

The Hospital of Central Connecticut

PGY1 Pharmacy Residency Manual

2025 – 2026



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Table of Contents

Contents

The Hospital of Central Connecticut	4
Pharmacy Services	4
Pharmacy Mission Statement	4
Pharmacy Scope of Services.....	4
Committee Involvement	5
Pharmacy Organizational Structure.....	6
Pharmacy Dress Code	7
The Hospital of Central Connecticut Residency Program	8
PGY1 Pharmacy Residency Purpose.....	8
Residency Program Director, Preceptors, and Residency Advisory Committee.....	8
Preceptor Development.....	13
Evaluation of Residency Candidates	14
Learning Experiences	15
Program Completion Requirements	16
Evaluations.....	18
Residency Program Improvement	20
Residency Position Information	22
Pharmacy Resident Job Description.....	22
Licensure	24
Duty hours and Moonlighting	24
Probation and Dismissal.....	25
Wellness and Resiliency	26
Benefits: Paid Time Off, Family, and Sick Leave	26
Residency Competencies, Goals, and Objectives	27

The Hospital of Central Connecticut

The Hospital of Central Connecticut (HOCC) is a 446-bed, acute-care community hospital with campuses in New Britain and Southington, CT. HOCC provides comprehensive inpatient and outpatient services in general medicine and surgery and a wide variety of specialties. Through the University of Connecticut School of Medicine, the hospital participates in residency programs for primary care internal medicine, obstetrics and gynecology, otolaryngology, and general surgery.

Pharmacy Services

The pharmacy department at HOCC is comprised of over 20 pharmacists and 20 technicians who provide 24-hour service to the hospital. The staff work closely with nurses, providers, and other healthcare professionals to achieve our mission of improving the health and healing of our community by promoting the safe and effective use of medications. We utilize technology to ensure safety and efficiency, including EPIC, Pyxis, and BD Cato. The pharmacy department also serves as a rotation site for PharmD students from the University of Connecticut and the University of Saint Joseph.

Pharmacy Mission Statement

To improve the health and healing of our community by promoting the safe and effective use of medications. To educate all members of the health care team on effective medication management.

Pharmacy Scope of Services

- Ensure appropriate medication use for patients, including drug selection, dosing, and interactions based on patient information
- Employ safe medication use systems in the distribution of medications to all areas where medications are used
- Compound hazardous and non-hazardous sterile products following best practices as outlined in the United States Pharmacopedia (USP)
- Actively participate as a member of teaching/rounding teams in the intensive care unit, neonatal ICU, and general medicine
- Provide education and mentoring for
 - Students on IPPE and APPE rotations through the University of Connecticut School of Pharmacy and University of St. Joseph School of Pharmacy
 - New practitioner pharmacists through ASHP Pharmacy Residency
 - Other healthcare providers in medication and pharmacy-related areas

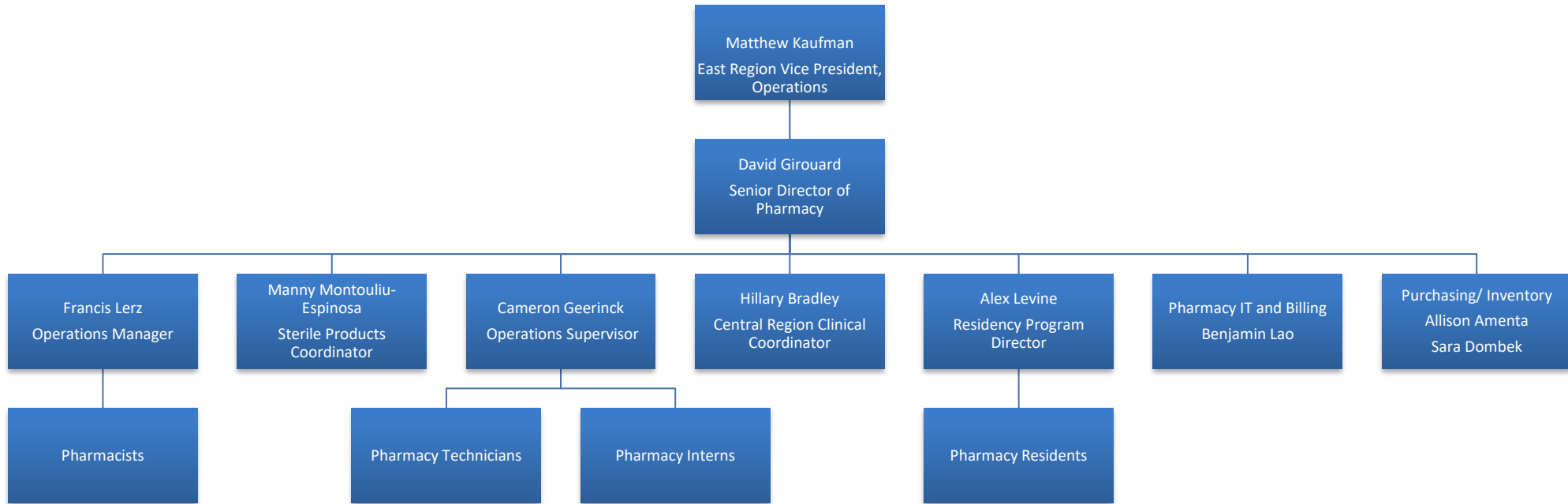
- Participate in multidisciplinary committees to sustain a culture of safety and best practices in the area of medication management
- Ensure quality and safety across transitions of care through technician-documented medication histories and pharmacist-provided discharge education

Committee Involvement

Pharmacy actively participates or is a standing member of many committees within HOCC and Hartford Healthcare (HHC), including, but not limited to:

- HOCC Critical Care Committee
- HOCC Antimicrobial Stewardship Committee
- HOCC Infection Prevention
- HOCC Code Committee
- Central Region Stroke Performance Improvement
- Central Region Medication Safety
- Central Region CHF Readmission Task Force
- Central Region Nursing Clinical Practice Council
- HHC Pharmacy and Therapeutics
- HHC Sterile Products Committee
- HHC Critical Care Council
- HHC Pharmacy Clinical Committee
- HHC Pharmacy Operations
- HHC Newborn Council
- HHC Anticoagulation Committee

Pharmacy Organizational Structure



Pharmacy Dress Code

Title: Dress Code and Image for Central Region Pharmacy Personnel

Purpose: To assure pharmacy personnel display a professional image and to dress in a manner appropriate to the jobs they perform.

Scope: All pharmacy employees on Central Region campuses.

Policy Statement(s): Pharmacy personnel are expected to maintain a professional image through personal cleanliness and a neat/clean appearance when representing the department and hospital.

