Asante Post-Graduate Year 1 (PGY1) Pharmacy Residency Training Manual

(Updated in compliance with 2024 ASHP PGY1 Accreditation Standards)

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Purpose (Standard 3.1)

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

Program Design (Standard 3.1)

The PGY-1 pharmacy residencies conducted by Rogue Regional Medical Center in Medford and Three Rivers Medical Center in Grants Pass are accredited by the American Society of Health-System Pharmacist (ASHP). Asante residents can participate in a broad range of required experiential training segments with a focus on inpatient pharmacotherapy and numerous electives in both inpatient and outpatient settings. Residents are involved in many aspects of the pharmacy profession including the following (but not limited to):

- Providing medication therapy management to a diverse population
- Assessing, monitoring, and delivering pharmacotherapy
- Participating in Asante Pharmacy and Therapeutics Bulletin and Asante Medication and Administration Safety Committee activities
- Providing education to health care professionals, patients, and the community
- Presenting a major project locally, regionally and nationally
- Attending national, state, and local pharmacy meetings
- Providing departmental, organizational, and community service
- Serving as authors for the Asante Pharmacy and Therapeutics Bulletin and Asante Medication and Administration Safety Committee Bulletin

Residents completing the PGY1 program at Asante will be prepared to provide patient-centered care to a diverse patient population. Additionally, the residents will be able to pursue a second year of residency training in the area of their choice or completing a fellowship.

The PGY1 Pharmacy residency programs at RRMC and TRMC support the work and mission of the Asante Belonging, Inclusion, Diversity and Equity Steering Committee (ABIDE). ABIDE is charged with supporting Asante in embracing and employing the principles of belonging, inclusion, diversity and equity. The residency programs at RRMC and TRMC collaborate with ABIDE to integrate these principles with our pharmacy departments.

Educational Competency

The PGY1 residency programs at Rogue Regional Medical Center and at Three Rivers Medical Center require all associated educational goals and objectives in the competency areas noted below:

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

Program Structure

The resident will spend a minimum two thirds or more of the program in direct patient activities. To meet this objective, eight or more month-long direct patient care learning experiences are required. Additionally, the

resident may spend no-more-than one-third of the twelve-month program with a specific patient disease state or population (e.g., critical care, oncology, or cardiology).

Direct Patient Care

The Pharmacy residents are required to interact with the nursing and medical staff to improve patient-care through direct patient-centered medication therapy, and assisting with ongoing clinical programs including antimicrobial stewardship, therapeutic monitoring, and clinical interventions. They will be accountable for promoting safe and effective drug usage and achieving optimal drug therapy outcomes as vital members of the healthcare team.

Learning Experiences (Standard 3.2)

RRMC and TRMC Required Learning Experiences

Required Rotations*	Duration	Quarter (Q)**
Orientation	6 weeks	Upon hire
Pharmacy Practice I	4 – 6 weeks	Q 1 – 2, depending on resident's start of Oregon licensure and competency
Critical Care 1 (May include Step Down)	4 – 6 weeks	Q 1 – 4
Cardiology*	4 – 6 weeks	Q 1 – 4
General Medicine	4 – 6 weeks	Q 1 – 4
Infectious Disease	4 – 6 weeks	Q 1 – 4
Oncology 1 RRMC Inpatient TRMC Spears Cancer Treatment Center	4 – 6 weeks	Q 2 – 4
Post-Surgical*	4 – 6 weeks	Q 1 – 4
Longitudinal - Pharmacy Practice II and III	12 – 24 weeks Staffing includes 1 – 3 weekends a month	Q 2 – 4
Longitudinal - Clinical Audits	10 – 12 weeks Usually 1 day/week	Q 1 – 4
Longitudinal - Formulary & Medication Use	10 – 12 weeks Usually 1 day/week	Q 1 – 4
Longitudinal - Medication Safety	10 – 12 weeks Usually 1 day/week	Q 1 – 4
Longitudinal - Practice Management	10 – 12 weeks Usually 1 day/week	Q 1 – 4
Longitudinal - Stewardship	10 – 12 weeks Usually 1 day/week	Q 1 – 4
Longitudinal - Leadership	52 weeks Usually 1-hour discussion plus pre/post-meeting assignments every 1-2 month(s)	Q 1 – 4

Required Rotations*	Duration	Quarter (Q)**
Longitudinal - Pharmacy Education (Includes P&T bulletins, journal clubs, continuing education and pharmacy inservices)	52 weeks	Q 1 - 4
Longitudinal - Resident Research Project	52 weeks	Q 1 - 4

*Designated rotations are required for RRMC residents but considered electives for TRMC residents with the option to complete the rotations at RRMC campus.
**Quarter (Q) periods typically refer to these months: Q1 Jun-Sep, Q2 Sep-Dec, Q3 Dec-Mar, Q4 Mar-Jun.

RRMC and TRMC Elective Learning Experiences

The following rotations are optional with scheduling flexibility for RRMC or TRMC residents to learn at RRMC or TRMC campus.

Asante Outpatient Pharmacy	4 - 6 weeks	Q 1 - 4
Heimann or Spears Cancer Treatment Center (CTC)	4 - 6 weeks	Q 2 - 4
Informatics	4 - 6 weeks	Q 1 - 4
Critical Care 2	4 - 6 weeks	Q 2 - 4
Peds-NICU	4 - 6 weeks	Q 2 - 4
Oncology 2	4 - 6 weeks	Q 3 - 4
Ambulatory Care* (Asante Physician Partners)	4 - 6 weeks	Q 1 - 4
Teaching Certificate	Variable, typically 2-4 weeks off-site	Q 1 - 4

*The option of ambulatory care rotation will depend on the availability of ambulatory care pharmacy preceptor(s).

Asante Description (Standard 5)

Asante is a locally owned/governed not-for-profit health system that serves more than 600,000 residents in nine Southern Oregon and Northern California counties. As the largest healthcare provider in these counties, Asante is the region's most comprehensive healthcare provider. Asante's hospital facilities include Rogue Regional Medical Center in Medford, and Three Rivers Medical Center in Grants Pass, Asante Physician Partners and additional health care partnerships throughout the region. Asante's top priority is its patients, and each person is treated with compassion, dignity, honesty, and skill. Asante's 6,000 employees work together to make this ideal a reality, supported by new technology, modern facilities, and a common purpose of healing and hope. The health system is guided by its mission, vision and five values.

