ASHP ACCREDITATION STANDARD
FOR POSTGRADUATE YEAR ONE (PGY1)
MANAGED CARE PHARMACY RESIDENCY PROGRAMS

Prepared jointly by the American Society of Health-System Pharmacists and the Academy of Managed Care Pharmacy

Introduction

Purpose of this Standard: the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs* (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services in managed care settings. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

PGY1 Managed Care Pharmacy Residency Program Purpose: To build upon the Doctor of Pharmacy (Pharm.D.) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership and education skills who are eligible for board certification and postgraduate year two (PGY2) pharmacy residency training. A managed care residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

Application of the Standard: the requirements serve as the basis for evaluating a PGY1 managed care pharmacy residency program for accreditation.

Throughout the Standard use of the auxiliary verbs *will* and *must* implies an absolute requirement, whereas use of *should* and *may* denotes a recommended guideline.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through a formal partnership with the Academy of Managed Care Pharmacy (AMCP). The *ASHP Regulations on Accreditation of Pharmacy Residencies*[1] describes the policies governing the accreditation program and procedures for seeking accreditation.

Overview of the Standards for PGY1 Managed Care Pharmacy Residencies
The following explains the rationale and importance of the areas selected for inclusion in the standards.

Standard 1: **Requirements and Selection of Residents**
This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

Standard 2: **Responsibilities of the Program to the Resident**

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

Standard 3: **Design and Conduct of the Residency Program**
It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

Standard 4: **Requirements of the Residency Program Director and Preceptors**
The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: **Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program**
It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: **Pharmacy Practice Environment**
When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services and programs to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and programs, and should motivate the profession to continually improve patient care outcomes.

Standard 1: Requirements and Selection of Residents

1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.

1.2 The predetermined criteria and procedure used to evaluate applicants' qualifications must be used by all involved in the evaluation and ranking of applicants.

1.3 Applicants to pharmacy residencies must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).

1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure in the state or jurisdiction in which the program is conducted.

1.5 Consequences of residents' failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.
   1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

Standard 2: Responsibilities of the Program to the Resident

2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.
   2.1.a. Non-traditional residency programs must describe the program's design and length used to meet the required educational competency areas, goals, and objectives.

2.2 Programs must comply with the *ASHP Duty-Hour Requirements for Pharmacy Residencies[2]*.

2.3 All programs in the ASHP accreditation process must adhere to the *Rules for the ASHP Pharmacy Resident Matching Program[3]*, unless exempted by the ASHP Commission on Credentialing.

2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.
   2.4.a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.
   2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.

2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.

2.6 The residency program must provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.

2.7 The RPD will award a certificate of residency only to those who complete the program's requirements.
    2.7.a.   Completion of the program's requirements must be documented.

2.8 The certificate provided to residents who complete the program's requirements must be issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies,* and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.
    2.8.a.   Reference must be made on the certificate of the residency that it is accredited by ASHP in partnership with AMCP.

2.9 The RPD must maintain the program's compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies* throughout the accreditation cycle.

Standard 3: Design and Conduct of the Residency Program

3.1 Residency Purpose and Description
The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.

PGY1 Managed Care Pharmacy Residency Program Purpose: To build upon the Doctor of Pharmacy (Pharm.D.) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership and education skills who are eligible for board certification and postgraduate year two (PGY2) pharmacy residency training. A managed care pharmacy residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

3.2 Competency Areas, Educational Goals and Objectives
    3.2.a.   The program's educational goals and objectives must support achievement of the residency's purpose.
    3.2.b.   The following competency areas and all associated educational goals and objectives[4] are required by the Standard and must be included in the program's design:
        (1) patient care;
        (2) advancing practice and improving patient care;
        (3) leadership and management; and,
        (4) teaching, education, and dissemination of knowledge.
    3.2.c.   Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.
3.3 Resident Learning
    3.3.a.   Program Structure

3.3.a.(1) A written description of the structure of the program must be documented formally.

    3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.

    3.3.a.(1)(b) Elective experiences must also be listed in the program's design.

3.3.a.(2) The program's structure must facilitate achievement of the program's educational goals and objectives.

3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.

3.3.a.(4) Residency programs must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity.

3.3.a.(5) No more than one-third of the twelve-month PGY1 managed care pharmacy residency program may deal with a specific patient disease state and population (e.g., diabetes, cardiovascular disease, multiple sclerosis, hepatitis C, inflammatory diseases).

3.3.a.(6) Residents must spend two thirds or more of the program in patient care activities.