Guideline:

- Staff members must be well groomed and practice good hygiene at all times.
- Technicians can wear professional attire or scrubs during their shifts. If working in the sterile products area, hospital acquired scrubs must be donned on site prior to entering sterile areas.
- Pharmacists must wear professional attire. If working in a role that is not routinely required to go to the patient care areas, hospital acquired scrubs may be worn. If working in the sterile products area, hospital acquired scrubs must be donned on site prior to entering sterile areas.
- Professional attire is acceptable for other staff and roles.
- Examples of appropriate professional attire:
 - Clean, neat, non-wrinkled skirts, suits, dresses, tailored pants, slacks, blouses, shirts, sweaters, blazers, sport coats and turtlenecks
 - Dresses or skirts should be no shorter than two inches above the knee.
 - Visible tattoos that are racially or sexually explicit in nature; and/or imply violence or threatening acts are not allowed.
- Employees must be groomed in such a manner as to not be offensive.
- Pharmacy personnel are not required to wear a lab coat while working, but may do so if they would like.
- Dress shoes or clean sneakers are acceptable. Open toed shoes are not acceptable in patient care areas or in roles where moving boxes or carts is required. If working in other areas, peep toe and sling back shoes are acceptable.
- Management reserves the right to request removal or hiding of piercings that are deemed distracting.

Review Period: Three Years

Approval Date: 5/8/2018

Effective Date: 5/8/2018

Clinical Area/Council: N/A
(if applicable)

The Hospital of Central Connecticut Residency Program

PGY1 Pharmacy Residency Purpose

The PGY1 pharmacy residency program builds on PharmD education and outcomes to contribute to the development of a clinical pharmacist 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.

Residency Program Director, Preceptors, and Residency Advisory Committee

Residency Program Director

Qualifications

The residency program director is a licensed pharmacist who has pharmacy practice experience relevant to the residency program's practice setting, as evidenced by either:

1. Completion of an ASHP-accredited PGY1 residency followed by a minimum of 3 years of pharmacy practice experience; OR
2. Completion of ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; OR
3. Without completion of an ASHP-accredited residency, have 5 or more years of pharmacy practice experience

The residency program director serves as a role model for pharmacy practice, as evidenced by:

1. Leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice
2. Demonstrating ongoing professionalism and contribution to the profession
3. Representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization

Responsibilities

- A. Establish and chair a residency advisory committee (RAC)
- B. Oversee resident progression within the program and documentation of completed requirements
- C. Implement use of criteria for appointment and reappointment of preceptors
- D. Evaluation, skills assessment, and development of residency program preceptors
- E. Create and implement a preceptor development plan for the residency program
- F. In conjunction with the RAC, ensure continuous residency program improvement
- G. Work with pharmacy administration

Preceptors

Preceptors are appointed by the RPD based on fulfillment of the below qualifications, competence in their area of practice, and desire to teach/precept. Appointment of preceptors is based on a review of the preceptor's qualifications and performance. Qualifications will be evaluated through review of the preceptor's updated Academic and Professional Record. Review of performance will include review of residents' evaluations of the preceptor and learning experiences, attendance and participation in RAC meetings, and contribution to ongoing residency program improvement. The term for appointment is for a 4-year period. Decisions regarding appointment and re-appointment will be discussed and documented during monthly RAC meetings.

Preceptor Eligibility

Eligible residency program preceptors must be licensed pharmacists who have pharmacy practice experience relevant to the residency program's practice setting, as evidenced by either:

1. Completion of an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience*; OR
2. Completion of an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of 6 months of pharmacy practice experience*; OR
3. Without completion of an ASHP-accredited residency, have 3 or more years of pharmacy practice experience*

*Preceptor's pharmacy practice experience is relevant to the practice setting in which the learning experience is conducted

Preceptor Qualifications

In order to meet qualifications, preceptors must demonstrate the following items based on guidance from the ASHP Accreditation Standard for PGY1 Residency Programs as listed below.

- The ability to precept resident learning experiences as evidenced by having content knowledge/expertise in the area(s) of pharmacy practice precepted (at least 1 of the following)
 - BPS certification
 - Credentialing by institution
 - Multi-disciplinary certification in disease or patient care management
 - Formal recognition by peers (fellow, service award)
 - Degrees or other structured training related to practice area
 - Other recognition for service excellence
 - PGY2 training + 2 years of practice in area precepted
 - PGY1 training + 4 year of practice
 - 5+ years practice experience in area precepted

- Contribute to pharmacy practice in the area precepted (at least 1 of the following from the last 4 years)
 - Clinical or operational policies/guidelines/protocols
 - Creation/implementation of a new clinical or operational service
 - Contribution to an existing service improvement
 - Appointments to drug policy and other committees of the organization or enterprise
 - In-services or presentations (at least 3 different ones given in the past 4 years or 1 given at least annually within the past 4 years)
- Role model ongoing professional engagement (at least 3 examples from the last 4 years)
 - Formal recognition of professional excellence over a career
 - Primary preceptor for pharmacy APPE students
 - Classroom/lab teaching experiences for healthcare students
 - Service (beyond membership) in national, state, and/or local professional associations.
 - Presentations or posters at local, regional, and/or national professional meetings
 - Completion of a teaching certificate program.
 - Providing preceptor development to other preceptors at the site
 - Evaluator at state/regional residency conferences; poster evaluator at professional meetings
 - Publications in peer-reviewed journals or chapters in textbooks
 - Formal reviewer of submitted grants or manuscripts
 - Participant in wellness programs, health fairs, health-related consumer education classes, and/or employee wellness/disease prevention programs
 - Community service related to professional practice
 - Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor).
 - Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence.

Preceptor Reappointment

- Preceptors will be reviewed for reappointment every 4 years
- Preceptors must have an active practice in the area where they precept and meet all ASHP preceptor eligibility criteria listed in the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs
- Additional annual requirements include:
 - Completion of preceptor self-assessment form
 - Updated electronic APR
 - Completion of one hour of educational programming on preceptor development
 - Attend or review of preceptor meeting minutes for at least 75% of RAC meetings

- Once instated as a preceptor, if upon review of the preceptor APR and self-assessment form it is determined a preceptor initially, or no longer meets qualifications, the RPD will meet with the preceptor to discuss areas of deficiency and collaboratively develop a plan to meet criteria.
 - Preceptor and RPD will meet within 3 months after the date the development plan was put in place to assess if plan is adequate or if a further plan needs to be developed when necessary
 - Criteria must be met within 2 years

Preceptors not yet meeting qualifications

Preceptors who are eligible, but do not yet meet qualifications will be appointed by the RPD based on competence in their area of practice, desire to teach/precept, and ability to fulfill the qualifications of a preceptor within 2 years.

Appointment of preceptors not meeting qualifications is based on a review of their performance and demonstrated progress toward fulfillment of qualifications. Qualifications will be evaluated through review of the preceptor's updated Academic and Professional Record. Review of performance will include review of residents' evaluations of the preceptor and learning experiences, attendance and participation in RAC meetings, and contribution to ongoing residency program improvement. Once preceptors meet qualifications, their performance will be reviewed by the RPD and the decision for appointment will be made by members of the Residency Advisory Committee (RAC).

Qualifications

Pharmacists who are new to precepting who do not meet the above qualifications of a preceptor must:

1. Have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within 2 years
2. Meet at least semiannually with the RPD and/or assigned mentor to review progress

Preceptor Responsibilities

- At the beginning of each learning experience, preceptors orient residents to the experience.
- Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.
- Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve.
- Preceptors make appropriate adjustments to learning activities based on residents' progression.
- Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience, or quarterly for longitudinal learning experiences.

- Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.

Residency Advisory Committee

Purpose:

RAC is created in accordance with ASHP Accreditation Standards to provide guidance to the design, conduct, and standards of the PGY1 Residency Program at the Hospital of Central Connecticut.