Mission: Asante exists to provide quality healthcare services in a compassionate manner, valued by the communities we serve.

***Vision*:** To be your trusted health partner for life - every person, every time.

Values

- Excellence in everything we do.
- Respect for all.
- Honesty in all our relationships.
- Service to the community, physicians, and each other.
- Teamwork always.

For the tenth consecutive year, Asante has been named one of the Top 15 Health Systems in the nation by Fortune/Merative. It is the only health system in the Pacific Northwest to achieve this award and is based on clinical quality and efficiency of health systems nationally.

Asante is governed by a 12-person board of directors comprised of local volunteers who are community leaders and physicians. The Board can have up to 15 members, members generally serve three-year terms and can serve as many as three terms. The President and CEO serves as an ex-officio voting director of the board. Board members give their time to ensure that the served population receives high-quality healthcare services provided with compassion. All decisions are made by people who live and work in the local community.

Asante's strategic goals center on:
1. Building a fully integrated delivery system
2. Providing more affordable services for patients
3. Providing accessible services for patients
4. Providing the highest quality services
5. Developing the Asante team of the future
6. Becoming consumer friendly and improving ease of use

Asante Health System Pharmacy is committed to increase racial and ethnic diversity, equity and inclusivity of our pharmacy residency programs and the pharmacy workforce.

Rogue Regional Medical Center (RRMC)

Rogue Regional Medical Center is the 378-bed regional referral and trauma center featuring the latest medical technology and clinical expertise. The hospital team delivers nationally recognized heart and stroke care, orthopedic services, cancer care and diabetes care, as well as a comprehensive range of key services including neurology and neurosurgery, bariatric surgery, rehabilitation services, the region's only neonatal intensive care unit, home care and hospice services, and the only hospital-based sleep center in Southern Oregon.

For the tenth year in a row, Rogue Regional Medical Center has been named a 100 Top Hospital in the nation by Fortune/Merative. The 100 Top award recognizes excellence in clinical outcomes, operational efficiency, patient experience and financial health. In addition, for the third time starting in 2020, Rogue Regional Medical Center has been named a Top 50 Cardiovascular Hospital in the nation by Merative. RRMC employs approximately 2,900 employees and has a registered nurses bargaining unit, Oregon Nurses Association (ONA). ONA represents 900 nurses at present, which is about 15% of the total workforce of Asante and the current contract expires in September of 2023. Asante is investing over $1 billion over a ten-year period for new construction, renovation, deferred maintenance, planned replacement, equipment and information technology.

RRMC has a new 6 floor, 323,000 square foot, $455 million patient pavilion under construction which is expected to open in January 2024. Connecting to the existing six-floor inpatient tower, the addition will make more space

available for people needing emergency care, women's and children's services, heart care and surgery. Expansion of the Emergency Department, site development and other renovations are included in the cost.

The 80,160-square-foot Mary and Dick Heimann Cancer Center, located near Rogue Regional Medical Center, houses all outpatient cancer services for one-stop patient convenience, including radiation therapy, infusion services, education and support services. The $64 million project opened in early 2022.

Three Rivers Medical Center (TRMC)

Three Rivers Medical Center in Grants Pass, Oregon is a fast-paced 125-bed community-focused center built in 2001. TRMC combines careful attention to patient needs and a healing environment in the service of a rural, medically underserved population of over 100,000 people across essentially all extreme SW Oregon. TRMC is DNV Stroke Certified and operates as the second busiest and most acute Level Three trauma center in Oregon. TRMC has been designated birthing-friendly and baby-friendly.

Pharmacy Services (Standard 5)

Asante has over 100 pharmacists and pharmacy technicians plus 5 PGY1 pharmacy residents and a multitude of student rotations annually. Asante employs state of the art computer hardware and software for pharmacy operations, automated dispensing units and electronic order transmission of physician orders to the inpatient pharmacies. At RRMC, the pharmacists practice in patient care areas integrating the provision of medications with clinical pharmacy services to improve drug therapy outcomes, supported by a central pharmacy. At TRMC the pharmacy operates a central pharmacy with a satellite unit in the Medical/Surgical area. Asante has two retail pharmacies Asante Pharmacy on Barnett Road in Medford and a second retail site at TRMC that provides a "Meds to Beds" service. Asante pharmacy services also include an ambulatory infusion service centers, Heimann and Spears Cancer Centers, that provides intravenous infusions including chemotherapy, antimicrobials, pain pumps and parenteral nutrition. Of note, Asante also has embedded pharmacists in outpatient medical clinics who are credentialed providers.

Asante is affiliated with Oregon Health and Science University and Pacific University. Rogue Regional Medical Center, Asante Pharmacy, Three Rivers Medical Center, and Asante Physician Partners serve as clerkship sites for pharmacy students. Many of the pharmacy staff serve as preceptors for pharmacy students in all areas of pharmacy practice. The residents will have opportunities precept pharmacy students during rotations, case conference and journal club.

Recruitment Efforts of the Department

Residents will assist with the recruitment efforts of new pharmacy resident candidates for the department, including the process of evaluating applications and interviewing candidates. Additionally, residents are required to participate in the Residency Showcase during ASHP Midyear Clinical Meeting and OSHP Fall Seminar.

Residency Candidate Recruitment Criteria (Standard 1)

It is the responsibility of the Residency Advisory Committee to recruit, interview, and evaluate residency candidates. Asante will participate in the residency-matching program coordinated by the American Society of Health-system Pharmacists. Residents making application to Asante's residency program must participate in and adhere to the rules of the Resident Matching Program (RMP) process.