3.3.b. Orientation
Residency program directors must orient residents to the residency program.

3.3.c. Learning Experiences

3.3.c.(1) Learning experience descriptions must be documented and include:

    3.3.c.(1)(a) a general description, including the practice area and the roles of pharmacists in the practice area;

    3.3.c.(1)(b) expectations of residents;

    3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;

    3.3.c.(1)(d) for each objective, a list of learning activities that will facilitate its achievement; and,

    3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.

3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.

3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.

3.3.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing patient care.

3.4 Evaluation
The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.

3.4.a. Initial assessment

3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.

3.4.a.(2) The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the

orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

    3.4.b.   Formative (on-going, regular) assessment

        3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.

        3.4.b.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

    3.4.c.   Summative evaluation

        3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

        3.4.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

        3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.

        3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

        3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.

        3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.

    3.4.d.   Residents' development plans

        3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.

        3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted.

        3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.

3.5 Continuous Residency Program Improvement

    3.5.a.   The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.

    3.5.b.   The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.

    3.5.c.   The residency program's continuous quality improvement process must evaluate whether or not residents fulfill the purpose of a PGY1 managed care pharmacy residency program through graduate tracking.

3.5.c.(1)   Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

Standard 4: Requirements of the Residency Program Director and Preceptors

4.1 Program Leadership Requirements
    4.1.a.   Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
    4.1.b.   The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
    4.1.c.   The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s)] administrative duties/activities for the conduct of the residency program.
    4.1.d.   For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
        4.1.d.(1)   A single RPD must be designated in writing by responsible representatives of each participating organization.
        4.1.d.(2)   The agreement must include definition of:
            4.1.d.(2)(a)   responsibilities of the RPD; and,
            4.1.d.(2)(b)   RPD's accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors' Eligibility
    RPDs must be licensed pharmacists who:
- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

4.3 Residency Program Directors' Qualifications
    RPDs serve as role models for pharmacy practice, as evidenced by:
    4.3.a.   leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
    4.3.b.   demonstrating ongoing professionalism and contribution to the profession; and,
    4.3.c.   representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization.

4.4 Residency Program Leadership Responsibilities
    RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:
    4.4.a.   organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
    4.4.b.   oversight of the progression of residents within the program and documentation of completed requirements;
    4.4.c.   implementing use of criteria for appointment and reappointment of preceptors;
    4.4.d.   evaluation, skills assessment, and development of preceptors in the program;

4.4.e.   creating and implementing a preceptor development plan for the residency program;

4.4.f.   continuous residency program improvement in conjunction with the residency advisory committee; and,

4.4.g.   working with pharmacy administration.

4.5 Appointment or Selection of Residency Program Preceptors

4.5.a.   Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.

4.5.b.   RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.7 Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

4.7.a.   contribute to the success of residents and the program;

4.7.b.   provide learning experiences in accordance with Standard 3;

4.7.c.   participate actively in the residency program's continuous quality improvement processes;

4.7.d.   demonstrate practice expertise, preceptor skills, and strive to continuously improve;

4.7.e.   adhere to residency program and department policies pertaining to residents and services; and,

4.7.f.   demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences as described in sections 4.8.a–f.

4.8.a.   demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;

4.8.b.   the ability to assess residents' performance;

4.8.c.   recognition in the area of pharmacy practice for which they serve as preceptors;

4.8.d.   an established, active practice in the area for which they serve as preceptor;

4.8.e.   maintenance of continuity of practice during the time of residents' learning experiences; and,

4.8.f.   ongoing professionalism, including a personal commitment to advancing the profession.

4.9 Preceptors-in-Training

4.9.a.   Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:

4.9.a.(1)   be assigned an advisor or coach who is a qualified preceptor; and,

4.9.a.(2)   have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,

4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program

5.1 Residency programs must be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. Organizations that are not accredited must compare their current performance with national accreditation standards (e.g. NCQA, Medicare Star Rating System).

5.2 Residency programs must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied pharmacy practice and operational standards.

5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.

5.3.a.   Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.

5.3.b.   Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.

5.3.b.(1)   Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met.

5.3.c.   A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.

5.3.d.   Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.

5.3.e.   Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy's service requirements in Standard 6.

5.4 Multiple-site residency programs must be in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs*[5].

Standard 6: Pharmacy Practice Environment

6.1 Pharmacy Practice Environment Structure and Management

6.1.a. The pharmacy practice environment is led and managed by a professional, legally qualified pharmacist.