Responsibilities and Functions:

The RAC, in conjunction with the residency program director:

- Annually reviews ASHP Accreditation Standards and ensures the residency program is in compliance with current standards
- Reviews and maintains the Residency Program Manual
- Establishes and maintains residency application requirements, applicant procedures, and a formal review process for evaluation and selection of residents
- Defines and documents evaluation ratings to be used in residency and learning experience evaluations
- Reviews the residents' initial development plan and quarterly updates to the training plan
- Reviews quarterly the residents' progress in achieving the competencies, goals, and objectives of the residency, ensuring appropriate progress toward completion of the residency requirements
- Reviews and maintains the learning experience descriptions, including assurance of adequate preceptors for each experience
- Provides guidance for the residency program project, including review of research proposals for feasibility, design, and contribution to the institution
- Participates in ongoing assessment of the residency program, including a formal annual program evaluation
- Conducts corrective actions and dismissals as necessary

Membership:

All preceptors in the pharmacy residency program will be members of the RAC. The director of pharmacy and pharmacy managers will also be RAC members.

Meetings and Minutes:

The RAC will meet approximately monthly, with more frequent meetings conducted as needed. Minutes of each meeting will be documented by a designated member of the committee and maintained by the RPD.

Preceptor Development

The Hospital of Central Connecticut aims to provide a high-quality experience for the resident, which includes instruction by qualified preceptors who continuously strive to improve their precepting skills.

Each year, the RPD, in conjunction with the RAC, will develop a preceptor development plan, focusing on areas of identified preceptor development needs. Annually, the RPD and RAC will:

- **Assess preceptor development needs**
 - Preceptors will complete a self-assessment survey annually, prior to the final RAC meeting of the residency year.
 - The RPD will review resident evaluations of preceptors and learning experiences annually to identify areas of opportunity.
 - The RPD will verbally solicit feedback from residents, including an exit interview annually.
 - If applicable, ASHP residency accreditation site visit recommendations related to preceptor development will be reviewed

- **Schedule activities to meet those needs**
 - Identified preceptor development needs will be discussed at the final RAC meeting of each residency year, with the goal of identifying areas to focus on over the next year.
 - If individualized preceptor development plans (see below) have identified additional areas of need not addressed by the main preceptor development plan, additional discussions or activities will be scheduled to meet these needs.
 - Preceptor development activities will be scheduled during routine preceptor meetings. Examples of preceptor development topics include selection of goals and objectives, design of experience, preceptor roles, use of PharmAcademic, and effective feedback. Additionally, continuing education lectures are scheduled quarterly throughout the year as part of the 'HHC Preceptor Development Series'. Preceptors will be required to attend one hour of educational programming on preceptor development per residency year. If preceptors are not able to attend the live CE, preceptors can listen to the archived CE and inform RPD of completion.
 - RPD will provide individual feedback to preceptors as needed based on routine review of PharmAcademic evaluations (written feedback completed by preceptors as well as feedback for the experience and preceptor) to foster individual preceptor development.
 - RPD will review effectiveness of preceptor development by reviewing self-assessments, quality of written feedback to residents, and resident evaluations of preceptors.

- **Review the effectiveness of the preceptor development plan**
 - At the final RAC meeting each year, the effectiveness of the prior year's preceptor development plan will be reviewed through discussion with/feedback from preceptors, review of most recent preceptor needs assessment, and feedback from residents.

- All feedback will be taken into consideration when creating the next year's preceptor development plan.

Additional training will be required for new preceptors and preceptors-in-training, including the creation of an individualized preceptor development plan. Preceptors-in-training will be assigned a mentor, and a preceptor development plan will be designed to ensure they meet the qualifications for a residency preceptor within 2 years. All evaluations by the preceptor-in-training will require co-signature by the mentor.

New preceptors and preceptors-in-training are required to complete training on the following topics:

- ASHP Accreditations Standards for Post-Graduate Year One (PGY1) Pharmacy Residency Programs
- HOCC Pharmacy Residency Manual
- Four preceptor roles
- Use of PharmAcademic
- Providing effective feedback, including definitions used in evaluations
- Design of learning experience, including selection of goals, objectives, and activities
- Criteria for being a preceptor

Evaluation of Residency Candidates

All complete applications submitted through PhORCAS will be reviewed by the RPD and one preceptor using a pre-defined application scoring rubric. This rubric is approved by the RAC and reviewed annually prior to application reviews. The RPD will divide applications amongst preceptors for review. Complete applications must include a letter of intent, current CV, three letters of recommendation, and official transcript. Applicants must be graduates (or candidates for graduation) of an ACPE accredited degree program or have a FPGEC certificate from NABP.

After all applications have been reviewed, those applicants ranking highest (determined by total numerical score generated from application scoring rubric) will be invited for an on-site interview at HOCC. The cutoff score for an interview will be determined by the number of interview slots available each year. The RPD, preceptors, current residents, and pharmacy department management will be involved in interviews. To the extent possible, the same interviewers will interview all candidates. The interview day will include at minimum an overview of the residency program, individual interviews of each candidate by interviewers, a presentation by each candidate, and a tour of the hospital and pharmacy department.

Each interviewer will complete a criteria-based interview evaluation form for each candidate interviewed, which will generate a numeric score. The interview scoring tool will be reviewed by the RAC annually prior to the start of interviews. After all interviews are complete, the RPD will average the scores from all interviewers for each candidate to create an initial ranking. Interviewers will meet to discuss and review interview scores and feedback, and will modify the initial ranking through a process

of consensus to determine the final Match rank list. The RPD reserves the right to modify the rank list based on a candidate’s overall fit with the residency program. The final Match rank list will be submitted by the RPD.

In the event of participation in Phase II of the Match, all complete applications will be reviewed by the RPD and one preceptor using the same pre-defined application scoring rubric and process as Phase I. Those applicants scoring highest will be invited for an interview, which may be conducted in person or via the Internet or phone. To the extent possible, candidates will be interviewed by the RPD, at least one preceptor, and a current resident. The same interview evaluation form will be completed and rank list determined following the process utilized during Phase I of the Match. Candidates who have been previously interviewed may be considered in Phase II.

In the event of participation in the Scramble, all complete applications will be reviewed by the RPD and one preceptor using the same pre-defined application scoring rubric. Those applicants scoring highest will be invited for a phone/Internet interview, conducted by the RPD and at least one preceptor. The interview evaluation form will be completed. The position will be offered to the candidate with the highest scoring interview and best overall “fit” with the residency program.

Learning Experiences

- **Required Learning Experiences**

Learning Experience	Preceptor
Orientation (6 weeks)	Katherine Tokarz
Internal Medicine I	Diana Costa
Oncology	Kelly Richard, Sean Tan, Malgorzata Szerszen
Infectious Diseases	Rosanna Li
Management	Francis Lerz
Internal Medicine II	Alex Levine
Medical ICU (6 weeks)	Kaitlin Armstrong
Cardiac Arrest Response (longitudinal)	Kaitlin Armstrong, Abby Zeiner
Medication Use Evaluation (longitudinal)	Assigned based on project selected
Research (longitudinal)	Kelly Shepard
Teaching and Learning (longitudinal)	Katherine Tokarz
Staffing (longitudinal)	Diana Costa, Kristen Nguyen
Medication Safety (longitudinal)	Amanda Volpe

*Required learning experiences are 4 weeks in duration, unless otherwise noted. All longitudinal learning experiences are 52 weeks in duration. Each resident will be given 3 weeks over the course of the year to work on their research projects.