Resident Candidate Selection Process

1. The following will be required of all PGY-1 Residency Applicants:

a. Legally permitted to work in the United States at the time of resident's application submission through the end of the residency program
b. Anticipated graduation from an ACPE accredited college
c. Participation in the ASHP Residency Matching Program and PhORCAS
d. Completed Asante Individual Assessment
e. Curriculum Vitae
f. Academic Transcripts
g. Three recommendations
h. The candidate must have the ability to become licensed as a pharmacist in the state of Oregon.
i. It is the responsibility of the resident to obtain an Oregon Pharmacist License at the earliest opportunity. This should occur no later than 90 days from the hire date.
    - If a resident is unable to meet the above deadline due to extenuating circumstances, they must request an extension from the RPD in writing.
    - The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (120 days post hire) to obtain their pharmacist licensure in the state of Oregon.
    - Residents must complete at least 2/3 of the program as a licensed pharmacist. Failure to obtain pharmacist licensure by 120 days post hire will result in dismissal from the program.
j. If the resident is not an Oregon licensed pharmacist by the start of the residency year, they must hold an Oregon intern license no later than the start date of the residency program. (Standard 2.4)
k. If the resident is already a licensed pharmacist in another state, the Oregon Board of Pharmacy will not grant an out-of-state licensed pharmacist with an Oregon intern license. Therefore, the resident must be a fully licensed Oregon pharmacist **no later than the start date the residency program.**

This is the process for Phase I and Phase II of the Match

2. Applicant Screening

a. **Pre-Interview Evaluation**

Qualified candidates will be evaluated on the following criteria by Pharmacy Leadership, Residency Advisory Committee (RAC) members, preceptors and/or current residents:

- Letter of intent
- Self-assessment questionnaire
- Letters of recommendation
- Educational, work and rotation experiences
- Posters, presentations and publications
- Professional leadership
- Community services

b. Candidates are evaluated in compliance with statewide and national guidance on diversity, equity and inclusion:

- **Diversity:** Applicant characteristics such as race, ethnicity, age, and gender are not available to review team.
- **Equity**: Applicant reviewers participate in implicit bias training annually prior to selection process
- **Inclusion:** GPA and PASS/FAIL are not part of this criteria.

c. **Invitation for Interview:**
Candidates are recommended by evaluators for virtual or on-campus interviews based on the scoring of pre-interview criteria. Recommended candidates will receive an email offering possible interview dates and residency information and policies, including the requirements for successful program completion (Standard 2.8).

3. **Interview Schedule**
   a. Virtual or on-site interviews at RRMC and TRMCwill be scheduled to include these key components:
      - Introduction of the interview panel members, including the Residency Advisory Committee (RAC) members, Residency Program Director (RPD), current residents, and pharmacy leaders and preceptors
      - Overview of interview structure and time designated for each section
      - Overview of residency program
      - Candidate's PowerPoint presentation on a clinical vignette or case description that educates health care professionals about pharmacy practice or therapeutic recommendations. The presentation, usually up to 30 minutes, will include these core teaching elements, followed by a brief question-and-answer session:
        - Background context explaining the importance of the topic in pharmacy practice
        - Identify a problem relevant to medication use or pharmacy practice in the hospital setting
        - Describe the case in order of history, clinical findings, assessment and plan, if relevant
        - Apply best-practice guidelines and customize recommendations to address or manage the identified problem
        - Integrate these "teaching points" in pharmacy practice or patient care at Asante hospitals
      - Opportunity for candidate to inquire about the residency program, preceptors, research project and professional development
      - Clinical knowledge assessment
   b. For virtual interview, RPD or designated interviewee will verify proper Internet connection with the candidate before starting the interview:
      - E.g., Verify speaker volume, lighting, clear facial/body display
4. **Post-Interview Evaluation**
   After the interview, candidates will be evaluated on the following criteria by Pharmacy Leadership, Residency Advisory Committee (RAC) members, preceptors and/or current residents:
      - Asante PGY1 residency program fit with candidate's interest, experiences and professional commitment to pharmacy practice

- Critical thinking and decision-making skills
- Communication
- Case presentation
- Clinical competency

5. **Resident Applicant Ranking (Standard 1.1)**
   a. **Match Phase I Process:**
   Pharmacy Leadership, Residency Advisory Committee (RAC) members, preceptors and/or current residents involved in candidate selection process will score the candidates on the basis of pre- and post-interview evaluation rubric to determine the rank order of applicants. Qualified applicants will be entered by the RPD in the Match Phase I platform.:

   b. **Match Phase II Process:**
   Unmatched applicants will be evaluated by Pharmacy Leadership, Residency Advisory Committee (RAC) members, preceptors and/or current residents on the basis of the following criteria in addition to a one-hour virtual interview:
   - Letter of intent
   - Self-assessment questionnaire
   - Letters of recommendation
   - Educational, work and rotation experiences
   - Posters, presentations and publications
   - Professional leadership
   - Community services
   - Asante PGY1 residency program fit with candidate's interest, experiences and professional commitment to pharmacy practice
   - Critical thinking and decision-making skills
   - Communication
   - Clinical competency

   c. **Scramble Process:**
   If either program does not match in Phase I and Phase II of the Match, RRMC and/or TRMC may opt to withdraw their position from the match and take part in the scramble. Depending on how many candidates apply during the scramble, qualified applicants will be evaluated by RPD and/or designated evaluator on the basis of the criteria outlined for the Match II process.

Licensure (Standard 2.4 – *critical factor*)

All residents must be licensed in the state of Oregon. Residents who are not licensed in Oregon will not be able to practice independently. Questions regarding licensure should be directed to the following:

Oregon State Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232-2162

Web at: http://www.pharmacy.state.or.us/

The resident should initiate the process for obtaining a pharmacist license **as soon as possible** after acceptance into the residency program. The candidate must have the ability to become licensed as a pharmacist in the state of Oregon. The resident should aim to become licensed within the first 90 days of the residency. Failure to obtain Oregon licensure within the first 90 days of the residency will require the resident to request a deadline extension from the RPD in writing. Residents must complete at least 2/3 of the residency year as a licensed pharmacist. A deadline extension of up to 30 days (total of 120 from the start of the residency year) may be granted by the RPD and RAC. During this time the resident will continue to be paid as a pharmacy intern and receive benefits. In all cases, failure to obtain a license within 120 days from the start of the residency will result in termination. If the resident is not an Oregon licensed pharmacist by the start of the residency year, they must hold an Oregon intern license no later than the start date of the residency program. Refer to the Residency Dismissal Policy 400-PHAR-0751.

