Residency Training Manual

Asante
Post-Graduate Year 1
Pharmacy Residency Program

Asante Rogue Regional Medical Center
Department of Pharmacy
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Medford, Oregon 97504

Asante Three Rivers Medical Center
Department of Pharmacy
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Purpose (Standard 3.1)

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

Program Design (Standard 3.1)

The PGY-1 pharmacy residencies conducted by Asante Rogue Regional Medical Center in Medford and Asante Three Rivers Medical Center in Grants Pass are accredited (or in candidate status) by the American Society of Health-System Pharmacist (ASHP). Asante residents have the opportunity to 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:

- Providing medication therapy management to a diverse population
- Assessing, monitoring, and delivering pharmacotherapy
- Participating in Pharmacy and Therapeutics 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

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

Educational Competency

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

To provide training in all aspects of contemporary pharmacy practice, the resident shall complete organized rotations that provide training and develop competence in a variety of the following practice areas:

- Acute patient care
- Ambulatory-infusion patient care
- Critical Care
- Project or research development
- Management
- Safety
- Medication Use Process

The residency shall provide opportunities to further develop the resident's competence in the practice areas cited previously while completing various required and elective training segments.

Criteria for Completion of the Program

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

1. Completion of 2080 hours of FTE training credit (12 full months)
2. Completion of all required learning experiences assigned
3. 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.
4. Residents must receive "Achieved for Residency" status by the RAC for Critical Objectives. On remaining objectives, residents must demonstrate at least satisfactory progress, as assessed by the RAC.
    - Critical objectives that must be achieved for residency are outlined in Appendix 1.
5. The resident must:
    - Complete sterility testing
    - Perform independent sterile product preparation
6. The resident must exhibit the following essential skills of a practice leader:
    - ASHP membership, involvement, and meeting attendance
    - OSHP membership, involvement, and meeting attendance
    - Community, organizational, and departmental service activities (3 minimum)
7. Select and meet with a mentor quarterly
8. The resident must complete the following education and training requirements:
    - Provision of a minimum of 1 hours of continuing pharmacist education (presented to staff or professional meeting)
    - Provision of 0.25 hour of continuing pharmacist education (project presentation)
    - Publication in the pharmacy bulletin (published monthly) with a minimum of 8 or more articles published
    - Lead one journal club as facilitator
    - Lead one case conference as facilitator
9. Active participation in a minimum of 3 Community, Organizational, and/or Departmental Service Projects
10. Staffing met per facility requirements
11. The resident must complete a major project including:
    - Poster presentation at local, state or national meeting
    - Presented at regional residency conference
    - Project presented to OSHP Southern Chapter meeting
    - Project presented to staff.
    - Final manuscript written in publishable format (AJHP format preferred)
    - Project presented to staff.
    - Proposal, Power Point, results, written final write-up, uploaded to L: drive for access by preceptor/co-investigator and RPD, and included in residency binder.
    - Copies of Project Presentation evaluations included in residency binder.
    - Complete Termination of Project form for IRB if protocol IRB approved. Submit draft to project preceptor/co-investigator for review.
9. The resident must gain formulary experience
    - Drug class review, monograph, treatment guideline, or protocol
    - Medication Use Evaluation

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).

Learning Experiences (Standard 3.3)

Asante Rogue Regional Medical Center Program

Required Learning Experiences	Duration	Timing
Orientation	6 weeks	Upon hire
Practice Management	6 weeks	Quarters 1 to 4
Internal Medicine - General Medicine	6 weeks	Quarters 1 to 4
Intensive Care Unit 1	6 weeks	Quarters 1 to 4
Internal Medicine - Cardiology	4 weeks	Quarters 1 to 4
Internal Medicine - Neonatal Intensive Care / Pediatrics	4 weeks	Quarters 1 to 4
Internal Medicine – Post Surg/Ortho Neuro	4 weeks	Quarters 1 to 4
Internal Medicine - Oncology 1	4 weeks	Quarters 2 to 4
Staffing	Longitudinal	Quarters 1 to 4
Formulary & Medication Use	4 weeks	Quarters 1 to 4
Management & Leadership	Longitudinal	Quarters 1 to 4
Medication Safety	4 weeks	Quarters 1 to 4
Pharmacy Education • P&T participation & bulletin author • Case conference preceptor • Journal club preceptor	Longitudinal	Quarters 1 to 4
Resident Project	Longitudinal	Quarters 1 to 4
Elective Learning Experiences	**Duration**	**Timing**