- **Elective Learning Experiences**

The resident will complete 4 elective learning experiences during their residency year, chosen based upon the resident’s interests and preceptor availability.

Learning Experience	Preceptor
Neonatal ICU (3 weeks)	Kaitlin Armstrong
Transitions of Care	Alex Levine
Cardiology	Alex Levine
Surgical ICU	Kaitlin Armstrong
Emergency Medicine	Abigail Zeiner
Ambulatory Oncology	Danielle Fry
Anticoagulation Clinic (off-site)	Jonathan Blais

*Elective learning experiences are 4 weeks in duration, unless otherwise noted.

Program Completion Requirements

The pharmacy residency at the Hospital of Central Connecticut is a 54-week program. The ASHP Accreditation Standard requires a minimum of 12 months and a full-time practice commitment or equivalent. Any leave of absence (see Extended Leave section) will not be counted toward the 12-month requirement. Successful completion of the residency will include CT pharmacist licensure, completion of twelve months of residency, and fulfillment of the following requirements:

- A minimum of 95% of goals/objectives marked as Achieved for Residency in PharmAcademic
- All resident evaluations of learning experiences and preceptors completed
- Fulfillment of all staffing requirements
 - Every 3rd weekend for the duration of the year (30 weekend days minimum)
 - 1 evening shift every other week (shift starts/ends: 3 PM – 9 PM) and 1-week decentralized staffing assignments (26 shifts minimum)
 - 1 major holiday, 2 minor holidays
- Completion of UConn School of Pharmacy Teaching Certificate
- Completion of a drug class review, monograph, or treatment guideline/protocol
- Completion of a research poster for presentation at ASHP Midyear Clinical Meeting
- Completion of a research project, including
 - Presentation at a regional residency conference
 - Submission of a final manuscript suitable for publication
- Delivery of a minimum of one Continuing Education presentation
- Completion of at least one medication use evaluation
- Precept a minimum of one pharmacy APPE student
- Volunteer at one HHC-sponsored community service event

Residents are required to document completion of program requirements by uploading all of the following documents under the files tab in PharmAcademic:

- Resident Academic and Professional Record (APR)
- UConn School of Pharmacy Teaching Certificate (title: Teaching Certificate)
 - Teaching philosophy (title: Teaching Philosophy)
 - Teaching reflections (titles: CE Presentation Reflection, Regional Residency Conference Presentation Reflection, and Precepting APPE Student reflection)
- Resident's projects
 - Research project including investigational review board proposal, final manuscript with two drafts and final version, and copy of the manuscript submission email (titles: Research project IRB proposal, Research project manuscript draft #1, Research project manuscript draft #2, Research project manuscript final, Manuscript submission email)
 - ASHP poster with two drafts and final version (titles: ASHP Poster draft #1, ASHP poster draft #2, ASHP poster final)
 - Regional Residency Conference slide presentation with two drafts and final version (titles: presentation draft #1, presentation draft #2, presentation final)
 - Continuing Education presentation with two drafts and final version (titles: CE presentation draft #1, CE presentation draft #2, CE presentation final)
 - Drug Class Review, Monograph, Treatment Guideline or Protocol and minutes when it was presented (titles: name of drug or document and whether it is a review, monograph, etc. and minutes)
 - MUE and minutes when it was presented (titles: MUE and name of drug or process evaluated)
 - Pharmacy newsletter or bulletin (title: pharmacy newsletter or bulletin)
- Learning experience assignments
 - Journal article discussion handouts (titles: JC #1 short name of article, JC #2 short name of article, and JC #3 short name of article)
 - 1 submitted de-identified Riskonnect report and documented Riskonnect follow-up (titles: Initial Riskonnect report, Follow-up Riskonnect report)

- 5 de-identified progress notes, 1 of each of the following (titles: Initial Vancomycin Note, Follow-up Vancomycin Note, Warfarin Dosing Protocol by Pharmacy Note, Pharmacist Automatic Antimicrobial Renal Dose Adjustment Note, Transitions of Care Patient Counseling Note)
- 1 prepared Pharmacy & Therapeutic meeting agenda/minutes (title: P&T meeting agenda/minutes)

Evaluations

The Hospital of Central Connecticut Pharmacy Residency aims to develop highly competent, well-rounded clinical pharmacists while providing the highest quality experience for its residents. The evaluation process is an integral part of achieving these goals. Residents will be expected to provide evaluations of the program, learning experiences, and preceptors at the conclusion of each learning experience and throughout the year. Residents will receive frequent, specific, and constructive feedback from preceptors and the residency program director no less frequently than the conclusion of each learning experience and quarterly throughout the year.

Formative Evaluations

1. Prior to the start of residency, the incoming resident will complete the ASHP Entering Interests Form and the Entering Objective-Based Self-Evaluation. These evaluations will be reviewed by the RPD, RAC, and resident and utilized during orientation to create the resident's initial development plan.
 - a. The RPD in conjunction with preceptors will assess the incoming resident's entering knowledge and skills related to the educational goals and objectives.
 - b. Results of the initial assessment must be documented by the RPD or designee in the development plan within 30 days of the start date and taken into consideration when determining scheduled learning experiences, activities, and evaluations.
2. Goals and objectives will be developed by the preceptor(s) with guidance from the RPD for each experience and provided to the resident. Each resident is responsible for creating and documenting 3 SMART goals at the beginning of each rotation and signing them with the respective preceptor. The learning objectives and corresponding learning activities describe the competencies to be attained, related to the program established for the resident, and are provided and reviewed with the resident at the beginning of each learning experience.
3. Continuous feedback to and communication with the resident will be provided by the preceptor during each learning experience. Formative feedback to residents is frequent, specific, and constructive.

Summative Evaluations

1. At the end of each learning experience, the preceptor will review the evaluations with the resident both verbally and in writing. The RPD, preceptor, and resident will review potential changes to the learning experience that are pertinent to the continued improvement of the residency program.
 - a. For longitudinal learning experiences, these evaluations will be completed quarterly.
 - b. All evaluations should be completed by the due date or within 7 days.
2. The following definitions for resident performance were developed and approved by the RAC. The purpose of this scale is to provide consistent expectations about the meaning of performance-based feedback for residents. Preceptors are oriented to these definitions when onboarded as a new preceptor. Narrative comments should be included to support the evaluation of the resident as well as provide actionable feedback for the resident to progress to achievement if evaluated as needing improvement or satisfactory progress.
 - a. **Needs Improvement (NI):** The resident is not performing activities related to the objective as expected and requires significant improvement as demonstrated by:
 - Deficiency in necessary knowledge/skills in this area or
 - Requiring routine assistance to complete the objective or
 - Unable to ask appropriate questions to supplement learning or
 - Not functioning independently
 - b. **Satisfactory Performance (SP):** The resident is progressing at a level that should lead to a high level of function in activities related to the objective as demonstrated by:
 - Displaying adequate knowledge/ skills in this area or
 - Requiring assistance to complete the objective in more complex situations or
 - Asking appropriate questions to supplement learning or
 - Functioning independently some of the time
 - c. **Achieved (ACH):** The resident requires minimal support to complete the activities related to the objective as demonstrated by:
 - Rarely requiring assistance to complete the objective or
 - Needing minimal future development of knowledge/skills of this objective
 - Routinely functioning independently
 - d. **Achieved for Residency (ACHR):** The resident consistently performs this objective independently at an achieved level and functions as a graduate-level resident
 - The following criteria are required for an objective to be considered ACHR:
 - R1 (Patient Care) objectives excluding objectives 1.4.1 and 1.4.2: the resident has received 'ACH' for two different learning experience evaluations or two quarterly evaluations for longitudinal experiences
 - R2 (Practice Advancement), R3 (Leadership), R4 (Teaching and Education): the resident has received 'ACH' for at least one learning experience evaluation
 - Will be assessed quarterly by the RPD and RAC.