If the resident is already a licensed pharmacist in another state, the Oregon Board of Pharmacy will not grant an out-of-state licensed pharmacist with an Oregon intern license. Therefore, the resident must be a fully licensed Oregon pharmacist **no later than the start date the residency program**. If the resident has been a pharmacist for less than one year, the Oregon Board of Pharmacy requires the resident to contact them for more information on how to apply for licensure by Reciprocity.

Duty Hours (Standard 2.3)

Asante's duty hour requirements comply with the ASHP Duty Hours Requirements for Pharmacy Residencies.

ASHP's Duty Hour Requirements should be referenced at the following link

- ASHP Residency Webpage: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

Duty hours **includes** inpatient and outpatient patient care, staffing/service commitment, scheduled and assigned activities such as committee meetings, required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

Duty hours **excludes** reading, studying and academic preparation time (ie. Presentations, journal clubs, closing knowledge gaps); travel time (ie. To and from work); and hours not scheduled by the residency program director or a preceptor.

Compliance:

Resident schedules are prepared by the RPD in a manner to achieve compliance with duty hour requirements. Residents will generally be scheduled 2 to 4 shifts on their current clinical rotation (10 hours/day) and 1 shift on longitudinal rotation (10 hours/day) each week.

Each month, the resident is required to attest to duty hour compliance via PharmAcademic attestation indicating this following:

- During this time period duty hours were:
    - Less than 80 hours of work per week (averaged over a 4 week period)

- Included 8 hours free of work between duty periods
- Had 1 day free in 7 (when averaged over 4 week)
- Had no continuous duty periods of more than 16 hours

RPD will monitor bi-weekly for any incomplete attestations or any attestations noting violation of the duty hours requirements above.

Asante's PGY1 residency program does NOT have an in-house or home on-call program.

Moonlighting:

Moonlighting is defined as any voluntary, compensated work performed outside the organization or within the organization where the resident is training. These are compensated hours beyond the resident's salary.

Asante's PGY1 residency program does **NOT** permit moonlighting.

Earned Time Off

Earned Time Off (ETO) combines vacation, holidays, and 40 hours of sick leave into a single paid "bank" that is used for pay continuation for scheduled and unscheduled time off for employees categorized as Full-Time. Accrued ETO is required to be utilized for scheduled and unscheduled absences including vacation, designated holidays (if the holiday is a regular workday), illness for the employee and qualified family members, and any leaves of absence. If the resident must be out of the office for any reason (e.g. holiday, illness, interview, or vacation) 8-hours ETO (earned time-off) must be entered into the time-keeping system for each day.

Requesting Time Off

Residents must request time off six weeks in advance. myAsanteTime is the correct mechanism to request time off. The residency director will review requests in myAsanteTime for approval or denial. Time off must also be cleared with the preceptor, and additional assignments or responsibilities may result (at the discretion of the preceptor).

Vacation

Time-off for vacation or interviews must be pre-approved by both the preceptor and residency director.

Holiday

Residents may be required to participate in holiday staffing of the department on an equal basis with other staff assigned to work on holidays. Residents do not accrue compensatory time for holidays worked. If the resident is not working on a holiday, they must document 8 hours ETO in myAsanteTime.

Illness

The Residency Director, preceptor, and charge/core pharmacists must be notified as soon as possible if a sick day is taken. The resident must document each sick day as 8 hours ETO on their timecards. If illness lasts longer than 24 consecutive hours, then Employer Sponsored Disability Plan (ESDP) may be used for the additional days. Eligible employees accrue ESDP at the rate of 0.026923 hours for each eligible hour in a calendar year, not to exceed 2.15 hours per two-week pay period. ESDP hours recorded on the time record should not exceed the available accrued balance. Refer to related human resources Employer Sponsored Disability Plan policy 400-HR-0130.

Extended Leave & Extension of Program (Standard 2.2)

The residency program may be extended, or adjustments made to schedules based on disability, extenuating circumstances, or need for extended leave unrelated to licensure. Disabilities must be medically approved and documented. Appropriate types of leave would be those that fall under the organization's EST policy or are covered by the OFLA/FLMA laws.

Successful completion of the residency program requires the resident to obtain 12 months of training (minus ETO). Time away from the residency program may not exceed 37 days without extension of the program.

For the purposes of standard 2.2, time away from the program is defined as the total number of days taken for vacation, sick time, interviews, holidays, religious time, jury duty, bereavement leave, military leave, parental leave, leaves of absence and extended leave.

At the discretion of the RAC and RPD the residency may be extended up to 90 days from the original completion date. Time away from the residency program greater than 90 days despite maximum extension of the program, upon determination by the RAC and RPD, the resident may be dismissed from the program. Salaries and benefits of the resident would be continued at standard rates during extension of the program.

Policy on Dismissal

Refer to policy 400-PHAR-0751 Residency Dismissal Policy

Preceptors (Standard 4.6-4.7)

Please refer to Preceptor Manual 400-PHAR-0335.

Mentors

Residents will have the opportunity to select a mentor in the beginning of the first quarter. They will be expected to meet with the mentor at a minimum of twice per quarter.

General Understanding of the Mentor-Mentee Relationship

Mentorship involves a two-way relationship that depends on the time and commitment invested by both parties to ensure a mutually beneficial outcome. It requires that a solid communication and commitment framework be established by both individuals early on that will ultimately benefit both parties. Mentors should possess very specific knowledge, skills, and abilities that are aligned with the program purpose, organization mission, vision, and core values. Additionally, mentors should possess:

- Strong interpersonal skills
- Organizational knowledge
- Technical competence
- Strong leadership skills
- A sense of personal influence
- The ability to maintain confidentiality of mentoring relationship
- The willingness to be supportive and patient

A mentor should be fully supportive of a mentee's professional development and should provide encouragement and guidance. However, it is not the role of a mentor to advocate on behalf of the mentee in terms of promotion, special assignments, or changes in employment.

