

The Hospital of Central Connecticut

PGY1 Pharmacy Residency Manual

2023 – 2024



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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

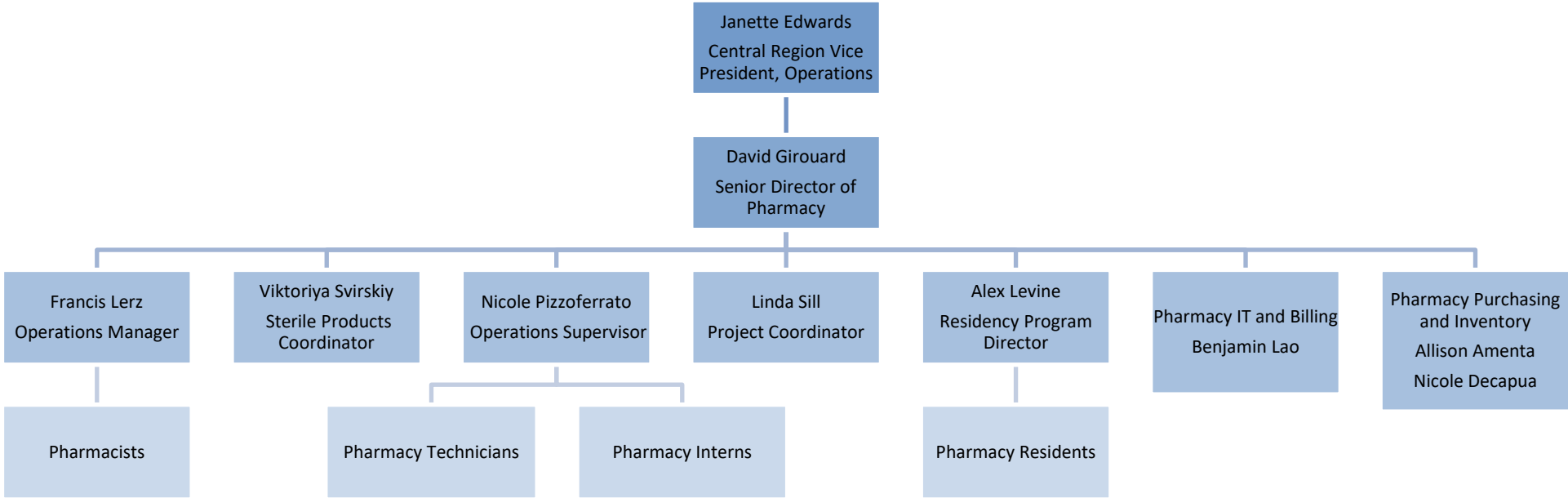
- Participate in multidisciplinary committees to sustain a culture of safety and best practices in the area of medication management
- Ensure quality and safety across transitions of care through technician-documented medication histories and pharmacist-provided discharge education

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.

Qualifications

Residency program preceptors are 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

Preceptors must demonstrate a desire to precept, along with the ability to precept resident learning experiences, as evidenced by:

1. Demonstrating the use of clinical teaching roles (i.e. instructing, modeling, coaching, facilitating) at the level required by residents
2. The ability to assess residents' performance
3. Recognition in the area of pharmacy practice for which they serve as preceptors
4. An established, active practice in the area for which they serve as a preceptor
5. Maintenance of continuity of practice during the time of residents' learning experiences
6. Ongoing professionalism, including a personal commitment to advancing the profession

Responsibilities

Preceptors must serve as role models for learning experiences, as evidenced by:

- A. Contributions to the success of residents and the program
- B. Providing learning experiences in accordance with Standard 3
- C. Participate actively in the residency program's continuous quality improvement processes
- D. Demonstrate practice expertise, preceptor skills, and strive to continuously improve

- E. Adhere to residency program and department policies pertaining to residents and services
- F. Demonstrate commitment to advancing the residency program and pharmacy services

Preceptors not 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 may be Preceptors-in-Training. Preceptors-in-Training 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 to review progress

Responsibilities

Preceptors not meeting qualifications have the same responsibilities as listed above for Preceptors. In addition, they will seek out instruction and feedback that will aid them in meeting the requirements for a residency preceptor.