Resident Evaluations of Preceptors and Experiences

1. The resident will complete an evaluation of the learning experience and an evaluation of the preceptor(s) at the completion of each learning experience.
 - a. For longitudinal learning experiences, these evaluations will be completed quarterly.
 - b. All evaluations should be completed by the due date or within 7 days.
 - c. Residents will also complete a quarterly **Check-In and Well-Being** evaluation in PharmAcademic. A monthly **Duty Hours** attestation will also be required.

Feedback

Preceptors are expected to provide frequent, specific, and constructive feedback throughout the course of each learning experience. This is intended to help the resident know how they are progressing and identify areas for improvement.

If desired by the preceptor or requested by the RPD, formative feedback may be documented in PharmAcademic using the options for Documentation of Verbal Feedback, Written Feedback, or Generate a Formative Assessment. This documentation will be required for residents who are not progressing satisfactorily.

Residency Program Improvement

Our residency aims to provide the highest quality experience for its residents and to continuously improve the residency program.

The Residency Advisory Committee (RAC) is established to guide all elements of the residency program and must meet at least quarterly. Program improvement is an ongoing agenda item at all RAC meetings. All program improvement ideas from preceptors and residents are placed on the agenda for the next RAC meeting as they are received by the RPD. Discussion and decisions of the committee regarding residency program improvement must be documented via meeting minutes.

The current residents must provide feedback and recommendations via at least quarterly reviews with the RPD, final program evaluation, and exit interview.

The RPD may revise the residency program at any time, including adding or removing rotations from the program, as needed based on preceptor qualification, performance, and resident satisfaction.

A formal documented program evaluation must be conducted at least annually at a RAC meeting in the 4th quarter of each residency year to identify strengths, areas for improvement, and strategies to make those improvements.

The evaluation must include:

- Assessment of methods for recruitment that identifies the best candidate

- End-of-the year input from residents who complete the program.
- Input from resident evaluations of preceptors and learning experiences.
- Input from preceptors related to continuous improvement.
- Documentation of program improvement opportunities and plans for changes to the program

Residency Position Information

Pharmacy Resident Job Description



HHC Values

Integrity
Excellence

Caring
Safety

JOB DESCRIPTION

IDENTIFYING INFORMATION

Job Code	101285	FLSA Status	Non-exempt
Job Title	Pharmacy Resident	Sal Admin Plan	
Company	The Hospital of Central Connecticut	Grade	
Business Unit	91005	Manager Level	No
Dept ID	401010	Union Code	
Department	Pharmacy		
Prepared by:	Colleen Teevan	Date	2/1/18
Approved by:	David Girouard	Date	2/1/18

JOB SUMMARY

<p>Participates in a variety of post graduate clinical, operational, and professional practice learning experiences under the supervision of a preceptor. Conducts a research project, provides in-services to staff, publishes pharmacy related information and attends professional conferences. Functions as a staff pharmacist on a rotating basis. Reports to preceptors and Residency Program Director (RPD).</p>

JOB RESPONSIBILITIES

Key Areas of Responsibility	% Time
1. Engages in clinical activities with the preceptor and works in the capacity of an independent practitioner alongside a collaborative healthcare team in support of direct patient care.	60%
2. Contributes to academic activities which include but not limited to: <ul style="list-style-type: none"> a. Formal and Informal presentations b. At least one written publication c. Journal club discussions d. Poster presentations e. Research 	15%
3. Assists in learning activities for pharmacy students and medical residents.	10%
4. Participates in committee meetings and related activities as assigned.	10%
5. Performs all responsibilities of a staff pharmacist.	5%
6. Works effectively as a team member within department and with customers to provide quality service to the hospital patient care areas through communication, cooperation and collaboration.	As Required

7. Demonstrates competencies, including, knowledge and behaviors, to meet age specific patient needs.	As Required
8. Demonstrates ability to effectively use computer software programs used in the department.	As Required

WORKING RELATIONSHIPS

This Job Reports To (Job Title): Residency Director			
List Job Title(s) of HHC positions reporting to this Job: Pharmacy Resident			
# Workers Reporting to This Job:	# Direct Reports		# In-Direct Reports
Describe nature of supervision of any External workers (e.g. vendors, contractors): Standard oversight of pharmacy technicians as a registered pharmacist as required by CT Pharmacy regulations. May also assist in supervising pharmacy students.			

REQUIREMENTS AND SPECIFICATIONS

Minimum Requirements	Preferred Requirements
Education: Pharm.D. from a US Accredited College of Pharmacy or FPGEC certificate from NABP	Education
Experience: None	Experience: At least one year of hospital pharmacy experience is preferred.
Licensure, Certification, Registration: Obtains Connecticut Pharmacist licensure by August 1 st of residency year.	Licensure, Certification, Registration: Obtains Connecticut Pharmacist licensure by June 30 th of residency year.
Language Skills: None	Language Skills: None
Knowledge, Skills and Ability Requirements: <ul style="list-style-type: none"> • Open to new learning experiences and innovative activities • Requires good communication and analytical skills • Requires manual dexterity and basic keyboard skills • Ability to balance multiple tasks and initiatives at the same time 	

Licensure

All Hospital of Central Connecticut pharmacy residents must obtain pharmacist licensure in the state of Connecticut no later than August 1st of their residency year. Should they fail to do so, the resident must request an extension from Residency Advisory Committee. If an extension is granted, the RAC and the resident will work together to develop a plan to ensure successful completion of the licensing requirements as well as residency requirements. This may include extension of the program, modification of learning experience schedule (only non-patient care learning experiences prior to licensure), suspension of the program until licensure, or other plans agreed upon by the RAC and resident.

An extension may only be granted until 90 days after the start of the residency. Failure to obtain pharmacist licensure in the state of Connecticut within 90 days of the start of the residency will result in dismissal from the program.

Proof of licensure is required upon entry into the residency program. If the resident is not yet licensed as a pharmacist, he or she must have a current Connecticut pharmacy intern license that is valid until the date of pharmacist licensure.