6.1.b. The pharmacy practice environment has a well-defined organizational structure that supports the safe and effective provision of services, as evidenced by:

6.1.b.(1) a mission statement;

6.1.b.(2) current policies and procedures which are readily available to staff participating in service provision;

6.1.b.(3) descriptions of roles and responsibilities for all categories of personnel, including residents;

6.1.b.(4) policies to ensure the oversight of the medication-use process for the organization's members.

6.1.b.(5) processes and procedures to ensure that pharmacists' patient care services are safe, effective, and evidence-based.

6.1.c. The pharmacy practice environment has a strategic plan and documentation of progress on long-term and short-term goals.

6.1.d. The pharmacy practice environment is in compliance with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site.

6.1.e. The pharmacy practice environment is in compliance with current national practice standards and guidelines.

6.2 Pharmacy Resources

The pharmacy practice environment has sufficient resources required to provide services pursuant to the needs of the patients served. The pharmacy practice environment:

6.2.a. is designed, constructed, organized, and equipped to promote safe and efficient work;

6.2.b. is designed to accommodate confidential patient assessment and provision of patient care;

6.2.c. has professional, technical, and clerical staff sufficient and diverse enough to ensure that the practice can provide the level of service required by patients served;

6.2.d. has access to appropriate medical informatics (e.g., clinical reference information and patient-specific data) , computerized systems, patient assessment tools/equipment, and technology necessary to provide the scope of services and promote safe medication use;

6.2.e. has a system to appropriately document patient care and other services of the practice environment; and,

6.2.f. has systems to support the connectivity and interoperability of information systems.

6.3 Pharmacy Practice Oversight

6.3.a. The pharmacy practice must be an integral part of the broader healthcare system in which the residency program is offered, as evidenced by the following:

6.3.a.(1) The healthcare system includes pharmacy in the planning of patient care services and programs related to medication therapy.

6.3.a.(2) The scope of pharmacy services and programs is documented and evidenced in practice and quality measures.

6.3.b. Patient care services and programs are developed and implemented by the pharmacy practice environment based on its mission, and an assessment of the pharmacist services and programs needed to provide care to the patients served by the pharmacy practice environment. Patient care services and programs are delivered utilizing three delivery models:

6.3.b.(1) individual patient care in which the pharmacist communicates recommendations to patients and their health care providers;

6.3.b.(2) care provided to targeted groups of patients in which the pharmacist designs, conducts, monitors and evaluates the outcomes of organized and structured programs; and

6.3.b.(3) population care management in which the pharmacist develops and implements medication-use policy.

6.3.c. The pharmacy practice environment staff must provide leadership and participate with other health professionals in the following systems to ensure safe and effective patient care outcomes and to continuously improve the medication-use systems used in the pharmacy practice environment (as applicable to the pharmacy practice environment):

6.3.c.(1) A system to support and actively participate in decision-making concerning the pharmacy and therapeutics function, including the preparation and presentation of drug-therapy monographs.

6.3.c.(2) A system to review medication-use evaluations and to implement new policies or procedures to improve the safe and effective use of medications.

6.3.c.(3) A system to review reported adverse drug events and to implement new policies and procedures to improve medication safety.

6.3.c.(4) A system to evaluate routinely the quality of pharmacy services and programs provided.

6.4 Pharmacist Roles/Responsibilities

The following patient care services and activities are provided by pharmacists in collaboration with other healthcare professionals to optimize medication therapy for patients:

6.4.a. Membership on interprofessional teams in healthcare areas.

6.4.b. Development of medication use guidelines to promote safe and effective therapy.

6.4.c. Prospective participation in the development of clinical plans for populations and individual patients.

6.4.d. Identification and resolution of medication-related problems.

6.4.e. Mechanisms for review of the appropriateness and safety of medications.

6.4.f. Design and implementation of medication-therapy monitoring.

6.4.g. A system of training and peer-review to ensure the quality of pharmacists' action in providing services and programs.

6.4.h. Track and document patient care recommendations.

6.4.i. Written and oral consultations regarding medication therapy management.

6.4.j. Disease and/or drug therapy management programs consistent with laws, regulations, and practice environment policy.

6.4.k. Disease prevention and wellness promotion programs.

6.4.l. A system to ensure and support transitions and continuity-of-care activities with other healthcare professionals.

6.4.m. Developing and maintaining a formulary.

6.4.n. Educating healthcare providers on timely medication-related matters and medication policies.