Expectations of Mentors

- Act as a resource and support.
- Be willing to give time, energy, and attention.
- Meet with the mentee at appropriate frequency.
- Provide honest, constructive, and direct feedback. Suggest activities for improvement.
- Challenge the mentee.
- Maintain confidentiality of the relationship.

Expectations of Mentees

- Mentees are expected to schedule regular and frequent contacts with the Mentor. They are held accountable for meeting with the Mentor at appropriate frequency.
- The mentee keeps is to keep the content of discussions confidential.

What Makes a Good Mentor?

Many people feel that being a mentor requires special skills, but mentors are simply people who have the qualities of good role models.

Mentors listen.	They maintain eye contact and give mentees their full attention.
Mentors guide.	Mentors are there to help their mentees find life direction, never to push them.
Mentors are practical.	They give insights about keeping on task and setting goals and priorities.
Mentors educate.	Mentors educate about life and their own careers.
Mentors provide insight.	Mentors use their personal experience to help their mentees avoid mistakes and learn from good decisions.
Mentors are accessible.	Mentors are available as a resource and a sounding board.
Mentors criticize constructively.	When necessary, mentors point out areas that need improvement, always focusing on the mentee's behavior, never his/her character.
Mentors are supportive.	No matter how painful the mentee's experience, mentors continue to encourage them to learn and improve.
Mentors are specific.	Mentors give specific advice on what was done well or could be corrected, what was achieved and the benefits of various actions.
Mentors care.	Mentors care about their mentees' progress in school and career planning, as well as their personal development.
Mentors succeed.	Mentors not only are successful themselves, but they also foster success in others.

Mentors are admirable.	Mentors are usually well respected in their organizations and in the community.

Courtesy: The Connecticut Mentoring Partnership and the Business and Legal Reports, Inc. – *Best Practices in Human Resources*, Issue 653, and September 30, 1999.

Residency Advisory Committee (RAC) (Standard 4.4)

Asante shall operate a single RAC with representation from all Asante residency programs. The RPD of the RRMC PGY-1 program serves as chair with the RPD of the TRMC PGY-1 program serving as vice chair.

Asante RAC Membership

- RRMC Residency Program Director (chair)
- TRMC Residency Program Director (vice-chair)
- Chief Resident, one-year commitment
- Representative preceptors (4-5), two-year commitment
- Representation from Clinical Administration (e.g., Clinical Coordinator) and Operations (e.g., Operations Manager).

Purpose:

1. To provide direction in an advisory role to the Residency Program Directors regarding the continued development, revision, and administration of the residency programs.
2. To promote innovation in the curriculum and learning strategies used in the residency programs.
3. To monitor the progress of the residents towards completion of the programs, and to advise on corrective and supportive measures if difficulties are identified. This will be discussed when resident peers are not in attendance.
4. To monitor the qualifications of the preceptors serving the residency program.
5. To support continuous quality improvement of the programs.

Requirements

1. Meet on an as needed basis, but no less frequently than quarterly
2. Review and discuss overall progress of residents and provide input on adjustments to development plans for residents
3. To review the appointment and reappointment of preceptors based on their initial and on-going qualifications
4. In collaboration with departmental managers, will evaluate and revise the residency project list annually
5. Conduct an ongoing assessment of the residency programs, including a formal annual program evaluation.

Annual Program Evaluation (Standard 4.4)

The Residency Advisory Committee in collaboration with the residents, preceptors, and RPD will engage in an on-going process of assessment of the residency programs including formal annual program evaluation (see "Important Documents" section).

Residency Director

The Residency Program Director (RPD) serves as the person in charge of the residency training program and is ultimately responsible for the overall quality of the program.

Each Asante residency program has its own RPD. Unless stated otherwise, references to the Residency Program Director or RPD in this document shall be interpreted as referring to the RPD of the program of which a specific resident in enrolled.

The residency program director is responsible for management of resident and preceptor activities to assure an effective and well-organized educational training experience. These activities shall include:

1. Resident recruitment: Final evaluation of all resident applicants' qualifications and approval of resident candidates is at the discretion of the residency director.
2. In collaboration with preceptors, the RPD will assess each resident's entering knowledge and skills related to the educational goals and objectives. This assessment will be based on a review of the resident's *ASHP Entering Interests Form*, Curriculum Vitae, references, and any other available documentation (e.g., clinical tests, letter of intent). The RPD or designee will document each resident's development plan at the beginning of the program and share with all preceptors.
3. The RPD or designee will make quarterly residency development plan updates based on each the following pieces of objective information: *Objective-Based Residency Self-Evaluation*, a discussion of strengths and weaknesses, preceptor feedback, review of educational objective progress, and residents quarterly written self-reflection. The RPD or designee then shares the development plan and modifications to it, including changes to the schedule, with the resident and preceptors.
4. The RPD will assure organization and leadership of a Residency Advisory Committee.
5. The RPD will provide oversight of resident research and project activities.
6. The RPD or designee must develop and implement program improvement activities in response to the results of the assessment of the residency program by the Residency Advisory Committee.
7. The RPD or designee must track graduate initial employment and may also track board certification, surveys of past residents, or other applicable information in an effort to evaluate whether the residents fulfill the purpose of a PGY1 pharmacy residency program.
8. The RRMC PGY-1 program RPD will implement criteria consistent with those required by the ASHP Residency standard for initial appointments and bi-annual reappointment of preceptors. This will include - annual evaluation of teaching ability (overall involvement, preceptor evaluations and verbal reports), academic and professional skills assessment, and consequential compensation with preceptor premium pay.
9. The RRMC PGY-1 program RPD will have the responsibility for the implementation of a preceptor development plan for all Asante residency programs that may include provision of ongoing professional development continuing education, coordination of volunteer activities, publishing and review opportunities.

Individual Assessment for Residency Training

To determine the resident's entering knowledge, skills, strengths and areas of opportunity in relation to the educational goals and objectives, the resident will complete an *ASHP Entering Interests Form* prior to the beginning of the program.