Duty hours and Moonlighting

This pharmacy residency program complies with the ASHP duty hour requirements. Duty hours are the hours which are related to the activities of the pharmacy residency program and include time spent providing patient care, performing administrative duties, attending conferences, participating in meetings, and engaging in outreach activities if assigned, scheduled or considered part of normal residency activities. Duty hours do not include studying, reading, conference preparation, and travel to meetings or other unscheduled activities.

Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period. For every 28-day period, the resident must have a minimum of four days free from all duty and moonlighting hours. There must be a minimum of 8 hours between duty hours (between duty and the previous duty or moonlighting hours) and continuous duty may not exceed 16 hours. These requirements have been established to allow sufficient time for resident rest and restoration to promote safe and effective patient care.

Residency education is a full-time endeavor. Moonlighting is only permitted provided it does not eclipse residency learning experiences. If a resident chooses to moonlight, doing so within Hartford Healthcare is preferred. Moonlighting outside of the organization is strongly discouraged. Moonlighting also applies for non-healthcare related jobs. Moonlighting is prohibited during resident duty hours Monday thru Friday from the hours of 0700 to 1600, excluding weekday holidays, and is limited to one shift (8 hours) per week maximum. Hours must comply with duty hours as described above.

The resident must request approval from the program director in advance for any moonlighting activities. Resident performance will be monitored through evaluations and preceptor feedback. In the

event that the resident's well-being, performance on learning experiences, or ability to provide safe patient care are negatively impacted by the resident's moonlighting activities, the RPD will withdraw permission for the resident to moonlight. Residents engaged in moonlighting outside of permitted hours will be subject to disciplinary action.

The resident will document hours spent in the residency program, as well as moonlighting, to ensure compliance with ASHP duty hour requirements. Duty hour logs will be attested by the resident in PharmAcademic and reviewed by the RPD on a monthly basis. If it has been identified that duty hours have been exceeded, the RPD will review the duty hours policy with the resident. The resident and RPD will sign a statement they have reviewed the duty hours policy and will adhere to the duty hours in the future; the signed statement will be uploaded to Pharmacademic.

Probation and Dismissal

The resident is expected to follow the Hospital of Central Connecticut's Code of Conduct as well as all pharmacy department policies and procedures. The resident is expected to adhere to established standards of pharmacy practice and ethical behavior, and to complete all program requirements in a satisfactory manner.

Should the pharmacy resident be unable to adhere to the required standards, be unable to function effectively in the residency program, or be found to be putting patients at risk, the resident may be placed on probation or dismissed from the program. The resident may voluntarily withdraw from the program for these reasons as well.

In most instances of skill or knowledge deficit or problematic behavior, the first step will be a probationary period. Probation is a time period during which the resident will undergo remedial training or experiences, receive additional assistance to improve their performance, and require increased supervision. Upon identification of unacceptable performance, behavioral misconduct, or unethical behavior, the problem must be brought to the attention of the Residency Program Director (RPD) at the earliest opportunity. The resident, preceptor (if applicable), RPD, and Residency Advisory Committee will work together to develop a written remediation plan to be enacted during the probation period. This plan will specify the types of knowledge, skills, and/or behavior that the resident must develop in order to correct the problem, as well as the specific actions and oversight that will be required during the probationary period. Progress will be reviewed by the RAC on a regular basis, no less frequently than every month. When the resident has corrected the problem, as outlined in the remediation plan, the RAC may vote to remove the probationary status.

Dismissal is the termination of the resident's training and participation in the residency program. Residents who are dismissed from the program are not eligible to receive a certificate of completion. A resident may be dismissed from the program for actions including, but not limited to:

- Failure to obtain CT pharmacist license within 90 days of the start of the residency program

- Illegal or unethical behavior in the provision of patient care
- Failure to improve performance during a probationary period
- Repeated unsatisfactory performance, resulting in multiple probationary periods

Wellness and Resiliency

The Hospital of Central Connecticut PGY-1 Pharmacy Residency preceptors and residents are provided with several resources to promote wellness and resiliency. Each resident is paired with a preceptor mentor that lends guidance, expertise, and support throughout the year. A residency huddle is conducted weekly that recognizes preceptors and residents who demonstrate discretionary efforts, tracks wellness, and provide tips to better manage stress. Educational presentations are offered to residents and preceptors that focus on strategies to promote well-being and prevent burnout. Residents are given a day off following their staffing weekend to recover mentally and physically after working a long-stretch of days in a row. The pharmacy department also hosts many events during the holidays and has a social gathering once a month at local venues near the hospital which provides a great way to get to know each other outside of work. Hartford HealthCare offers many other resources to encourage wellness including the HHC Colleague Well-Being App and Wellness Wednesdays webinars.

Benefits: Paid Time Off, Family, and Sick Leave

Paid Time Off

The pharmacy resident is provided with 15 days of paid time off (PTO) which encompasses both vacation and sick time, not holiday time.

Planned PTO (vacation time) should be requested in writing at least 2 weeks in advance. The resident will request PTO from the preceptor of their learning experience and submitted to the RPD for approval. The resident cannot miss more than 7 work days in any one month learning experience. Fewer missed days may be allowed based on RPD discretion. Any vacations longer than 1 week should be scheduled across two learning experiences.

Unplanned PTO (sick time) should be reported as soon as you determine that you will not be able to come in to work. The resident should notify their preceptor and the Residency Program Director of the absence via phone call.

The resident is required to work one major and two minor holidays. Therefore, each resident will be away from the residency program for 6 holidays per year when they are not staffing their required holidays. If the resident plans to take time off that includes one of their scheduled holidays, they are responsible for switching holidays with another pharmacist.

Educational days are not counted as days away from the program and are provided for the CSHP Catch the Wave Meeting (1 day), ASHP Midyear Clinical Meeting (4 days), and a Regional Residency Conference (1 day). Additional educational time may be granted at the discretion of the RPD.

The pharmacy department follows all HHC Hospital policies for bereavement, extended family, and sick leave. The Family Medical Leave Act or Disability will be administered in accordance with hospital policy if these acts apply (Refer to HHC Leaves of Absence Policy on PolicyTech). In an event the resident is eligible for Short-Term Disability, leave will be reviewed on case-by-case basis by the RPD, Pharmacy Director, and Human Resources; and a plan will be developed by the RPD to assure that the residency requirements are fulfilled.

In the event of serious personal issue requiring extended leave, the resident may take unused PTO and complete the residency on schedule. Any additional required time off may result in leave without pay, extending the program, and will be reviewed on case-by-case basis by RPD, Pharmacy Director and Human Resources. If the extended total leave exceeds 90 days, the resident will be dismissed from the residency.

Any unused PTO hours are not eligible to be paid out at the conclusion of the residency year.

Time Away

Time away from the program is defined as any combination of the following types of leave: vacation, sick leave, interview days, personal days, holidays, religious time, jury duty, bereavement leave, military leave, parental leave, leaves of absence, and extended leave.

In accordance with the ASHP standard, a maximum of 37 days away from the program is allowed for residents without requiring an extension of the residency program. If a resident exceeds 37 days away from the program, the program must be extended by the number of days beyond the 37-day limit to ensure the 52-week residency requirement is fulfilled.

Residency Competencies, Goals, and Objectives

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* ([ASHP link to standards](#)). The competency areas, goals, and objectives listed below are required for all pharmacy residents at the Hospital of Central Connecticut.