Ambulatory Care (APP)	Longitudinal	Quarters 1 to 4
Asante Infusion Services (Cancer Center)	4 weeks	Quarter 2 to 4 (post oncology 1)
Infectious Disease (Asante)	4 weeks	Quarters 1 to 4
Informatics (Asante)	4 weeks	Quarters 1 to 4
Intensive Care Unit 2	4 weeks	Quarters 2 to 4
Internal Medicine - Neonatal Intensive Care / Pediatrics 2	4 weeks	Quarters 2 to 4
Internal Medicine - Oncology 2	4 weeks	Quarters 3 to 4
Outpatient Pharmacy and Compounding (Asante Pharmacy)	4 weeks	Quarters 1 to 4
Optional	**Duration**	**Timing**
Teaching Certificate	Varies	Quarters 1 to 4

Asante Three Rivers Medical Center Program

Required Learning Experiences	Duration	Timing
Orientation/Clinical Skills	6 weeks	Upon hire
Practice Management/Leadership	4 weeks	Quarters 1 to 4
Medication Safety	4 weeks	Quarters 1 to 4
Formulary and Medication Use	4 weeks	Quarters 1 to 4
Pharmacy Practice I	4 weeks	Quarter 1
Internal Medicine	6 weeks	Quarters 2 to 4
Internal Medicine - Infectious Disease (Shared between ATRMC and ARRMC)	4 weeks	Quarters 2 to 4
Critical Care and Step Down	6 weeks	Quarters 2 to 4
Asante Infusion Services	4 weeks	Quarter 3 to 4

Ambulatory Care (APP)	4 weeks	Quarter 2 to 4
Pharmacy Practice II	12 weeks	Quarters 1 to 3
Pharmacy Practice III	12 weeks	Quarters 2 to 4
Pharmacy Education • P&T participation & bulletin author • Case conference preceptor • Journal club preceptor	Longitudinal	Quarters 1 to 4
Resident Project	Longitudinal	Quarters 1 to 4
Elective Learning Experiences	**Duration**	**Timing**
Internal Medicine – Pediatrics/ Neonatal Intensive Care(ARRMC)	4 weeks	Quarters 1 to 4
Internal Medicine - Oncology I (ARRMC)	4 weeks	Quarters 2 to 4
Intensive Care – II (ARRMC)	4 weeks	Quarters 2 to 4
Optional	**Duration**	**Timing**
Teaching Certificate	Varies	Quarters 1 to 4

Asante Description (Standard 5)

Asante is a not-for-profit health system that serves over 500,000 residents, located across 9 counties. "Asante exists to provide quality health care services in a compassionate manner, valued by the communities we serve". Five values guide Asante: excellence, respect, honesty, service, and teamwork. These values were defined and are embraced by our 3,200 employees and aptly describe our culture. Asante has been named one of the Top 15 Health Systems for seven consecutive years, 2013 to 2019, by Truven Health Analytics an international research firm and leader in quality measurements. Both hospitals earned a 5 star rating by the Center for Medicare & Medicaid Services for Overall Hospital Quality Star Ratings in 2017 and 2018.