Initial Development Plan for Residency Training

The program director in conjunction with preceptors will assess each resident's entering knowledge and skills in relation to the goals and objectives (generally within the first 30 days of the residency). The RPD will discuss the results of the assessment with each resident. Based on this assessment, modifications may be made to residents' schedules, evaluation frequency, preceptor approach to training, determination of elective learning experiences, emphasis or de-emphasis on educational goals and objectives, and general overall adjustments to the customized training plan.

Quarterly Plans

Quarterly updates are made to each resident's plan in approximately October, January, and April. Adjustments may be made more often if deemed necessary by the residency director to meet the changing needs of the resident. Adjustments are made based on the following pieces of information: an assessment of resident performance with input from preceptors and residents; identification of new strengths or areas for improvement and, optionally, changes in residents' short- or long-term goals and interests; and residents quarterly written self-reflection with focus on ASHP Goals, Objectives and Criteria for PGY1 Residency. The RPD or designee will discuss the quarterly plan with each resident and make the appropriate modifications to the program (schedules, electives, emphasis on goals and objectives, evaluations, preceptor approach). The RPD or designee then shares the quarterly plan with the resident and preceptors.

Quarterly Self-Assessment

Self-assessment is a skill that needs to be developed over the course of one's career. It is important for lifelong learning and continuing professional development. All required direct patient care learning experiences will require the resident to complete a summative evaluation of themselves. This should be completed prior to the summative evaluation by the preceptor to be included in their assessment. As part of the quarterly development plans, the resident shall complete a self-assessment based on the ASHP goals and objectives of residency.

Drug Information

Residents will assist the medical, nursing and pharmacy staff through literature research for provision of drug information on therapy of choice, proper dosing, adverse and therapeutic effect based on Asante formulary.

Certification for Basic Life Support (BLS)

The resident is required to be certified for BLS during the residency. The resident will attend code blue events as frequently as possible to gain experience.

Membership in Professional Societies

Residents are required to join as members of the American Society of Health-System Pharmacists (ASHP). Membership to the Oregon Society of Health-System Pharmacists (OSHP) is optional, but highly recommended. Membership information may be obtained from the residency director.

Publications

Asante Pharmacy and Therapeutics Bulletin

Residents will serve as authors for the Asante P&T Bulletin.

Asante Medication and Administration Safety Committee Bulletin

Residents will serve as authors for the Asante P&T Bulletin. .

Final Paper

Submission of the final project manuscript must be in publishable format. The residents may use guidelines from AJHP or JHPR, or other professional journal. (AJHP preferred)

Poster

Each resident will prepare and present a poster at a professional meeting, preferably their major project at ASHP Midyear Clinical Meeting.

Presentations

Each resident is responsible for presenting at various seminars throughout the year. The purpose of the seminars is to improve the resident's public speaking and communicating ability, provide teaching experience, and to build the resident's self-confidence in making formal presentations.

Southern Chapter OSHP

Residents may have the opportunity to present their major projects in a 15-minute presentation plus 5-minute Q&A session at a Southern Chapter of OSHP meeting.

Regional Residency Conference

Residents will present their major projects in a 15-minute presentation plus 5-minute Q&A session at a Regional Residency Conference.

Pharmacy Education

Pharmacy Education is a longitudinal learning experience. Residents will present continuing pharmacy education of one hour each. There will be a minimum of 2 x 0.5-hour presentations each resident, plus a 0.25-hour presentation on the major project. The residents will be responsible for submitting for CE from Med Assets or the Oregon Board of Pharmacy, reserving the conference room, reserving the laptop and projector, posting the CE time and topic, and emailing a general invitation to all pharmacists and technicians.

Topics

Therapeutic discussion – this presentation could be a pharmacotherapy topic that includes some controversy and/or is a hot topic in pharmacotherapy. This is a 30-minute presentation. This is not just a review of a disease state. Primary literature is to be used as a guiding force to put this presentation together. This is to be prepared and presented with Microsoft Power Point. The presentation topics must be approved by the residency director and/or acting preceptor.

Assessment and Feedback

The resident will provide lecture materials to the preceptors for review and feedback prior to CE presentation. A standardized evaluation form will be utilized by the audience to evaluate the resident's presentation. The purpose of this critique is to provide feedback to the resident in a constructive and timely manner.

Conference Room and Audiovisual Equipment

All arrangements for conference room, audiovisual equipment, and posting of conference notices are to be made by the resident.

Teaching Responsibilities

The resident will also participate in the teaching of pharmacy students and other health care professionals during various training segments. This teaching will be coordinated by the respective training segment preceptor and will consist of leading student presentations, critiquing patient work-ups by students, providing one-on-one instruction to students and evaluation of student performance. The resident should discuss teaching responsibilities with the preceptor at the beginning of each training segment.

If interested, the resident may have the opportunity to provide didactic lectures to pharmacy students at either Pacific University, Oregon State University, or Southern Oregon University through the Teaching Certificate elective.

Professional Meetings

Travel Policy and Reimbursement

Monetary support is sought annually to assist the residents in payment for travel expenses related to the ASHP Midyear Clinical Meeting, OSHP Fall Seminar and the NW Regional Residency Conference. Funds have always historically been available for these purposes; however, it is dependent upon budget allocations and the level of support is not predictable with certainty. Appropriate trip budget worksheets in advance of registration and upon return a reimbursement form must be completed.

ASHP Midyear Clinical Meeting

ASHP Midyear usually occurs the first week of December. Residents should start registration for this meeting in August. Deadline for abstract submission for poster presentation is typically October 1. Residents will be supported with paid educational leave, registration and travel expenses.

Southern Oregon Society of Health-System Pharmacists Regional Meeting

Residents may present their major project at a regional meeting in preparation for their presentation at the regional level. This meeting usually occurs at the end of April or beginning of May.

Northwestern States Regional Residency Conference

Residents will attend NWS Regional Residency Conference. The conference provides pharmacy residents an opportunity to make brief, formal presentations on their residency projects or ongoing research in a professional setting. This conference is typically held in May. Historically the registration opens in December and abstract deadline in mid-February. Residents will be supported with paid educational leave, registration and travel expenses. Residents are responsible for meeting the registration and abstract deadlines. Residents are to confirm these deadlines and register in early January.

