2024

# CDH PGY1 HOSPITAL PHARMACY RESIDENCY MANUAL

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# PURPOSE STATEMENT

The Cooley Dickinson Hospital PGY1 pharmacy residency program, with its unique focus on Doctor of Pharmacy (Pharm.D.) education and outcomes, is designed to foster the development of clinical pharmacists. These pharmacists are not only responsible for medication-related care of patients with a wide range of conditions but are also eligible for board certification and postgraduate year two (PGY2) pharmacy residency training.

# DESCRIPTION

The CDH PGY1 Pharmacy Residency is a twelve-month postgraduate program. Residents are exposed to critical care, internal medicine, emergency medicine, outpatient oncology, department management, teaching certification, longitudinal experiences, medication safety, pharmacy therapeutics, and research. Additional optional rotation offerings include academia, antimicrobial stewardship, and further experience in critical care, emergency medicine, and oncology beyond the required rotations.

# EVALUATION AND SELECTION OF APPLICANTS

## Requirements for acceptance into the residency program

The Cooley Dickinson Hospital PGY1 Pharmacy Practice Residency participates in the American Society of Health-System Pharmacists (ASHP) Resident Match Program.

### MANDATORY REQUIREMENTS

- Graduates or candidates of an ACPE-accredited PharmD program or an FPGEC equivalent program.
- License to practice pharmacy in Massachusetts or Eligible for licensure within 90 days of hire.

### EVALUATION OF APPLICANTS

Applicants are initially evaluated on the overall strength of their interview packet. This evaluation's information may include academic transcript, professional experiences, research experiences, and strength of letters of recommendation. All applicants are scored using a standardized rubric created by the RAC before evaluation.

The decision to interview is based on the number of available interview slots (determined by RAC) and the applicant's overall score. Any variation (not including an interview candidate with a qualifying score or offering an interview to a candidate with a packet score lower than the qualifying score) can be made by the majority decision of the RAC.

Interviewees are then evaluated on clinical skills, problem-solving, and several personality characteristics (integrity, ethics, leadership ability, and work ethic). These parameters may be assessed in several ways, including clinical cases, behavioral interviewing techniques, and simulated scenarios. The RAC (by majority vote) will create and decide upon specific interview components before the interview process. All interviewees will be evaluated by a rubric and given a numeric score. Those scores are weighted and averaged to derive a rank list. The rank list is initially ordered based on the interview/packet score. Alterations to the finalized rank list may be done based on a majority decision by the RAC.

#### *Second Match*

If we cannot match one or both positions in the initial round of interviews, the residency program will pursue an applicant in a second round of the match. The number of applicant slots, review of applications for interview, and interview process will be conducted in the same manner as outlined above in the “Evaluation of Applicants” section.

### *Post-Match Scramble*

- The RAC will determine if the residency program will fill any vacant positions left unfilled after the second round of the match process
- If applicants are pursued, the RPD will begin to coordinate residency interviews
- The RPD will determine the number of applicants invited for interview and schedule them based on interviewer availability
- The RPD will determine who will be invited to interview based on an applicant's packets, recommendations, and telephone interviews
- All candidates invited for interview will be evaluated by an interview rubric similar to the one used in the 1st and 2nd match process
- Ranking will be determined based on each applicant's score on the interview rubric
- Offers for employment will be offered to the highest-ranking applicant and will continue until the position is filled.

# RESIDENCY PROGRAM POLICY AND PROCEDURE

## Minimum Requirements to Receive a Resident Certificate

Residents are expected to satisfactorily complete all Cooley Dickinson Hospital PGY1 Residency Program requirements to receive their Residency Certificate as evidence of program completion.
Evaluation of resident progress is completed as part of the quarterly review process. The RAC, through input from preceptors, the residency program director, and the director of pharmacy, shall assess the ability of the resident to fulfill the requirements by established deadlines and work with the resident to ensure their satisfactory completion. If a resident fails to make sufficient progress in any aspect of the residency program, the corrective action policy shall be used.