Asante Rogue Regional Medical Center (ARRMC) in Medford, Oregon features the latest technology and has been honored with being named one of IBM Watson Health's 50 Top Cardiovascular Hospitals in the nation for 2020. For the four years in a row 2014-207, ARRMC has been named a 100 Top Hospital® by

Truven Health Analytics™, a leading provider of information and solutions to improve the quality and cost of health care. In 2018, CareChex® -- an information service of Quantros, Inc., has named ARRMC the No. 1 hospital in the country for medical excellence in interventional coronary care. ARRMC received the Gold Plus award for Mission: Lifeline STEMI in 2016. This 378-bed hospital offers a Joint Replacement Center, Cancer Services, including IMRT and Stereotactic Radio Surgery (SRS), neurology and neurosurgery, the region's only referral neonatal intensive care unit, a nationally recognized diabetes care center, as well as medical, surgical, and other services.

Asante Three Rivers Medical Center (ATRMC) in Grants Pass, Oregon is a fast-paced 125-bed community-focused center built in 2001. ATRMC 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. ATRMC is DNV Stroke Certified and operates as the second busiest and most acute Level Three trauma center in Oregon. ATRMC became the first hospital in the nation to receive the designation of "Mother Friendly" by the Coalition for Improving Maternity Services.

Asante has also added 49-bed Ashland Community Hospital to its family.

Pharmacy Services (Standard 6)

Asante has approximately 75 pharmacists, 75 pharmacy technicians, 5 PGY1 residents and over 40 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 ARRMC, 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 ATRMC 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 ATRMC that provides a "Meds to Beds" service. Asante pharmacy services also includes an ambulatory infusion service center, Asante Infusion Service (AIS), 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, Ashland Community Hospital, 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.

Preceptors (Standard 4.6-4.9)

Please refer to Preceptor Manual 400-PHAR-0335.

Residents' Responsibilities to the Rotation and Preceptor

It is expected that the resident will, during training, become accountable and accept responsibility for pursuing optimal clinical outcomes of patients' drug therapy. To encourage the resident to accept such responsibility, the preceptor must carefully evaluate the amount of resident supervision required. Hence, the pharmacy preceptor and the resident must work together closely to ensure that this fundamental element of the training program is met without compromising patient care through inadequate supervision.

It is the responsibility of the resident to review the training objectives prior to beginning each training segment and to discuss the objectives with the primary preceptor. The resident should seek to clearly understand the requirements and activities of each training segment and understand the expectations of the preceptor(s). It is also the responsibility of the resident to complete the assigned readings for the training segment in the time frame expected by the preceptor. The resident will be asked to report on, utilize, or discuss readings with the preceptor. The resident is expected to pace and self-discipline himself/herself to assure any assigned readings are completed in a timely manner. The preceptor will monitor the resident to assure that the reading assignments are completed as required.

Evaluations (Standard 3.4)
Preceptor and Rotation Evaluations
The preceptor and resident are responsible for completion of summative rotation and preceptor evaluations for each period of training. The preceptor evaluation must provide constructive feedback for the preceptor to determine the resident's perception of the effectiveness of each period of training.

Each preceptor will conduct and document a criteria-based, summative evaluation of each resident's performance of each of the respective program-selected educational goals and objectives assigned to the learning experience. Summative evaluations are conducted at the conclusion of the learning experience (or at least quarterly for longitudinal experiences) and reflect the resident's performance at that time.

The resident and preceptor will then discuss, in person, the evaluation of educational goals and objectives assigned to the learning experience. At this time, the preceptor will provide feedback on both the resident's performance of the activities and the accuracy of the resident's self-assessment skills. In addition, the resident will review the rotation and preceptor evaluation with the preceptor – allowing for reciprocal communication.

Timing and Structure of the Evaluation
Evaluations are preferably completed on the last day of rotation. However, the evaluations are due no later than 7 days after the completion of the rotation. All preceptors must provide input into the residents' evaluations. A member of the preceptor team will be expected to discuss the evaluation, with a copy of the evaluation on hand, of the learning experience with the resident to help clarify any potential misunderstandings and to ensure that residents get the most out of the feedback provided. Rotations that are 12 weeks or longer will have a summative evaluation documented at least every three months.

Formative Assessments
Formative feedback will be completed as needed throughout each rotation by the preceptor. The purpose of formative feedback is to provide the resident with immediate feed-back on their work allowing them to maximize their learning experience.