Definitions

Competency Areas: Categories of the residency graduates' capabilities.

Competency areas are classified into one of three categories:

Required: Four competency areas are required (all programs must include them and all their associated goals and objectives).

Additional: Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.

Elective: Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

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

COMPETENCY AREA R1: Patient Care

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).

Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.

Criteria:

- Uses a systematic and organized approach to gather and verify information from appropriate sources (e.g., existing patient records, the patient, caregivers, other healthcare professionals).
- Evaluates medication list and medication-use history for prescription and nonprescription medications; including but not limited to dietary supplements, illicit and recreational substances, non-traditional therapies, immunizations, allergies, adverse drug reactions, and medication adherence and persistence.
- Collects relevant health data including medical and social history, health and wellness information, laboratory and biometric test results, physical assessment findings, and pharmacogenomics and pharmacogenetic information, if available.
- Determines patient lifestyle habits, preferences and beliefs, health literacy, health and functional goals, socioeconomic factors, and/or other health-related social needs that affect access to medications and other aspects of care.
- Determines missing objective information and performs appropriate physical assessment, orders laboratory tests, and/or conducts point of care testing, as applicable.

Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.

Criteria:

- Determines appropriateness, effectiveness, and safety of each medication.
- Interprets clinical information appropriately as part of assessment.
- Identifies unmet healthcare needs of the patient.
- Identifies medication therapy problems accurately.
- Includes health-related social needs and considers social determinants of health (SDOH) as part of assessment.
- Considers preventive health strategies as part of assessment.
- Accurately applies evidence-based medicine and guidelines to individual patient care which reflects patient's values, preferences, priorities, understanding, and goals.

Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.

Criteria:

- Chooses and follows the most appropriate evidence and/or guidelines.
- Addresses medication-related problems and optimizes medication therapy, in alignment with pertinent medication-use policies.
- Addresses health-related social needs and other social determinants of health (SDOH) as part of the care plan.
- Addresses preventive health strategies as part of the care plan.
- Engages the patient in shared decision making, as appropriate.
- Sets realistic and measurable goals of therapy for achieving clinical outcomes in the context of patient's overall healthcare goals, understanding, preferences, priorities, and access to care.
- Identify when a patient requires an alternate level or method of care.

Objective R1.1.4: (Applying) Implement care plans.

Criteria:

- Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.
- Ensures timely completion of medication orders, prescriptions, and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.
- Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.
- Engages the patient through education, empowerment, and self-management.
- Engages other team members, as appropriate.

Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

Criteria:

- Reassesses all medications for appropriateness, effectiveness, safety, and patient adherence through available health data, laboratory and biometric test results, and patient feedback.
- Evaluates clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy.
- Identifies appropriate modifications to the care plan.

- Establishes a revised care plan in collaboration with other healthcare professionals, the patient, and/or caregivers.
- Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant healthcare professionals, as appropriate.
- Modifies schedule for follow-up care or referral as needed to assess progress toward the established goals of therapy.

Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.

Criteria:

- Routinely identifies patients who are experiencing care transitions.
- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts a thorough and accurate medication reconciliation.
- Identifies potential and actual medication-related problems.
- Provides medication management, when appropriate.
- Considers the appropriateness of medication therapy during care transitions.
- Evaluates cost, availability, coverage, and affordability of medication therapy.
- Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.
- Provides effective medication education to the patient and/or caregiver.
- Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.
- Follows up with patient in a timely manner, as appropriate.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.

Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.

Criteria:

- Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care.
- Follows the organization's communication policies and procedures.
- Demonstrates appropriate skills in negotiation, conflict management, and consensus building.
- Interacts collaboratively and respectfully.
- Advocates for the patient.
- Chooses an appropriate form of communication with team members based on type and urgency of information, recommendation, and/or request.
- Recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team clearly, concisely, persuasively, and timely.

Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.

Criteria:

- Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient-friendly language, language services, assistive technology, visual aids).
- Addresses communication barriers during telehealth interactions, as applicable.
- Interacts in a respectful, collaborative, empathetic, and personalized manner.
- Follows the organization's communication policies and procedures.
- Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.
- Considers non-verbal cues and adjusts delivery, when needed.
- In addition to an oral summary, provides a written summary of recommended medication-related changes and other pertinent educational materials and available resources, as appropriate.

Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

Criteria:

- Selects appropriate information to document.
- Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.
- Documents in a timely manner.
- Follows the organization's documentation policies and procedures.
- Documents appropriately to support coding, billing, and compensation.
- Ensures security of Protected Health Information (PHI) throughout the documentation process.

Goal R1.3: Promote safe and effective access to medication therapy.

Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.

Criteria:

- Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers.
- Prioritizes formulary medications, as appropriate.
- Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests.
- Considers appropriate formulary alternatives.
- Ensures access to non-formulary products when formulary alternatives cannot be used.

Objective R1.3.2: (Applying) Participate in medication event reporting. [N/A for Managed Care]

Criteria:

- Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).
- Uses appropriate technology for reporting adverse drug events.

Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications. [N/A for Managed Care]

Criteria:

- Adheres to applicable laws, institutional policies, departmental policies, and best practice standards.
- Identifies, detects, and addresses medication and health-related issues prior to verifying a medication order or dispensing a medication.
- Completes all steps of the medication preparation process.
- Completes all steps of the patient-centered dispensing process accurately and efficiently, including selection of self-care products, as appropriate.
- Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients.
- Administers medications using appropriate techniques, as appropriate.
- Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing, and administration of medications according to applicable laws and institutional policies.
- Effectively prioritizes workload and organizes workflow for oneself and pharmacy support personnel.
- Refers patients for other healthcare services or care by other healthcare professionals, as appropriate.
- Ensures appropriate storage of medications.
- Determines barriers to patient adherence and makes appropriate adjustments.

Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).

Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.

Criteria:

- Recognizes patterns within aggregate patient data (i.e., defined population data).
- Interprets outcomes benchmarks and dashboards, as applicable.
- Compares outcomes of population data to evidence-based or best practice guidelines and/or established benchmarks (e.g., Star ratings, quality metrics).
- Identifies areas for improved patient care management based on population data.
- Provides targeted interventions for individual patients within a defined group to improve overall population outcomes.
- Recommends appropriate services to patients, providers, or health plans to help improve patient and population outcomes.
- Engages leaders to determine necessary resource(s) to improve patient and population outcomes and promote equitable care.

Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.

Criteria:

- Uses the appropriate format.
- Evaluates and applies evidence-based principles.
- Effectively synthesizes information from available literature.

- Incorporates all relevant sources of information pertaining to the topic being reviewed.
- Applies medication-use safety and resource utilization information.
- Demonstrates appropriate assertiveness and timeliness if presenting pharmacy concerns, solutions, and interests to internal and/or external stakeholders.
- Delivers content objectively.
- Includes proposals for medication-safety technology considerations and improvements, when appropriate.
- Includes considerations for addressing established health equity concerns, when appropriate.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable.

Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects.

Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.

Criteria:

- Explains concepts associated with project development.
- Appropriately identifies or understands problems and opportunities for projects.
- Conducts a thorough literature to contextualize project scope.
- Determines an appropriate question or topic for a practice-related project that can realistically be addressed in the available time frame.
- Uses best practices or evidence-based principles to identify opportunities related to the project.