6.4.o. Developing and providing educational information about medications, medication therapy, and other medication-related matters for patients.

6.4.p. Providing leadership to and participating in the development or modification of policies and programs related to clinical quality of: (1) medications; (2) medication-use evaluation; (3)

adverse drug event prevention, monitoring, and reporting; (4) medication adherence; and (5) appropriate methods to assess ongoing compliance with such policies and programs.

6.5 Continuous Quality Improvement

    6.5.a.   The pharmacy practice environment personnel engage in an on-going process to assess the quality of pharmacy services.

        6.5.a.(1)   The pharmacy practice environment has procedures to document, track, evaluate and report patient care outcomes data.

    6.5.b.   The pharmacy practice environment personnel must develop and implement pharmacy services improvement initiatives in response to assessment results.

    6.5.c.   The pharmacy practice environment's assessment and improvement process must include assessing and developing skills of the pharmacy practice environment's staff.

Glossary

Assessment. Measurement of progress on achievement of educational objectives.

Certification. A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's qualifications.

Competency area. Category of residency graduates' capabilities.

Complex condition. Patients with complex conditions are those who are being treated with high-risk medications, high numbers of medications, and/or have multiple disease states.

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

Educational Goal. Broad statement of abilities.

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

Evaluation. Judgment regarding quality of learning.

Formative assessment. On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

Interdisciplinary (Interprofessional) team. A team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academy Press; 2001.)

Managed care pharmacist clinician. Managed care pharmacist clinicians work directly with physicians, other health professionals, and patients to ensure that the medications prescribed to and adhered to by members contribute to the best possible health outcomes.

Multiple-site residency. A residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.
   1. To run a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:

    a. RPD has expertise, however the site needs development (for example, site has a good variety of patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);

    b. quality of preceptorship is enhanced by adding multiple sites;

    c. increased variety of patients/disease states to allow wider scope of patient interactions for residents;

    d. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;

    e. synergy of the multiple sites increases the quality of the overall program;

    f. allows the program to meet all of the requirements (that could not be done in a single site alone); and,

    g. ability to increase the number of residents in a quality program.

2. A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.

3. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program. This includes:

    a. designating a single residency program director (RPD);

    b. establishing a common residency purpose statement to which all residents at all sites are trained;

    c. ensuring a program structure and consistent required learning experiences;

    d. ensuring the required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;

    e. ensuring a uniform evaluation process and common evaluation tools are used across all sites;

    f. ensuring there are consistent requirements for successful completion of the program;

    g. designating a site coordinator to oversee and coordinate the program's implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,

    h. ensuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

Non-traditional residency: Residency program that meets requirements of a 12-month residency program in a different timeframe.

Pharmacist executive. The person who has ultimate responsibility for the residency practice site/pharmacy in which the residency program is conducted. (In some settings this person is referred to, for example, as the *director of pharmacy*, the *pharmacist-in-charge*, the *chief of pharmacy services*) In a multiple-site residency, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

Pharmacy practice environment. The organization, site or area in which the professional services of pharmacists are provided either in person or in a virtual manner.

Preceptor. An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of residents' performance.

Preceptor-in-training. Pharmacists who are new to precepting residents who have not yet met the qualification for a preceptor in an accredited program. Through coaching and a development plan, they may be a preceptor for a learning experience and become full preceptors within two years.

Residency Program Director. The pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

Resident's Development Plan. Record of modifications to residents' program based on their learning needs.

Self-evaluation. A process of reflecting on one's progress on learning and/or performance to determine strengths, weaknesses, and actions to address them.

Service commitments. Clinical and operational practice activities. May be defined in terms of the number of hours, types of activities, and a set of educational goals and objectives.

Single-site residency. A residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, the majority of the resident's training program occurs at the site; however, the resident may spend assigned time in short elective learning experiences off-site.

Site. The actual practice location where the residency experience occurs.

Site Coordinator. A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:
    1. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
    2. practice at the site at least ten hours per week;
    3. have the ability to teach effectively in a clinical practice environment; and,
    4. have the ability to direct and monitor residents' and preceptors' activities at the site (with the RPD's direction).

Sponsoring organization. The organization assuming ultimate responsibility for the coordination and administration of the residency program. The sponsoring organization is charged with ensuring that residents' experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health-system, and individual site), the organizations must mutually designate one organization as the sponsoring organization.

Staffing. See "Service commitments."

Summative evaluation. Final judgment and determination regarding quality of learning.

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The effective date for implementation of this standard is commencing with the entering resident class for 2017.