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.
 - Identified topics will be discussed at RAC meetings and/or CT preceptor development sessions throughout the year, with additional activities planned as needed to address identified needs.
 - 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.
- **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	Lauren McMann
Oncology	Kelly Richard
Infectious Diseases	Rosanna Li
Research (longitudinal)	Kelly Shepard
Management	Francis Lerz, Linda Sill
Internal Medicine II	Alex Levine
Medical ICU (6 weeks)	Ashley West
Teaching and Learning (longitudinal)	Katherine Tokarz
Staffing (longitudinal)	Jannie Lao, Kristen Nguyen
Medication Safety (longitudinal)	Linda Sill

*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)	Ashley West
Transitions of Care	Lauren McMann
Cardiology	Alex Levine
Surgical ICU	Ashley West
Emergency Medicine	Abigail Zeiner
Ambulatory Oncology	Danielle Fry
Anticoagulation Clinic (off-site)	Kasia Sasiela

*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 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 or a state or local meeting
- Completion of a research project, including
 - Presentation at New England 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

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, Eastern States 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)
 - New England Residency Conference slide presentation with two drafts and final version (titles: NERC presentation draft #1, NERC presentation draft #2, NERC 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, Initial aminoglycoside note, Follow-up aminoglycoside note, and Stroke or heart failure education note)
 - 1 prepared pharmacy operations meeting agenda/minutes (title: Pharmacy operations 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.

Evaluation Definitions

All preceptors are oriented to the definitions utilized in our evaluation scale and how to apply them to the evaluation of residents in learning experiences.

- **Needs Improvement (NI)** – The resident’s progress will not result in achievement of objectives
 - The resident is not performing activities related to the objective as expected and requires significant improvement. Examples include:
 - Deficiency in necessary knowledge/skills
 - Consistently requiring assistance to complete activities
 - Does not ask appropriate questions to supplement learning
 - Unable to function independently
 - Must include narrative comments indicating specifically what the resident must do in order to progress toward successful achievement of the objective

- **Satisfactory Performance (SP)** – The resident’s progress is expected to result in achievement of objectives
 - The resident is progressing at a level that will lead to a high level of functioning related to the objective. Examples include:
 - Requiring assistance to complete the objective in more complex situations
 - Asking appropriate questions to supplement learning
 - Able to function independently some of the time
 - Should include narrative comments indicating specifically what the resident must do in order to progress toward successful achievement of the objective

- **Achieved (ACH)** – The resident performs the objective at the level expected of a PGY1 graduate
 - The resident requires minimal support to complete the activities related to the objective. Examples include:
 - Rarely requiring assistance to complete the objective
 - Sound knowledge/skills related to the objective
 - Routinely functioning independently

- Must include narrative comments that support the resident’s achievement of the objective, including specific examples.
- **Achieved for Residency (ACHR)** – The resident consistently performs this objective independently at an achieved level and functions as a graduate level resident
 - ACHR status for objectives will be assessed quarterly by the residency program director and residency advisory committee
 - The following criteria are required for an objective to be considered ACHR:
 - R1 (Patient Care) objectives: the resident has received ‘ACH’ for two different learning experience evaluations or two quarterly evaluations for longitudinal experiences
 - R2 (Advancing Practice and Improving Care), R3 (Leadership and Management), R4 (Teaching, Education, and Dissemination of Knowledge): the resident has received ‘ACH’ for at least one learning experience evaluation

Required Evaluations

Prior to the start of the 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 **summative evaluation**, based on pre-defined goals and objectives, will be completed by the preceptor at the end of each learning experience. For longitudinal learning experiences, these evaluations will be completed quarterly.

The resident will complete an **evaluation of the learning experience** and an **evaluation of the preceptor(s)** at the completion of each learning experience. For longitudinal learning experiences, these evaluations will be completed quarterly. Residents will also complete a quarterly **Check-In and Well-Being** evaluation in PharmAcademic. A monthly **Duty Hours** attestation will also be required.

All evaluations must be completed by the due date or within 7 days. At the end of each learning experience (quarterly for longitudinal learning experiences), the preceptor(s) and resident will review the evaluations both verbally and in writing. The RPD, preceptor, and resident will review recommended changes to the learning experience that will result in continued improvement of the residency program.