Committee Activities

The resident will participate in several departmental and hospital committees to gain an understanding of the objectives and functions of each committee.

Required Committees

- Pharmacy and Therapeutics Committee
    - Attendance at P&T meetings is required. Participation in publishing the Asante Pharmacy Bulletin that reports P&T activities necessitates attendance at this meeting.

- Asante Medication Administration & Safety Committee (AMASC)
    - Attendance at AMASC meetings is required. Participation in publishing the bulletin necessitates attendance at this meeting.

Other meetings that the residents may have the opportunity to attend include (as time permits):

- Pharmacy Department Staff Meetings
- Daily Safety Briefing
- RRMC Only:
    - Pharmacy Practice Council
- TRMC Only:
    - Medicine, Surgery, or Pediatrics section meetings

- Entity performance improvement meetings

Staffing Expectations

Staffing is a vital component of the residency program to ensure that residents gain proficiency and confidence in distributive, clinical and personnel management skills in the acute care setting. RRMC and TRMC residents are required to staff as guided by ASHP standards and Asante Pharmacy Practice I, II and III learning objectives to include these expectations:

- During the first quarter of the residency year, residents will be trained to staff and will be required to successfully complete competency standards before they are approved for staffing in designated practice areas.
- After successful completion of competency standards for staffing, residents are expected to fulfill their staffing requirements and practice as pharmacists in designated practice areas through the residency year.
- Pharmacy managers or supervisors can serve as preceptors for Pharmacy Practice (staffing) rotations.
- Residents are required to staff throughout the week, including weekends and holidays. Staffing hours contribute to a maximum 80 hours per week of "duty hours" when average over a 4-week period.
    - "Duty hours" are defined as all hours spent on scheduled residency activities and administrative duties.
    - "Duty hours" exclude reading, studying and academic preparation time (e.g., presentations, journal clubs, closing knowledge gaps), travel time and hours not scheduled by RPD or a preceptor.
    - Residents will be scheduled a minimum of 1 day in 7 days free of duty hours when averaged over 4 weeks.
    - Residents will have a minimum of 8 hours off-duty between scheduled duty periods.

Pandemic/Emergency Procedure:

ONLY APPLICABLE during extenuating emergencies/pandemic environments

1. PGY-1 Pharmacy residents may work from home at the discretion of the RPD except for assigned **staffing duties**. If and when this staffing model changes, residents will be required to come into the hospital as staffing needs change, as defined by the Director of Pharmacy, Pharmacy Clinical Managers, or Residency Program Director.
2. When working remotely, resident(s) will work with your preceptors remotely, on completing orders and EPIC consults and profile reviews for the areas you have been learning on, unless your preceptor would like you for you to work on your projects assigned for that rotation.

    a. During clinical rotations, review patient profiles for medication related issues, just like you would do normally, and submit questions to nursing staff through DocHalo and telephone calls.

    b. Medication related calls that require communication to a physician will be relayed to the pharmacists at the hospital assigned that floor through DocHalo.

    c. If/when your clinical review queue is clear, including the completion of all consults for your assigned area (the area you are on rotation), please reach out to the rest of the team to see how you can assist with clinical review or the order verification queue.

3. Medication related questions that are routinely posed to preceptors or other pharmacists, can be fielded to your preceptor, or another preceptor working remotely, in relation to order entry or clinical reviews. Utilize DocHalo to relay your questions.
4. Presentations, including topic discussions, patient cases, and journal clubs, will be done through Microsoft Teams. Coordinate this with your preceptor(s).
5. Other rotation related projects such as MUEs, protocols, monographs, drug information questions, policies, research projects, and any other assigned core, elective, or rotational tasks, are to be worked on should there be down time between rotational duties.
6. Residents will not be able to attend codes while on site. The resident may still request an overview of the codes your learning experience preceptor attends. It's not like attending but discussing the code can add to your situational knowledge.
7. Please set up check-ins with your residents in order to discuss your learning experience progression. These check-ins can be done through Microsoft Teams. Preceptors should document these conversations in PharmAcademic via the feedback function.
8. Residents will also serve as a drug information resource related to drug shortages and other clinical questions.
9. **Bottom line:** The resident may work from home to fulfill their clinical responsibilities. Resident staffing responsibilities will be fulfilled by residents **working at the hospital** for **scheduled shifts**, plus any other staffing needs as directed by pharmacy administration or the RPD. Residents are to remain on STANDBY for any needs at the hospital, which includes coming into the hospital to assist with any departmental duties, including pharmacy technician roles.

Malpractice Insurance

Professional liability insurance is STRONGLY encouraged both now and throughout your career. Professional liability insurance protects you against covered claims arising from real or alleged errors or omissions, including negligence, during your professional duties. Residents will be responsible for obtaining their own malpractice insurance. Marsh, Seabury, and Smith offer a professional liability insurance plan to members of ASHP. You may apply at Proliability.com, or you can call 1-800-503-9230 to speak with their representative. Alternative liability insurance is also an option.

Benefits

The resident is a full-time employee of Asante Health Care System and is eligible for full benefits under the compensation and benefit plan of the organization.

Punctuality

The resident is expected to be present for all assigned activities. Punctuality is essential, and tardiness is not accepted or tolerated. Any unusual situations or circumstances which cause the resident to be absent, late, or require the resident to leave early, should be communicated to the preceptor and to the residency director. The charge/core pharmacist will also be notified if the resident is sick.

The resident is always expected to act and present himself/herself in a responsible and professional manner.

Professional Dress

All residents are expected to dress in an appropriate manner whenever they are in the institution or attending any function as a representative of Asante.

Employee Badges

All personnel, including residents, are always required to wear employee identification badges when they are in patient care settings. Employee badges must be returned at the end of residency employment.

Confidentiality - HIPPA

Residents will not discuss their patients with other patients, family members or anyone not directly related to each case. Residents will not discuss patients in front of other patients or in areas where people may overhear.