Summative Assessments
Summative feedback provided to residents will be based on criteria related to specific education objectives. It will recognize where the resident is in their skill development and focus on actionable steps explaining how the resident may improve their performance.

Evaluation Assessment Scale
Summative Evaluation- ASHP Summative Scale (customized to show definitions, as indicated below)

Needs Improvement (not making progress to achieve competency)
▪ Resident displays ≥ 1 of the following characteristics
      -Requires direct and repeated supervision / guidance / intervention / prompting
      -Makes questionable / unsafe / not evidence-based decisions
      -Fails to incorporate or seek out feedback
      -Fails to complete tasks in a time appropriate manner
      -Acts in an unprofessional manner

Satisfactory Progress (experience needs to be repeated to ensure competency)
▪ Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.

Achieved (achieved competency for this rotation)
▪ Resident displays all the following characteristics:
      -Independently and competently completes assigned tasks
      -Consistently demonstrates ownership of actions and consequences
      -Accurately reflects on performance and can create a sound plan for improvement
      -Appropriately seeks guidance when needed

Achieved for the Residency
▪ Resident demonstrates continued competency of the assessed goal. Residents *can effectively model and/or teach goal to a new learner.*

Mentors

Residents will 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 4.1)

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

Asante RAC Membership
- ARRMC Residency Program Director (chair)
- ATRMC Residency Program Director (vice-chair)
- ARRMC Resident Representative, one-year commitment
- ATRMC Resident Representative, one-year commitment
- Representative preceptors (4-5), two-year commitment
- Representation from Clinical Administration (e.g., Clinical Coordinator) and Operations (e.g., Operations Manager) and Student Coordinator.

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 3.5)

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 although the same person may be RPD for multiple (i.e. PGY-2) programs. 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 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 ARRMC PGY-1 program RPD will implement criteria consistent with those required by the ASHP Residency standard for initial appointment 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 ARRMC 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.

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. The resident has the option of also uploading the portfolio to PharmAcademic.

Items for Inclusion

Copy of signed contract for residency year

Checklists:
Orientation schedule & checklist
Pharmacy Practice rotation checklist
Completion checkout list
Any rotation specific checklists

Schedules:
Residency schedule – initial and updates
Rotation specific schedules (if provided by preceptor)

Evaluations
Final Goal-based Residency Evaluation (available for printing from PharmAcademic)
All Quarterly Evaluations (available for printing from PharmAcademic)
All rotation evaluations (available for printing from PharmAcademic). For each rotation, include summative resident self-evaluation (as applicable), summative preceptor evaluation of resident and resident evaluation of preceptor and learning experience, as well as any additional evaluations

Education/Leadership:
CE Presentation Power Points
CE Presentation evaluations
Bulletin articles published
Printout of residency requirements tracking spreadsheet

Teaching Certificate (if applicable)
Teaching activities, didactic lecture, evaluations, etc.
Copy of teaching certificate

Formulary/Medications Safety:
Adverse Drug Events including MedWatch (HIPPA compliant)
Medication Use Evaluations
Drug Class Review

Major Project:
Project proposal
IRB approval and close out forms
Poster presentation
Regional Residency Conference presentation
Project results
Final manuscript in publishable format

Other projects completed:
Completed drug information requests

> Community service activity materials
> Examples of clinical interventions (all de-identified to maintain HIPPA compliance)
> Other items as desired

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.

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) and Advanced Cardiovascular Life Support (ACLS)

The resident is required to be certified for BLS and ACLS 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) and the Oregon Society of Health-System Pharmacists (OSHP). 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. Monthly article authorship is preferred from each resident and each must write six articles at a minimum.

Final Paper

Submission of the final project paper must be in publishable format. The resident may use guidelines from AJHP or JHPR, or other professional journal.

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 will 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.

Journal Club and Case Conference
Residents are required to facilitate a minimum of 1 journal clubs each year. The resident must document this activity for review with the RPD at quarterly report. Additionally, ARRMC residents are required to

facilitate a minimum of 1 case conferences during the year. Similar tracking and review with the RPD is required. Attendance and participation at both journal clubs and case conferences is preferred.