### REQUIRED ACTIVITIES:

- Completion of a full-time practice commitment for 12 months
- Successfully passing the NAPLEX and Multistate Pharmacy Jurisprudence Examination (MJPE®) within the first 90 days of the residency year
- Meet all residency requirements as demonstrated by the achievement of all required goals and objectives
- Completion of the Teaching Certificate Program
- Completion of a significant project and presentation at a pharmacy conference
- Participation in resident recruitment activities
- Any activities assigned by pharmacy management and preceptors during the residency year

### PHARMACIST LICENSURE

#### *License Application*

The pharmacy resident should submit appropriate documentation to the Commonwealth of Massachusetts Board of Pharmacy to apply for licensure as soon as possible after learning where they have matched for their residency program.

#### *Expected Time to Licensure*

The resident shall have both the Multistate Pharmacy Jurisprudence Examination (MJPE®) and the North American Pharmacists Licensure Examination (NAPLEX®) scheduled by **July 1st,** with both exams expected to occur by **August 15th**, allowing for retake of exams if necessary.

#### *Time to licensure extension*

If the resident is not licensed within 90 days (i.e., October 1st) of the beginning of the residency program:

- If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident may be dismissed from the program
- If the resident has taken but not successfully passed either the NAPLEX or MPJE exam, or both, the RPD may consider allowing an extension, which allows the resident to complete the required two-thirds of the residency as a licensed pharmacist (i.e., licensed on or before October 31st).
    - The extension shall be calculated on the conversion of office days to patient care days without violating duty hour requirements
    - If this extension is not approved, the resident shall be dismissed
    - If an extension has been provided and the resident is still not licensed as a pharmacist at the end of the extension (i.e., October 31st), the resident shall be dismissed. This program is not able to accommodate any kind of extension of a residency year beyond June 31st.

### PHARMACIST IN GOOD STANDING

- The resident must follow all local, state, and federal laws within the scope of their practice as a licensed pharmacist.
- The resident must be in good standing within the pharmacy department.
- Completion of residency orientation and required documentation by August 15th

### VACCINATION

The CDH PGY1 Residency program follows all Mass General Brigham vaccination requirements (MGB). Failure to be vaccinated or approved by MGB will result in the applicant's refusal or acceptance being rescinded.

## Pay, Benefits, and Leave

Pay is determined by the Pharmacy Director in conjunction with Human Resources and is based on comparable salaries for PGY1 residents at other institutions.

### LEAVE AND VACATION TIME.

All residents accumulate earned time off (ETO) weekly per the Human Resources Policy.

Residents are allowed ten days of ETO during their residency.

- This time can be used at the resident's discretion but should encompass the following:
    - Sick time
    - Days off for interviews
    - Any days off for family or personal commitments
- Any time off for approved, relevant professional meetings is not included in this tally.
- Holidays off are not counted as part of the ten days ETO – they are in addition

#### *Extended Leave*

Any extended leave that qualifies for Massachusetts Paid Family and Medical Leave (PFML) would be covered by PFML but would jeopardize satisfactory completion of the residency program due to the required active learning time in each rotation.

Review of the ability of a resident who has taken an extended leave to complete the residency satisfactorily shall be the responsibility of the RPD and Director of Pharmacy. The review shall include the projected length of leave, the resident's current achieved learning objectives and completed program requirements, and the potential to compensate for missed learning days. The review results shall either result in a Corrective Action Plan or dismissal from the residency program.

# RESIDENCY COMMITMENT

The PGY1 pharmacy practice residency is a 12-month commitment

# DUTY-HOUR REQUIREMENTS

The Cooley Dickinson Hospital PGY1 Residency Program abides by The ASHP Duty-Hour Requirements for Pharmacy Residencies.

## Definitions

### DUTY HOURS:

They are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house calls, administrative duties, and planned and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. A well-documented, structured process must address duty hours. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs, travel time to and from conferences, or hours the residency program director or a preceptor does not schedule.

### SCHEDULED DUTY PERIODS:

Regardless of setting, assigned duties are required to meet the educational goals and objectives of the residency program. The residency program director or preceptor usually assigns these duty periods and may encompass hours within the typical work day, beyond the normal work day, or a combination of both.

### MOONLIGHTING:

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

### CONTINUOUS DUTY:

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

### STRATEGIC NAPPING:

Short sleep periods are a component of fatigue management, which can mitigate the adverse effects of sleep loss.