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

The Hospital of Central Connecticut aims to provide the highest quality experience for its residents and to continuously improve the residency program.

The RPD and RAC review resident and preceptor evaluations and comments on a regular basis, identifying areas for improvement in precepting, learning experiences, or the program as a whole. These opportunities will be discussed at RAC meetings throughout the year. Additionally, residents will be asked to provide feedback and recommendations via a final program evaluation and exit interview. At a Spring RAC meeting of each residency year, a program evaluation will be conducted to identify strengths, areas for improvement, and strategies to make those improvements.

Graduates of HOCC's residency program will be tracked on a yearly basis, including initial employment, changes in employment, and board certification. Surveys to program alumni will also be used to evaluate outcomes.

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

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).
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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: 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.

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

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

The pharmacy resident is provided with 15 days of paid time off (PTO), which encompasses both vacation and sick time.

Planned PTO (vacation) should be requested in writing at least 2 weeks in advance. The resident cannot miss more than 7 work days in any one month learning experience. Any vacations longer than 1 week should be scheduled across two learning experiences.

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.

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.

Educational days are provided for the CSHP Catch the Wave Meeting (1 day), ASHP Midyear Clinical Meeting (4 days), and the New England Residency Conference (1 day). Additional educational time may be granted at the discretion of the RPD.

The pharmacy department follows all HOCC Human Resources policies for bereavement, extended family and sick leave. The expectation of the residency program is that the resident will complete all required program components within the twelve-month residency period. Unexpected and extended absences due to illness or extenuating professional or family commitments may preclude the resident from the ability to complete all required program components. Extended absences may result in the termination of the resident from the residency program. The hospital will attempt reasonable

accommodation to prevent termination from the residency program, but this accommodation cannot exceed an additional 45 days extension to the agreed upon residency duration. The Family Medical Leave Act or Disability will be administered in accordance with organizational policy if these acts apply.

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

The time away from the residency program for each resident cannot exceed 37 days per a 52-week training period without requiring an extension of the program. For example, if the resident takes 15 days of PTO, 6 holidays, and 6 education days; this will leave 10 days remaining for bereavement, sick time, jury duty, interview days, etc.

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: 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, and 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 caregivers.

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 the potential for such events.
 - Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
 - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.

- Patient not receiving full benefit of prescribed medication therapy.
- Problems arising from the financial impact of medication therapy on the patient.
- Patient lacks understanding of medication therapy.
- Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- Laboratory monitoring needed.
- Discrepancy between prescribed medications and established care plan for the patient.

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

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
 - Relevant patient-specific information, including culture and preferences.
 - The goals of other interprofessional team members.
 - The patient’s disease state(s).
 - Medication-specific information.
 - Best evidence.
 - Ethical issues involved in the patient's care.
 - Quality-of-life issues specific to the patient.
 - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
 - Are appropriate for the disease states being treated.
 - Reflect:
 - The therapeutic goals established for the patient.
 - The patient’s and caregiver’s specific needs.
 - Consideration of:
 - Any pertinent pharmacogenomic or pharmacogenetic factors.
 - Best evidence.
 - Pertinent ethical issues.
 - Pharmacoeconomic components (patient, medical, and systems resources).
 - Patient preferences, culture, and/or language differences.
 - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
 - Adhere to the health system’s medication-use policies.
 - Follow applicable ethical standards.
 - Address wellness promotion and lifestyle modification.
 - Support the organization’s or patient’s formulary.
 - Address medication-related problems and optimize medication therapy.
 - Engage the patient through education, empowerment, and promotion of self-management.
- Designs/redesigns monitoring plans that:
 - Effectively evaluate achievement of therapeutic goals.
 - Ensure adequate, appropriate, and timely follow-up.
 - Establish parameters that are appropriate measures of therapeutic goal achievement.
 - Reflect consideration of best evidence.

- Select the most reliable source for each parameter measurement.
- Have appropriate value ranges selected for the patient.
- Have parameters that measure efficacy.
- Have parameters that measure potential adverse drug events.
- Have parameters that are cost-effective.
- Have obtainable measurements of the parameters specified.
- Reflects consideration of compliance.
- If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
- When applicable, reflects preferences and needs of the patient.