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, NW Regional Residency Conference, and various other state or regional conferences. 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 will 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 the majority of P&T meetings is required. Participation in publishing the Asante Pharmacy Bulletin that reports P&T activities necessitates attendance at this meeting.

Other meetings that the residents may have the opportunity to attend include (as time permits):
- Pharmacy Department Staff Meetings
- Asante Medication Administration & Safety Committee (AMASC)
- ARRMC Only:
    - Pharmacy Practice Council
- ATRMC Only:
    - Medicine, Surgery, or Pediatrics section meetings
    - Entity performance improvement meetings

Staffing Expectations

In order for the resident to obtain practical experience in distributive as well as clinical functions of pharmacy practice and to develop the resident's philosophy of pharmacy and competence in meeting the total pharmaceutical care needs of patients, the resident will work as a pharmacist with full staff responsibility. However, there will not be excessive reliance on residents to fulfill service obligations. The resident will be responsible for checking the schedule to determine their assigned staffing times. Residents shall review details in the Pharmacy Practice syllabus

ARRMC residents will be required to staff a minimum of weekend a month (20 hours). The resident may be asked to staff more often at the discretion of the RPD and no more than every other weekend. Weekday comp days may be permitted to ensure adequate break days. ARRMC residents are considered part of the holiday staffing rotation for the following holidays: Thanksgiving, Christmas, New Year's Day, Easter Sunday, and Memorial Day with the expectation that they will staff two of them including at least one of Thanksgiving, Christmas, or New Year's Day. Initially, the residents will staff with another pharmacist until considered competent which typically occurs around late November or early December depending on when the resident gets licensed.

During their residency year ATRMC residents may staff 10-hour days on up to 36 days, generally weekends or holidays. This equates to the same as 3 days a month, allowing for more staffing during the fall and winter and less during the spring and summer. The resident shall staff no more frequently than every other weekend unless requested by the resident. Weekday comp days may be permitted on rare occasion to ensure adequate break days. ATRMC residents are considered part of the holiday staffing rotation for the following holidays: Thanksgiving, Christmas, New Year's Day, Easter Sunday, and Memorial Day with the expectation that they will staff two of them including at least one of Thanksgiving, Christmas, or New Year's Day.

RESIDENTS ARE IN THE WORK FLOW AREAS DURING STAFFING ASSIGNMENTS.

Pandemic/Emergency Procedure:

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 Google Hangouts or Zoom. 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 Google Hangouts or Zoom. 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.

Recruitment Efforts of the Department

Each resident will assist with the recruitment efforts of the department. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current residents. 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

b. Anticipated graduation from an ACPE accredited college (Standard 1.3)
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. 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 result in extension of the residency program to assure the resident is licensed as a pharmacist for a minimum of 2/3rd of the residency duration. The resident will be administratively terminated if the license is not obtained by the first 120 days of the residency. Further details are listed under the "Licensure" section of this document. (Standard 1.5 – *critical factor*)
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 1.4)
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.**
   i. Please see document: https://www.oregon.gov/pharmacy/Imports/RPHApplication-Reciprocity.pdf which can be found on webpage: http://www.pharmacy.state.or.us/
   ii. If the resident has been a pharmacist for less than one year, the Oregon Board of Pharmacy requires the resident contact them for more information on how to apply for licensure by Reciprocity.

2. Applicant Screening (Standard 1.2)
   a. All applicants will undergo an application review screen to determine which candidates are offered an interview. An applicant screening rubric is used to facilitate this review. The applicant is awarded points for each of several criteria. Interviews are offered to the highest scoring candidates and those with the best perceived fit.
3. Interview Evaluation (Standard 1.2)
   a. At the completion of the interview, all members of the team who participated in the interview will complete a criteria-based Interview Evaluation Form. Scores will be totaled for each applicant. In addition, scores from a clinical quiz will be tallied.
4. Resident Applicant Ranking (Standard 1.2)
   a. Prior to the date for submission of the Match List, the Resident Advisory Council, residents, and preceptors who participated in the interview process will meet to conduct a final evaluation of the candidates. Interview and clinical quiz scores will be used along

with committee discussion to determine the resident matching order. The council will make a recommendation to the Residency Program Director, who will make the final decision on resident ranking order.