## Maximum Hours of Work per Week and Duty-Free Times

- Duty hours must be limited to 80 hours per week, averaged over four weeks, inclusive of all in-house activities and all moonlighting
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks)

## Moonlighting

- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program
- External moonlighting is not permitted and grounds for denial of residency certificate
- Internal moonlighting may be allowed after licensure and as training, research, and patient care responsibilities permit
    - Residents are required to receive permission from the RPD before beginning any moonlighting activities

    - After initial approval, all moonlighting hours must be approved in person or via email by the Program Director or Director of Pharmacy
- Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit
- The maximum moonlighting hours allowed is 16 hours per week
- If a pharmacist believes the resident is exhibiting signs of fatigue, the resident should be relieved of their duty
    - The pharmacist and resident will notify the program director, and the resident will be prohibited from moonlighting for a minimum of 4 weeks.
- Moonlighting will also be prohibited if it appears to interfere with the resident's judgment or ability to achieve the educational goals and objectives of the residency program.

## Duty Hours Tracking

- The resident MUST document their duty hours in PharmAcademic™, including any internal moonlighting.
- The RPD will assign a "customized" evaluation in PharmAcademic™ every month, which the resident will complete for the past month, and the RPD will review and co-sign
- If the RPD finds duty-hours violations upon review, the RPD will discuss a plan with the resident to ensure compliance in the future. The RPD will document the plan in the co-signer comments on the evaluation

# ATTENDANCE

- The resident is expected to report to the hospital on scheduled days
    - Typically, this is Monday through Friday and every other weekend.
        - An office day is given to a resident to work on research or projects once every two weeks
            - The office day is usually scheduled on the Friday before working a weekend, but this can be flexible with RPD approval
            - The office day should be spent at CHDC in the resident office.
        - Office days are not applicable during the month of orientation
- On days the resident works, they are expected to work at least 8 hours a day and not leave the hospital campus without express preceptor permission.
    - Approved reasons to leave campus include:
        - Attending offsite clinics/clinic meetings
        - Attending pre-approved educational activities (i.e., resident teaching seminar)
        - Any other activity that has been approved by the preceptor ahead of time
- If the resident wishes to leave campus, their preceptor must obtain approval.
    - If the preceptor is unavailable, approval must be obtained from the RPD
    - If the RPD is unavailable, approval must be obtained from the Pharmacy Supervisor
    - If the Pharmacy Supervisor is unavailable, approval must be obtained from the Director of Pharmacy
    - If the Director of Pharmacy is unavailable, approval must be obtained from a staff pharmacist
- Arrival times
    - Unless stated explicitly by the preceptor, the resident should arrive at the hospital by 8 am
    - Arrival times may differ on specific rotations or specific days at the preceptor's discretion

## Absences

### DISCIPLINARY ACTIONS FOR ABSENCES

Any variance from the above policy may be considered an unexcused absence from work. The RPD may take appropriate disciplinary action after discussing with the Residency Advisory Committee and with Human Resources Policy. This can include suspension or termination of employment.

# Staffing requirement

Residents are required to staff the pharmacy and provide clinical support every other weekend.

Weekend staffing hours are 7:00 – 3:30, with changes at the discretion of RPD or the Director of Pharmacy.

# Program Structure

## DEVELOPMENT PLANS

- Initial development plan: Upon acceptance of the position, the resident will be sent out an initial self-evaluation, which will contain the following information:
    - Short and long-term goals
    - Strengths
        - Professional
        - Personal
    - Areas for improvement
        - Professional
        - Personal
    - Incoming learning interests related to required or elective learning opportunities
    - Within 30 days of hire, the RPD will work with the RAC in developing an initial development plan which may include:
        - Modification of resident schedules
        - Determination of elective rotations
        - Addition of goals and objectives to required or elective learning experiences
        - Changing or increasing summative evaluations / self-evaluations, formative evaluations / self-evaluations, and preceptor feedback
- This development plan will be reviewed and modified by the RPD / RAC every **quarter** throughout the year
    - Modifications to the development plan may be prompted by factors such as resident feedback, preceptor feedback, changes in the resident's professional goals, and individual resident progress or remediation of lack of progress.
    - Another potential reason for a change in a resident's development plan may be due to unforeseen changes to the residency program itself.