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

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team.
 - Recommendation is persuasive.
 - Presentation of recommendation accords patient's right to refuse treatment.
 - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
 - Creates an atmosphere of collaboration.
 - Skillfully defuses negative reactions.
 - Communication conveys expertise.
 - Communication is assertive but not aggressive.
 - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
 - Therapy corresponds with the recommended regimen.
 - Regimen is initiated at the appropriate time.
 - Medication orders are clear and concise.
 - Activity complies with the health system's policies and procedures.
 - Tests correspond with the recommended monitoring plan.
 - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- 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.
- Documentation is written in time to be useful.
- Documentation follows the health system's policies and procedures, including requirements that entries be 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 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 interprets 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 calibrating equipment.
 - Ensuring that solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
 - Adhering to appropriate safety and quality assurance practices.
 - Preparing labels that conform to the health system's policies and procedures.
 - Ensuring that medication has all necessary and appropriate ancillary labels.
 - Inspecting 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.
- 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 processes.
- Effectively prioritizes workload and organizes workflow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper repackaging and relabeling 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 synthesizes 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.

Criteria:

- Uses evidence-based principles 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.

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

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

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

Criteria:

- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.

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.

Ideally, objectives R2.2.1-R2.2.5 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use system.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determines an appropriate topic for a practice-related project of significance to patient care.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication-use system.

Criteria:

- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.

- Plan is based on appropriate data.
- Gains necessary commitment and approval for implementation.
- 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 external stakeholders.
- Change is implemented fully.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Criteria:

- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Criteria:

- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or 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 and 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 ongoing self-evaluation and personal performance improvement.

Criteria:

- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Criteria:

- Identifies and explains factors that influence departmental planning, including:
 - Basic principles of management.
 - Financial management.
 - Accreditation, legal, regulatory, and safety requirements.
 - Facilities design.
 - Human resources.
 - Culture of the organization.
 - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.

Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care.
- Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.
- Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used.
- Describes the governance of the health care system and leadership roles.

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 work groups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices and 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., a need for staffing projects or education) 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 learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Strives to maintain a healthy work–life balance.
- Works collaboratively within the organization’s political and decision-making structure.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

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

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities.

Criteria:

- Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and 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 and 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 exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).

- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one's own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

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.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
 - Selects direct instruction when learners need background content.
 - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
 - Selects coaching when learners are prepared to perform a skill under supervision.
 - Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

Criteria:

- Instructs students, technicians, or others as appropriate.
- 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 and using indirect monitoring of performance.

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

Objective E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization’s policies and procedures.

Criteria:

- Acts in accordance with the organization’s policies and procedures for medical emergencies.
- Applies appropriate medication therapy in medical emergency situations.
- Accurately prepares medications and calculates doses during a medical emergency.
- Effectively anticipates needs during a medical emergency.
- Obtains certification in the American Heart Association Advanced Cardiac Life Support (ACLS).

Competency Area E6: Teaching and Learning

Goal E6.2 Develops and practices a philosophy of teaching.

Objective E6.2.1 (Creating) Develop a teaching philosophy statement.

Criteria:

- Teaching philosophy includes:
 - self-reflection on personal beliefs about teaching and learning;
 - identification of attitudes, values, and beliefs about teaching and learning; and,
 - illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.

Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.

Criteria:

- Develops learning objectives using active verbs and measureable outcomes.
- Plans teaching strategies appropriate for the learning objectives.
- Uses materials that are appropriate for the target audience.
- Organizes teaching materials logically.
- Plans relevant assessment techniques.
- When used, develops examination questions that are logical, well-written, and test the learners’ knowledge rather than their test-taking abilities.
- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
- Ensures activity is consistent with learning objectives in course syllabus.

Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

Criteria:

- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
- Uses effective skills in facilitating small and large groups.
- For experiential activities:
 - organizes student activities (e.g., student calendar);
 - effectively facilitates topic discussions and learning activities within the allotted time;
 - effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes);
 - effectively assesses student performance; and,
 - provides constructive feedback.

Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.

Criteria:

- Portfolio includes:
 - a statement describing one's teaching philosophy;
 - curriculum vitae;
 - teaching materials including slides and other handouts for each teaching experience;
 - documented self-reflections on one's teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement;
 - peer/faculty evaluations; and,
 - student/learner evaluations.