Applicants will be awarded points on the Applicant Screening and Interview Evaluation Forms based on a variety of criteria that may include the following:
1. Individual Assessment for Residency for writing skills and professional goals, clarity of career goals, and compatibility between these goals and the residency program
2. Writing skills and knowledge base, clinical clerkships, and honors/awards
3. Presentations
4. Publications
5. Professional awards and scholarships
6. Leadership experience
7. Volunteer and community service
8. References: the reference relationship, strength of characteristics evaluated, narrative, and strength of recommendation
9. Verbal communication skills (assessed during the interview process: oral presentation and interview)
10. Enthusiasm, self-motivation and self-confidence (assessed from the interview, letters of recommendation, and individualized assessment for residency training)
11. Clinical quiz score

Licensure (Standard 1.5 – *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:

<div align="center">

Oregon State Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232-2162
Web at: http://www.pharmacy.state.or.us/

</div>

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 result in extension of the residency program to assure the resident is licensed as a pharmacist for a minimum of $2/3^{rd}$ of the residency duration. In consultation with the resident, there may be a decision to suspend the resident after 90 days to allow focus on study preparation for the exam. 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.

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.

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. Presentation of the resident should be consistent with the departmental dress code.

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. Clean white lab coats of three-quarter length are recommended in patient care areas. Each resident may choose to purchase a monogrammed lab coat at the beginning of the residency program. The lab coat cost will be reimbursed as a professional expenditure from Asante's Residency Program. The resident will be responsible for cleaning/pressing. Local stores include:
- Scrub Hub 115 West Main, Medford, Oregon. Phone (541) 535-5270
- Future in Uniforms 328 South Central Medford, OR; phone: (541) 772-8460

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

<div align="center">Department Addresses</div>

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

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

Library Access

ARRMC 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.

Duty Hours (Standard 2.2)

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

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

- Asante's Internal Pharmacy Residency Webpage: ASHP Duty Hours

- ASHP Residency Webpage: https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/Accreditation-Standards-for-PGY1-Pharmacy-Residencies

Duty hours are all scheduled clinical and academic activities, including patient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs required to meet the goals and objectives of the residency program.

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

The resident will be expected to work less than 80 hours a week, averaged over four-weeks. Moonlighting is not permitted.

Residents and preceptors must recognize signs of fatigue and sleep deprivation and assure the resident is provided a period of at-home rest to ensure safe patient care and successful learning.

Maximum Duty Period (Standard 2.2)
Continuous duty periods of residents should not exceed 16 hours. The program does not conduct in-house call programs that go over 16 hours. The program does not require at-home call to allow for residents to rest between scheduled periods.

Duty Free Period (Standard 2.2)
At-home call will not be assigned on these free days. Residents will have a minimum of one day in seven days free from duty (when averaged over four weeks). At-home call will not be assigned on these free days. Residents should have a minimum of 10 hours free of duty between scheduled duty and must have a minimum of 8 hours between scheduled periods.

Moonlighting (Standard 2.2)
Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside the organization or within the organization where the resident is in training, or at any of its related participating sites. Any hours compensated beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Asante residents are not permitted to moonlight. Those who violate this rule will be terminated.

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 work day), 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. Kronos is the correct mechanism to request time off. The residency director will review requests in Kronos 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 Kronos.

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 time cards. 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 2.1)

The residency program may be extended, or adjustments made to schedules based on disability, extenuating circumstances, or need for extended leave. 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. Any accommodations made will assure that the resident meets the hour requirements necessary to fulfill the one-year time requirement expected in a residency program. The residency program can be extended by a **maximum of 6 months**. The resident must obtain 12 months of training to successfully complete the residency program. Extension of the program will not exceed 18 months total. If in this time frame the resident has not completed the required 12 months of training they will be terminated and not issued a graduation certificate.