# ROTATIONS

- Required (9 months)
    - Orientation (1 month)
    - Internal Medicine (2 months)
    - Critical Care (2 months)
    - Management (1 month)
    - Hematology / oncology (2 months)
    - Longitudinal Experience (required)
        - Staffing
        - Research

        - Medication Safety
        - Pharmacy and Therapeutics
- Electives (3 months)
    - Please review available rotations with RPD when creating schedule request
    - Maximum of one rotation at another MGB site

# Primary clinical responsibilities

## ACTIVITIES ON PATIENT CARE ROTATIONS

- Providing direct patient care should be the primary priority on most inpatient rotations, particularly during internal medicine, critical care, and oncology rotations.
- Patient care responsibilities should be the prioritized above all other responsibilities the resident may have
- When participating in inpatient direct patient care rotations the resident will be on the appropriate inpatient floors a minimum of the first four hours of each working day
    - It should be noted that this is a minimum requirement, and longer time periods of providing direct patient care (within an 8 hour a day maximum) can be mandated by the preceptor or RPD.
    - Exceptions may be made on a case by case basis with prior approval of the preceptor or RPD.

## DAILY / WEEKLY EXPECTATIONS

This list is not all-inclusive. You may be asked to add, remove, or change duties as necessary to support the operation of the pharmacy department and for patient care.

- Rounding on units where clinical pharmacy services are provided
- Order review, clinical evaluation, intervention, order preparation
- Antibiotic stewardship
- Anticoagulant monitoring
- Drug information
- Clinical support of pharmacy staff
- Order review and preparation
- Controlled substance cycle counts
- Supervision of pharmacy technicians
- Completions of documentation or process as required by regulation
- Abiding by the policies of CDH and MGB

# REQUIREMENTS FOR SUCCESSFUL RESIDENCY COMPLETION

All residents are required to achieve the following in order to successfully complete the CDH PGY1 residency:

## Learning objectives

| Learning Objective | Taxonomy | Required or Critical | Description | Number Needed to Achieve |
|---|---|---|---|---|
| R1.1.1 | Cognitive - Applying | required | Interact effectively with health care teams to manage patients' medication therapy | 5 |
| R1.1.2 | Cognitive - Applying | required | Interact effectively with patients, family members, and caregivers | 3 |
| R1.1.3 | Cognitive - Analyzing | required | Collect information on which to base safe and effective medication therapy | 5 |
| R1.1.4 | Cognitive - Analyzing | required | Analyze and assess information on which to base safe and effective medication therapy | 5 |
| R1.1.5 | Cognitive - Creating | required | Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) | 3 |
| R1.1.6 | Cognitive - Applying | required | Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions | 3 |
| R1.1.7 | Cognitive - Applying | critical | Document direct patient care activities appropriately in the medical record or where appropriate | 4 |
| R1.1.8 | Cognitive - Applying | critical | Demonstrate responsibility to patients | 5 |
| R1.2.1 | Cognitive - Applying | critical | Manage transitions of care effectively | 2 |
| R1.3.1 | Cognitive - Applying | required | Prepare and dispense medications following best practices and the organization's policies and procedures | 2 |
| R1.3.2 | Cognitive - Applying | critical | Manage aspects of the medication-use process related to formulary management | 2 |
| R1.3.3 | Cognitive - Applying | required | Manage aspects of the medication-use process related to oversight of dispensing | 2 |
| R2.1.1 | Cognitive - Creating | critical | Prepare a drug class review, monograph, treatment guideline, or protocol | 4 |
| R2.1.2 | Cognitive - Applying | critical | Participate in a medication-use evaluation | 1 |
| R2.1.3 | Cognitive - Analyzing | critical | Identify opportunities for improvement of the medication-use system | 1 |
| R2.1.4 | Cognitive - Applying | required | Participate in medication event reporting and monitoring | 2 |
| R2.2.1 | Cognitive - Analyzing | critical | Identify changes needed to improve patient care and/or the medication-use system | 1 |

