency of interaction you desire.

10. List qualities that your ideal residency program would have, including any areas you hope to focus on.

11. What is your strategy for lifelong education?

12. What role will professional organizations have in your career?

13. Current Arrest Team Training:

BLS Certification _____ No ____ Yes; Expiration date on card: ___

ACLS Certification ____ No _____ Yes; Expiration date on card; _____

14. Licensure Process

Licensed in Arizona? _____ yes _____no

If no, NAPLEX Appointment date _____
Multistate Pharmacy Jurisprudence Examination Appointment date _____

15. Please rate your confidence in your skills and your interest in the following areas (1=low, 5= high):

| Skill area | Confidence 1 2 3 4 5 | Interest 1 2 3 4 5 | Past Applicable Experiences, Comments, Goals |
|---|---|---|---|
| **Foundation Skills** | | | |
| Written Communication | | | |
| Verbal Communication | | | |
| Public Speaking | | | |
| Time Management | | | |
| Problem Solving | | | |
| **Direct Patient Care** | | | |
| Identify Medication Problems | | | |
| Design pharmacotherapy regimens | | | |
| Design Monitoring plan | | | |
| Recommend therapy | | | |
| Provide patient education | | | |
| Therapeutics | | | |
| **Drug Information** | | | |
| Respond to drug information requests | | | |
| Written projects | | | |
| Literature Evaluation | | | |
| Medication Use Evaluation | | | |
| P& T committee/ formulary | | | |
| **Practice Management** | | | |
| Developing policies and procedures | | | |
| Human Resources: hiring, orienting, performance evaluation, supervising | | | |
| Regulatory issues | | | |
| Investigational Drugs | | | |
| Strategic Planning | | | |
| Computer Skills | | | |

| **Area of Practice** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Internal Medicine | | | | | | | | | | | |
| Critical Care | | | | | | | | | | | |
| Infectious Disease | | | | | | | | | | | |
| Oncology | | | | | | | | | | | |
| Management | | | | | | | | | | | |
| Anticoagulation Clinic | | | | | | | | | | | |
| Pain and Palliative Care | | | | | | | | | | | |
| Teaching/Precepting | | | | | | | | | | | |
| Research | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | |
| Information Technology | | | | | | | | | | | |
| Transitional Care | | | | | | | | | | | |
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16. Clerkship Experiences

| Rotation | Site | # Weeks | Description of activities |
|---|---|---|---|
| Infectious Diseases | | | |
| Cardiology/TOC | | | |
| Home Infusion | | | |
| Wal-Mart Pharmacy | | | |
| Psychiatry | | | |
| Ambulatory Care | | | |
| Emergency Medicine | | | |
| Pain Management | | | |
| IHS Ambulatory Care | | | |

17. Practical (work) Experiences

| Practice Site | # months | Description of responsibilities |
|---|---|---|
| | | |
| | | |

**Appendix E**

## PROFESSIONALISM AGREEMENT

During my pharmacy residency, I am an employee of Yuma Regional Medical Center. I understand that my actions are not only a reflection of self, but also representative of the hospital and the residency program.

I agree to maintain professional, legal, and ethical conduct at all times. I will respect the privacy of patients, families, and coworkers and protect the confidentiality of information bestowed to me.

I agree to maintain a professional demeanor and appearance, in accordance with the hospital and pharmacy policies.

I agree to complete my assigned tasks, duties, and responsibilities on time.

I agree to interact and communicate in a positive and professional manner with other healthcare providers, hospital personnel, pharmacy staff, students and patients.

I agree to remain committed to improving my own clinical abilities. I will remain flexible and open to feedback from others.

I agree to demonstrate commitment to the profession of pharmacy.

I understand that failure to comply with this agreement may result in review by the Residency Advisory Committee.

_____
Pharmacy Resident (printed)

_____
Pharmacy Resident signature

_____
**Date**

# Appendix F

## YRMC PGY1 Pharmacy Residency Educational Outcomes, Goals, & Objectives

### 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…following a consistent patient care process.**

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

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

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

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

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

**Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**

**Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.**

**Objective R1.1.8: (Applying) Demonstrate responsibility to patients.**

**GOAL R1.2 Ensure continuity of care during patient transitions between care settings.**

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

**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.**

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

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

### 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.**

**Objective R2.1.2 (Applying Participate in a medication-use evaluation.**

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

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

**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.**

**OBJECTIVE R2.2.2: (CREATING) DEVELOP A PLAN TO IMPROVE THE PATIENT CARE AND/OR MEDICATION-USE SYSTEM.**

**OBJECTIVE R2.2.3: (APPLYING) IMPLEMENT CHANGES TO IMPROVE PATIENT CARE AND/OR THE MEDICATION-USE SYSTEM.**

**OBJECTIVE R2.2.4: (EVALUATING) ASSESS CHANGES MADE TO IMPROVE PATIENT CARE OR THE MEDICATION-USE SYSTEM.**

**OBJECTIVE R2.2.5: (CREATING) EFFECTIVELY DEVELOP AND PRESENT, ORALLY AND IN WRITING, A FINAL PROJECT REPORT.**

**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.**

**OBJECTIVE R3.1.2: (APPLYING) APPLY A PROCESS OF ON-GOING SELF-EVALUATION AND PERSONAL PERFORMANCE IMPROVEMENT.**

**GOAL R3.2 DEMONSTRATE MANAGEMENT SKILLS.**

**OBJECTIVE R3.2.1: (UNDERSTANDING) EXPLAIN FACTORS THAT INFLUENCE DEPARTMENTAL PLANNING.**

**OBJECTIVE R3.2.2 (UNDERSTANDING) EXPLAIN THE ELEMENTS OF THE PHARMACY ENTERPRISE AND THEIR RELATIONSHIP TO THE HEALTHCARE SYSTEM.**