Objective R2.1.2: (Creating) Develop a project plan.

Criteria:

- Develops specific aims, selects an appropriate project design, and develops suitable methods to complete the project.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Incorporates appropriate quality improvement process design and/or methodology (e.g., standardization, simplification, human factors training, quality improvement process, or other process improvement or research methodologies), if applicable.
- Develops a feasible design for a prospective or retrospective outcomes analysis that considers who or what will be affected by the project.
- Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).
- Develops a feasible project timeline.
- Develops a plan for data collection and secure storage that is consistent with the project intent and design.
- Develops a plan for data analysis.
- Acts in accordance with the ethics of human subject's research, if applicable.

Objective R2.1.3: (Applying) Implement project plan.

Criteria:

- Obtains necessary project approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.) and responds promptly to feedback or reviews.
- Demonstrates a systematic and organized approach to gathering and storing data.
- Collects appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal or external databases, Internet resources, and other sources of decision support, as applicable.
- Adheres to the project timeline as closely as possible, adjusting for unforeseeable factors, when necessary.
- Correctly identifies need for additional modifications or changes to the project.

Objective R2.1.4: (Analyzing) Analyze project results.

Criteria:

- Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.
- Collaborates with project team members to validate project analysis, as appropriate.

Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.

Criteria:

- Evaluates data and/or outcomes of project accurately and fully.
- Considers the impact of the limitations of the project design on the interpretation of results.
- Accurately assesses the impact of the project, including its sustainability, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.

Objective R2.1.6: (Creating) Develop and present a final report.

Criteria:

- Completes all report requirements on time and within assigned time frame.
- Develops a project report that is well-organized and easy to follow.
- Formats written report suitable for project audience.
- Uses effective written and/or oral communication to convey points successfully.
- Submits and/or presents project report to intended audience.
- Summarizes key points at the conclusion of the report.
- Responds to questions in a concise, accurate, and thoughtful manner.

COMPETENCY AREA R3: Leadership

Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.

Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.

Criteria:

- Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).

- Describes resolution of medication access or availability concerns.
- Identifies various effective leadership philosophies and principles.
- Explains how the pharmacy planning relates to the organization and/or department's mission and vision.
- Explains the department and/or organization's decision-making structure.
- Explains the department and/or organization's strategic planning process.
- Identifies human resources and personnel management pertinent policies and procedures including but not limited to workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources.
- Explains current credentialing and privileging processes of the organization and potential changes for the future, if applicable.
- Explains the quality improvement plan(s) of the department and/or organization.
- Correctly assesses internal pharmacy quality, effectiveness, and safety data against benchmarks.

Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.

Criteria:

- Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements.
- Identifies and explains the impact of local or regional healthcare entities on pharmacy or organizational practice.
- Accurately explains the purpose and impact of external quality metrics to the practice environment.

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.

Criteria:

- Uses principles of continuous professional development (CPD) planning (e.g., accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).
- Sets realistic expectations of performance.
- Engages in self-reflection of one's behavior, knowledge, and growth opportunities.
- Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.
- Engages in self-evaluation by comparing one's performance to a benchmark.
- Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.
- Demonstrates self-motivation and a "can-do" approach.
- Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.

Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.

Criteria:

- Balances personal needs appropriately with the needs of the department and/or organization.
- Demonstrates personal commitment to the mission and vision of the department and/or organization.
- Demonstrates effective workload and time management skills.
- Prioritizes and organizes all tasks appropriately.
- Prioritizes appropriate daily activities.
- Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).
- Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.
- Sets and manages appropriate timelines in harmony with pertinent stakeholders.
- Proactively assumes and takes on increased levels of responsibility.
- Proactively identifies issues or barriers and create potential solutions or management strategies.
- Follows through on obligations collaboratively and without prompting.
- Ensures timely and thorough transfer of appropriate responsibilities.
- Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.
- Appropriately balances quality and timeliness in all aspects of work.

Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.

Criteria:

- Represents pharmacy as an integral member of the healthcare team.
- Demonstrates professionalism through appearance and personal conduct.
- Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.
- Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct.
- Prioritizes patient healthcare needs.
- Accepts consequences for his or her actions without redirecting blame to others.
- Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.
- Advocates effectively on behalf of patients to other members of the healthcare team.
- Delegates appropriate work to technical and clerical personnel.
- Understands and respects the perspective and responsibilities of all healthcare team members.
- Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.
- Works collaboratively within the department and/or organization's political and decision-making structure.

Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

Criteria:

- Identifies professional organization(s) that align with practice interests.
- Articulates the benefits of active participation in professional associations at all levels.
- Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare.
- Develops personal vision and action plan for ongoing professional engagement.
- Participates appropriately in practice and advocacy activities of national, state, and/or local professional associations.
- Addresses the needs of the patients through service and/or education.

COMPETENCY AREA R4: Teaching and Education

Goal R4.1: Provide effective medication and practice-related education.

Objective R4.1.1: (Creating) Construct educational activities for the target audience.

Criteria:

- Obtains an accurate assessment of the learner's needs and level of understanding.
- Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
- Uses appropriate teaching strategies, including active learning.
- Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
- Designs instructional materials that meet the needs of the audience.
- Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

Criteria:

- Writes in a manner that is concise, easily understandable, and free of errors.
- Demonstrates thorough understanding of the topic.
- Determines appropriate breadth and depth of information based on audience and purpose of education.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.
- Develops and accurately uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate.
- Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Creates visually appropriate documents (e.g., font, white space, and layout).
- Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.
- Creates one's own work and does not engage in plagiarism.

- Seeks, processes, and appropriately incorporates feedback from the targeted audience.

Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area. Criteria:

- Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).
- Incorporates multiple appropriate educational techniques to present content.
- Demonstrates rapport with learners.
- Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.
- Demonstrates thorough understanding of the topic.
- Organizes and sequences instruction properly.
- Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Speaks at an appropriate rate and volume with articulation and engaging inflection.
- Effectively uses body language, movement, and expressions to enhance presentations.
- Makes smooth transitions between concepts.
- Summarizes important points at appropriate times throughout presentations.
- Demonstrates ability to adapt appropriately during the presentation.
- Captures and maintains learner/audience interest throughout the presentation.
- Responds to questions from participants in a concise, accurate, and thoughtful manner.

Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Identifies appropriate time to solicit feedback from the learner.
- Solicits timely, constructive, and criteria-based feedback from the learner.
- Writes assessment questions (if used) in a clear and concise format that reflects best practices.
- Assesses learners for achievement of learning objective(s).
- Identifies and takes appropriate actions when learner fails to understand delivered content.
- Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.

Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.

Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.

Criteria:

- Identifies experiential learning opportunities in the practice setting and engages learners appropriately.
- Creates an organized and systematic approach to designing learning experiences for the learner.
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
- Chooses appropriate preceptor roles to stimulate professional growth in learner.
- Adjusts the preceptor role as learner needs change.
- Uses appropriate methods to provide both formative and summative feedback.

- Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.
- Engages the learner effectively in self-evaluation and self-reflection.
- Provides effective and focused direct instruction when warranted.
- Models critical-thinking skills by including “thinking out loud”.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.
- Selects appropriate problem-solving situations for independent learners.
- Ensures learner understands feedback and next steps needed to improve.