| | | | | |
|---|---|---|---|---|
| R2.2.2 | Cognitive - Creating | critical | Develop a plan to improve the patient care and/or the medication-use system | 1 |
| R2.2.3 | Cognitive - Applying | critical | Implement changes to improve patient care and/or the medication-use system | 1 |
| R2.2.4 | Cognitive - Evaluating | critical | Assess changes made to improve patient care or the medication-use system | 1 |
| R2.2.5 | Cognitive - Creating | critical | Effectively develop and present, orally and in writing, a final project report | 2 |
| R3.1.1 | Cognitive - Applying | critical | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership | 2 |
| R3.1.2 | Cognitive - Applying | required | Apply a process of on-going self-evaluation and personal performance improvement | 2 |
| R3.2.1 | Cognitive - Understanding | critical | Explain factors that influence departmental planning | 1 |
| R3.2.2 | Cognitive - Understanding | critical | Explain the elements of the pharmacy enterprise and their relationship to the health care system | 1 |
| R3.2.3 | Cognitive - Applying | critical | Contribute to departmental management | 1 |
| R3.2.4 | Cognitive - Applying | required | Manages one's own practice effectively | 3 |
| R4.1.1 | Cognitive - Applying | critical | Design effective educational activities | 2 |
| R4.1.2 | Cognitive - Applying | critical | Use effective presentation and teaching skills to deliver education | 2 |
| R4.1.3 | Cognitive - Applying | critical | Use effective written communication to disseminate knowledge | 4 |
| R4.1.4 | Cognitive - Applying | critical | Appropriately assess effectiveness of education | 2 |
| R4.2.2 | Cognitive - Applying | critical | Effectively employ preceptor roles, as appropriate | 1 |

# Required Products

- At least one MUE
- At least one policy, guideline, or protocol
- At least four drug monographs, class reviews, or combination of both

# Required Presentations

- At least five journal club, clinical guideline, or patient case presentations
- ASHP mid-year presentation of research project
- Presentation of culmination of research project

# Residency Project

- All residents are required to complete a residency project before completion of the residency.
- The project will be developed based on institutional requirements (identified by the RAC) and the resident's professional interests.

- All projects will be vetted by residency administration and a preceptor co-investigator will be identified.
- The co-investigator and/or the RPD are responsible with helping the resident complete the residency project.
- Residents may be required to complete a manuscript based on their project that is suitable for submission for publication.
- Residents are required to present their projects at a national or regional meeting

# Evaluation of residents

Documentation: all written feedback and evaluation must be kept on file. Documentation of oral feedback is required if a resident is not meeting expectations or requires remediation

Formative and summative feedback for learning experiences

## FORMATIVE FEEDBACK

Preceptors will provide on-going feedback to residents about how they are progressing and how they can improve that is **frequent, immediate, specific, and constructive**. Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments

- The feedback should use criteria for evaluation that is related to specific objectives that are to be completed during that learning experience.
- Some feedback may be written, such as comments on residents' SOAP notes or on evaluations of residents' presentations, projects, monographs, etc.
- Frequency of ongoing feedback varies based on residents' progress and time of the year.
- Residents who are not progressing according to expectations receive more frequent formative feedback.
- Specific recommendations for improvement and achievement of objectives are documented for residents who are not progressing satisfactorily.
- Preceptors ensure residents' responsibilities and/or activities align with residents' progress within each learning experience.

## SUMMATIVE FEEDBACK

At the end of each learning experience, residents will 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.

Each evaluation will contain ratings for the pre specified goals and objectives (i.e. achieved, satisfactory progress, needs improvement) that must be documented. In addition, qualitative written comments are also required for each goal and objective.

Qualitative written comments:

- Are specific and actionable.
- Use criteria related to specific educational objectives.
- Recognize residents' skill development.
- Focus on how residents' may improve their performance.

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

### PRECEPTOR APPROVAL OF EVALUATIONS

All preceptors will provide input to the primary preceptor who will document the joint evaluation. The primary preceptor seeks consensus of preceptors to determine final ratings and co-sign evaluations. If a primary preceptor is a preceptor trainee, a co signature of the preceptor advisor / coach is required. Co-preceptors are encouraged to provide documentation in residents' written evaluations. If a preceptor trainee is the primary preceptor, then that trainee's advisor / coach must co-sign the evaluation.