**OBJECTIVE R3.2.3: (APPLYING) CONTRIBUTE TO DEPARTMENTAL MANAGEMENT.**

**OBJECTIVE R3.2.4: (APPLYING) MANAGES ONE'S OWN PRACTICE EFFECTIVELY.**

**COMPETENCY AREA R4: TEACHING, EDUCATION, DISSEMINATION OF KNOWLEDGE**

**GOAL R4.1 PROVIDE EFFECTIVE MEDICATION AND PRACTICE-RELATED EDUCATION TO PATIENTS, CAREGIVERS, HEALTH CARE PROFESSIONALS, STUDENTS, AND THE PUBLIC.**

**OBJECTIVE R4.1.1: (APPLYING) DESIGN EFFECTIVE EDUCATIONAL ACTIVITIES.**

**OBJECTIVE R4.1.2: (APPLYING) USE EFFECTIVE PRESENTATION AND TEACHING SKILLS TO DELIVER EDUCATION.**

**OBJECTIVE R4.1.3: (APPLYING) USE EFFECTIVE WRITTEN COMMUNICATION TO DISSEMINATE KNOWLEDGE.**

**OBJECTIVE R4.1.4: (APPLYING) APPROPRIATELY ASSESS EFFECTIVENESS OF EDUCATION.**

**GOAL R4.2 EFFECTIVELY EMPLOYS APPROPRIATE PRECEPTORS' ROLES WHEN ENGAGED IN TEACHING.**

**OBJECTIVE R4.2.1: (ANALYZING) WHEN ENGAGED IN TEACHING, SELECT A PRECEPTORS' ROLE THAT MEETS LEARNERS' EDUCATIONAL NEEDS.**

**OBJECTIVE R4.2.2: (APPLYING) EFFECTIVELY EMPLOY PRECEPTOR ROLES, AS APPROPRIATE.**

## Appendix G

### PGY1 PHARMACY RESIDENCY EXPERIENCES
### YUMA REGIONAL MEDICAL CENTER

| | |
|---|---|
| Required Rotations | Orientation<br>Critical Care I/II<br>Internal Medicine I/II<br>Ambulatory Infusion Center<br>Student Preceptor<br>Infectious Diseases<br>Intensive Staffing<br>Emergency Medicine (in place of CC II) |
| Elective Rotations | Ambulatory Care/ Transitional Care<br>Pediatrics / NICU<br>Information Technology<br>Cardiology<br>Family Medicine Clinic<br>Can repeat required rotation as long as experience is no more than 1/3 of residency rotations |
| Longitudinal Experiences | Anticoagulation Clinic/TCC<br>Palliative Care/Pain Management<br>Staffing<br>Research<br>Teaching/Preceptor Development<br>Practice Management |
| Concentrated Experiences | ACLS training<br>Community Service/Outreach |
| Projects | MUE/DUE for ASHP MCM<br>Western States<br>Manuscript |

Updated 5/26/2014

**Each Required and Elective Rotation will be 1 month in length unless indicated otherwise in the learning experience description.**

**Longitudinal Experiences will be done throughout the duration of the residency year.**

**Concentrated Experiences will occur one time, or may occur more than once in the case of Community Service.**

**Residency experiences and schedule will be determined during the residents' orientation period.**

## Appendix H

### EVALUATION INSTRUCTIONS

PharmAcademic® will be used to complete all evaluations by the preceptor and the resident. Evaluations ***must*** be completed within 3 business days following end of rotation. Evaluations need to have a **substantive comment for each objective plus summary comments**. All evaluations not meeting this requirement will be returned for revision.

For each rotation the following evaluations will be completed by the resident:

- Preceptor and Learning Experience Evaluation
- Self-Evaluation using corresponding Summative Evaluation

For each rotation the following evaluations will be completed by the preceptor:

- Summative Evaluation for learning experience

Longitudinal Rotations will be evaluated quarterly.

Preceptor and Learning Experience evaluations for the learning experiences will need to be cosigned by the preceptor and Residency Program Director.

Summative Evaluations of the learning experiences will be cosigned by the residents and the Residency Program Director.

Interpretation of Ratings:

**Achieved for Residency (ACHR):** This designation indicates that the resident has mastered this objective/goal and can perform associated tasks independently across the scope of pharmacy practice.

**Achieved (ACH):** This designation indicates that the resident has mastered this goal/objective for this rotation. The resident can perform the task independently or upon request for this experience/population.

**Satisfactory Progress (SP):** This designates that the resident is performing and professing at a rate that should lead to a master of the objective during the residency year.

**Needs Improvement (NI):** The resident is not performing at a level expected of similar residents at that particular time; significant improvement is needed to meet this objective during the course of the residency year.