Policy on Dismissal

The resident is a full-time professional staff member of the Department of Pharmacy Services who reports directly to the Director of Residency. The discipline or termination of the resident shall be consistent and in compliance with established policies and procedures of the department and the institution. Corrective action is to be made in a progressive, stepwise manner, except in certain instances of gross misconduct that require immediate discharge. Corrective action involves four steps, including:

1. Oral warning: intradepartmental verbal discussion of misconduct.
2. Written reprimand: documentation of misconduct, formally discussed with the resident, and placed in the resident's personnel file.
3. Final written warning: last opportunity for discussion of misconduct, documentation placed in resident's personnel file.

4. Termination: an involuntary termination of employment, requiring program director approval in consultation with institutional administration.

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 and CEO. 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 10-15 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.

Extension of Program for Project Completion

A situation may arise where the resident has not completed all the required project manuscript within 12-months of residency training. If this occurs, at the discretion of the RPD, an alternate written residency plan may be developed to allow the resident to successfully complete the project related program requirements in a pre-specific time frame. The maximum extension for project manuscript completion is **30 calendar days** after program completion. If in this time frame the resident has not completed the required manuscript, they will not be issued a graduation certificate.

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 Entering Interests Form
PharmacAcademic

Objective-Based Residency Self-Evaluation
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

Preceptor Professional and Academic Record
400-PH-0118 found on AsanteNet Preceptors' Webpage

Individual Preceptor Development Plan
400-PH-0170 found on AsanteNet Preceptors' Webpage

Pharmacy Residency Preceptor-in-Training Development 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.

- o Adhere to the health system's medication-use policies.
  - o Follow applicable ethical standards.
  - o Address wellness promotion and lifestyle modification.
  - o Support the organization's or patient's formulary.
  - o Address medication-related problems and optimize medication therapy.
  - o Engage the patient through education, empowerment, and self-management.
- Designs/redesigns monitoring plans that:
  - o Effectively evaluate achievement of therapeutic goals.
  - o Ensure adequate, appropriate, and timely follow-up.
  - o Establish parameters that are appropriate measures of therapeutic goal achievement.
  - o Reflect consideration of best evidence.
  - o Select the most reliable source for each parameter measurement.
  - o Have appropriate value ranges selected for the patient.
  - o Have parameters that measure efficacy.
  - o Have parameters that measure potential adverse drug events.
  - o Have parameters that are cost-effective.
  - o Have obtainable measurements of the parameters specified.
  - o Reflects consideration of compliance.
  - o If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
  - o 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.
  - o Recommendation is persuasive.
  - o Presentation of recommendation accords patient's right to refuse treatment.
  - o If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - o Creates an atmosphere of collaboration.
  - o Skillfully defuses negative reactions.
  - o Communication conveys expertise.
  - o Communication is assertive not aggressive.
  - o 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:
  - o Therapy corresponds with the recommended regimen.
  - o Regimen is initiated at the appropriate time.
  - o Medication orders are clear and concise.
  - o Activity complies with the health system's policies and procedures.
  - o Tests correspond with the recommended monitoring plan.
  - o 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 work load and organizes work flow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care

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

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.
Criteria:
- Displays objectivity.
- Effectively synthesize information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.
- Uses evidence-based medicine to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.

- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

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.

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Objective R3.2.3: (Applying) Contribute to departmental management.
Criteria:
- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.

Objective R3.2.4: (Applying) Manage one's own practice effectively.
Criteria:
- Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable new learning opportunities when performance does not meet expectations.
- Demonstrates effective workload management and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and "can-do" approach.
- Strives to maintain a healthy work-life balance.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates pride in, and commitment to, the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

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

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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.

- o Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
- o Selects coaching when learners are prepared to perform a skill under supervision.
- o Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.
Criteria:
- Instructs students, technicians, or others, as appropriate.
- Models skills, including "thinking out loud," so learners can "observe" critical thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.