### RESIDENT EVALUATION OF PRECEPTORS AND LEARNING EXPERIENCES

- Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.
- Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.

# CORRECTIVE ACTION PROCESS

- A corrective action process (CAP) will be utilized if the resident fails to meet their obligations and responsibilities outlined in the educational goals and objectives of the residency, includes but is not limited to:
    - Satisfactory progress toward attainment of all residency program goals
    - Adherence to all organizational, departmental, and residency policies
    - If remediation is not appropriate or effective based on infraction and organizational policies, the RPD in conjunction with the Director of Pharmacy and the Human Resources Department may pursue dismissal from the residency program. This will be done according to Cooley Dickinson / MGB human resources policies and all applicable laws and regulations.

## Investigation

- The RPD will conduct a thorough investigation, to include:
    - Meeting with the individual resident to investigate concern
    - Offer the resident an opportunity to provide information relevant to the identified problem
    - If the issue is with the RPD, who also is the resident's preceptor, then the Pharmacy Supervisor or the Director of Pharmacy will investigate on behalf of the resident as outlined above.
- Following investigation, the RPD in association with the RAC will review the results of the investigation to determine:
    - The need to initiate a CAP and if so:
    - Determine a timeline for the action
    - The RPD will inform the resident of the results of the review regardless of the final decision
    - Undertaking a CAP will be agreed upon by a majority vote of the entire RAC

## CAP Structure

I. A verbal and written counseling (generated by the RPD) including specific expectations for improved performance or behavior.
II. Notification of the duration of the probationary period associated with the CAP.
III. Issuance of a schedule for any additional verbal or written review deemed necessary during the probationary period associated with the CAP.
IV. A verbal and written statement
    A. Issued by the RPD in consultation with the RAC
    B. Issued at the end of the probationary period
    C. Associated with the CAP stating the final evaluation of the resident's performance therein.
    D. The final evaluation shall fall into one of three categories.

1. Successful improvement and achievement of required program performance and/or professional behavior by the resident.
2. Partial improvement with unsuccessful achievement of the required performance or behavioral expectations.
    a. If unsuccessful achievement prevents successfully completion of residency training:
        1) A request for voluntary termination will be made by the RPD
        2) The request will be provided to the resident in writing
3. Continued demonstration of performance or behavior requiring corrective action without improvement.
    a. This situation will result in issuance of an involuntary termination letter by the RPD

## CAP Completion

I. When the RPD in conjunction with the RAC, determine that a CAP is completed, the RPD will write a letter to the resident.
II. All documents regarding the CAP will be kept in the resident's file and a copy of each document must be given to the resident.

# PRECEPTORS

## Residency Program Leadership Responsibilities

- organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues
- oversight of the progression of residents within the program and documentation of completed requirements;
- implementing use of criteria for appointment and reappointment of preceptors;
- evaluation, skills assessment, and development of preceptors in the program;
- creating and implementing a preceptor development plan for the residency program;
- working with pharmacy administration
- Appointment or Selection of Residency Program Preceptors
    - Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
    - RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

## 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.

## Preceptors' Responsibilities

- Preceptors serve as role models for learning experiences. They must:
    - contribute to the success of residents and the program;
    - provide learning experiences in accordance with ASHP Standard 3: Design and Conduct of the Residency Program
    - participate actively in the residency program's continuous quality improvement processes;
    - demonstrate practice expertise, preceptor skills, and strive to continuously improve;

- adhere to residency program and department policies pertaining to residents and services; and,
- demonstrate commitment to advancing the residency program and pharmacy services.

# Preceptors' Qualifications

## PRECEPTORS

- Preceptors must demonstrate the ability to precept residents' learning experiences
  - 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;
  - the ability to assess residents' performance;
  - recognition in the area of pharmacy practice for which they serve as preceptors;
    - Preceptors must have one of the following:
      - Examples:
        - BPS certification
        - Fellow at a state or national level organization
        - Certificate of Completion from a state or nationally available program that relates to the area of practice in which they precept (e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates). Health-system/local residency site based programs are excluded.
          - Validated certification that results from an exam by the organization providing certification
          - Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP) http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf
            - Other examples include: Certified Professional in Patient Safety (CPPS), Certified Diabetes Educator(CDE)
          - Exceptions to the list that do not meet this domain are ACLS, PALS and BLS
        - Post-Graduate Fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MBA, MHA)
        - Formal recognition by peers as a model practitioner
          - Pharmacist of the year - recognized at state, city or institutional level where only one individual is recognized
          - Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature)
        - Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and peer review
        - Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept
  - an established, active practice in the area for which they serve as preceptor
    - Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor (may be part-time and/or at a remote location, but must be actively engaged).
    - Other aspects of active practice may include:
      - contribution to the development of clinical or operational policies/guidelines or protocols in the practice site

        - contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site
        - active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
        - demonstrated leadership within the practice area
    - maintenance of continuity of practice during the time of residents' learning experiences; and
        - Preceptors maintain continuity of practice while residents are in their learning experiences.
        - A learning experience may be precepted by a team of preceptors.
    - ongoing professionalism, including a personal commitment to advancing the profession
        - Ongoing professionalism is demonstrated by completing at least 3 activities in the last 5 years
            - Examples:
                - Serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)
                - Presentation/poster/publication in professional forums
                - Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
                - Active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
                - Active community service related to professional practice (e.g., Free Clinic, medical mission trips)
                - Evaluator at regional residency conferences or other professional meetings
                - Routine in-service presentations to pharmacy staff and other health care professionals
                - Primary preceptor for pharmacy students
                - Pharmacy technician educator
                - Completion of a Teaching and Learning Program[1]
                - Providing preceptor development topics at the site
                - Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
                - Contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
                - Publication of original research or review articles in peer-reviewed journals or chapters in textbooks
                - Publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
                - Teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, in-service)
                - Active involvement on committees within enterprise (e.g., work impacts more than one site across a health system)

## PRECEPTORS-IN-TRAINING

- Pharmacists new to precepting who do not meet the above qualifications for residency preceptors must:
    - be assigned an advisor or coach who is a qualified preceptor; and,

[1] Wright EA, Brown B, Gettig J, et al. Teaching and learning curriculum programs: Recommendations for postgraduate pharmacy experiences in education. Am J Health-Syst Pharm. 2014; 71:1292-302.

- have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.
    - The plan developed for preceptors-in-training is documented and provides opportunities for preceptors-in-training to meet preceptor requirement within two years.
    - The plan may be a component of an organizational performance review process.
    - PGY1 residents may not be preceptors-in-training.

### NON-PHARMACIST PRECEPTORS

- When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:
    - the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
    - a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.
        - Utilization of non-pharmacist preceptors may occur when a qualified pharmacist preceptor does not maintain an active practice in the area but the experience adds value to residents' professional development
        - Non-pharmacist preceptors do not need to meet preceptor requirements and don't have to fill out an Academic and Professional Record form
        - They do have to participate in the evaluation process
            - Pharmacist preceptors can enter the information into PharmAcademic® based on input from non-pharmacist preceptors
        - Readiness for independent practice in direct patient care learning experiences is reflected by a rating of achieved for the residency (ACHR) for the majority of goals and objectives in Competency Area R1.

## REQUIREMENTS OF THE SPONSORING ORGANIZATION AND PRACTICE SITE(S) CONDUCTING THE RESIDENCY PROGRAM

- 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.
    - The sponsoring organization and all practice sites that offer or that participate in offering a pharmacy residency are accredited by applicable organizations [e.g., The Joint Commission (TJC), American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP), National Committee for Quality Assurance (NCQA), Det Norske Veritas (DNV)
    - 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
    - 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.
        - There may be only one sponsoring organization designated for a residency program.
            - Sponsorship of a program is determined by the signature of the senior person on the application for accreditation; e.g., if the application is signed by a hospital CEO, the program's sponsor is a hospital and if it is signed by a Dean, the sponsor is a college of pharmacy.
        - The sponsoring organization has an appropriate organizational structure for the administration of the residency program (e.g., residency advisory committee) that ensures the organization has final authority for program decisions and program conformance with ASHP standards.

- Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs
- 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
    - Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met
- 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
- Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program
- 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
- Multiple-site residency programs must follow the ASHP Accreditation Policy for Multiple-Site Residency Programs.