Communication

Halo

Residents will learn to use Halo at the beginning of the residency program. Residents have the option to download the application onto their phones.

Email

Email should be checked and read daily at the beginning, middle, and end of shift. A system of keeping one's calendar appointments and email up-to-date needs to be established early in the year.

Mail

At ARMMC, incoming mail will be place in the mailbox on the residency office door. Outgoing mail must be placed in the outgoing mailbox.

At TRMC, incoming mail and outgoing mail for residents will be placed in their respective mailboxes location outside of their office."

Department Addresses

RRMC
Pharmacy Department
2825 E. Barnett Rd.
Medford, OR 97504

TRMC
Pharmacy Department
500 SW Ramsey Avenue
Grants Pass, OR 97527

Library Access

RRMC Librarian Hours (available to all residents):
Monday through Thursday from 9 a.m. to 4 p.m.
Friday from 9 a.m. to 1 p.m.
Phone: (541) 789-4182 Fax: (541) 789-5215

Requests for articles and searches may also be sent electronically by either emailing to *LibraryRequests@asante.org* or by using the AsanteNet Library site.

E-journals are also available on AsanteNET.

All residents will also have access to MICROMEDEX, UP TO DATE and a variety of other links and resources.

Chief Pharmacy Resident Job Description

Purpose: To outline the description, qualifications, and responsibilities of a person assuming the role of a Chief Pharmacy Resident at Asante.

Description

- The Chief Pharmacy Resident is a Post-Graduate Year One (PGY1) pharmacy resident who leads and coordinates activity of all concurrent pharmacy residents.

Qualifications

- Must be a PGY1 pharmacy resident in good standings for the full academic year for which they are appointed Chief Resident.
  Appropriate leadership skills as determined by the Residency Advisory Committee (RAC).
  Appointment is made by the RAC.
  Additional qualifications are consistent with the job description of the PGY1 pharmacy resident.

Responsibilities

- Chairs the monthly resident meeting
- Serves as the liaison to the residency faculty and pharmacy services for resident related issues.
- Coordinates activities of all pharmacy residents, including committee appointments, newsletter, etc.
- Coordinates or delegates Pharmacy Grand Rounds and associated resident continuing education functions.
- Serves on and acts as Secretary of the RAC.
- Reviews service provision changes for resident impact.
- Advises/coaches residents of feedback received.
- Communicates to preceptors and pharmacy staff as appropriate.
- Update guidance document for the following Chief Resident

Patient Population Served

- Chief Resident may provide pharmaceutical care to neonatal, pediatric, adolescent, adult, and geriatric populations; consistent with the PGY1 job description.

Relationships

- Reports to:
  Residency Program Directors (directly)
  Preceptors (indirectly)
  RAC (indirectly)

Coordinates:

- Pharmacy Residents

If more than one resident is interested in this position, the applicants must submit a one page essay of why they are the best candidate for the position to the RAC for a vote.

Resident Portfolio

The resident shall be responsible for maintaining a portfolio for the duration of the residency year. The purpose of the portfolio is to serve as a compilation of documentation supporting the resident's accomplishment of the goals and objectives of the residency program. The portfolio will be kept up to date and progress may be shared with the Residency Advisory Committee quarterly. The portfolio may be shared with new preceptors to

demonstrate progress. Final portfolio will be submitted to the residency director quarterly and at the completion of the program. This portfolio will remain with the Residency Program Director upon completion of the residency.

Refer to document 400-PH-0131 Components of Portfolios for requirements

Criteria for Completion of the Program

A certificate of completion will be awarded only to those residents that have achieved the following:

Refer to document 400-PH-0048 Residency Completion Requirements & Check-Out List

Certificate of Completion

A residency certificate is awarded upon the successful completion of all residency requirements in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* and signed by the Residency Program Director, CPO/DOP and CAO. Ordinarily all training requirements must be met within the 12 months residency period. Residency certificates will be withheld until all requirements, including major project requirements, are successfully completed. The resident should strive to submit their completed portfolio containing finalized documentation 14 working days before the end of the program to allow the RPD and resident sufficient time to review and discuss final feedback.

A certificate of completion will be awarded only to those residents that have achieved the following objectives, as assessed by the preceptors and residency director, by the end of 12-months of residency. Additionally, the resident must be making satisfactory progress in all other objectives. A certificate of completion will not be awarded to any resident that continues to need improvement in ANY residency objective at the end of 12-months of residency training.

Important Documents

ASHP Goals, Objectives and Criteria for PGY1 Residency

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives

ASHP PGY1 Pharmacy Resident Entering Self-Assessment Form

PharmacAcademic

Customized Quarterly Plan Template

400-PH-0257 found on AsanteNet Resident's Webpage

Residency Orientation Schedule and Checklist

400-PH-0067 found on Asante Net Resident's Webpage

Residency Completion Requirements & Check-Out List

400-PH-0048 found on AsanteNet Resident's Webpage

Individual Preceptor Development Plan

400-PH-0170 found on AsanteNet Preceptors' Webpage

New Preceptor Training Plan – Template
400-PH-0197 found on AsanteNet Preceptors' Webpage

Annual Preceptor Group Development Plan
400-PH-0283 found on AsanteNet Preceptors' Webpage

Annual Quality Improvement Plan
400-PH-0284 found on AsanteNet Residents' Webpage

Residents Annual Program Performance Assessment
400-PH-0215 found on AsanteNet Residents' Webpage

Preceptor Annual Program Performance Assessment
400-PH-0216 found on AsanteNet Preceptors' Webpage

Preceptors Manual
400-PHAR-0335 found on AsanteNet Preceptor's Page

Appendix 1: Required Critical Objectives for Postgraduate Year One (PGY1) of Asante Residency Programs

Goals and objectives listed below are considered **critical objectives and must be achieved for residency certificate prior to completion of the program.**

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, 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 caregiver.
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 interprofessional 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.
    - Considering complete patient-specific information.
    - Identifying 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 workload 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.

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 R2.2.5: (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 R3.2.4: (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, 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.

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.
- Model 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.