PGY1 Managed Care Pharmacy Residency – Kaiser Permanente Washington (KPWA)
Residency Manual (Policies & Procedures)

Purpose

PGY1 Managed Care Pharmacy Residency Program Purpose: PGY1 pharmacy residency programs build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership, and education skills who are eligible for board certification and 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.

Mission

Train and develop clinically adept managed care pharmacists with strong leadership qualities who can manage projects, communicate effectively, and critically analyze data.

Qualifications and Requirements of the Resident

1. The resident will be a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or a program that is in the process of pursuing accreditation); confirmation provided by receipt of pharmacy school transcript.
2. The residency year typically begins with the start of the last pay period in June (pay period starts on a Sunday, but first working day for resident will be Monday). The residency finishes the following year on the last pay period of June. This schedule allows for a one-week transition between the incoming and outgoing residents.
3. The resident will be a licensed pharmacist in the State of Washington and will obtain their National Provider Identifier (NPI). Licensure in Washington is required within 120 days of start date of the residency year.
   a. Residents are strongly encouraged to take licensure exams by mid-July to minimize impact on learning experiences and to allow for adequate time to retake exam(s) if necessary. If not licensed within 90 days, RPD/RPC will review resident's progress towards licensure, with consideration of resident's test dates to evaluate if they can be licensed within 120-days.
   b. If a resident fails to receive their Washington pharmacist license by the above deadline, the resident will be dismissed from the residency program. Extenuating circumstances will be evaluated on a case-by-case basis.
   c. If a resident anticipates that they will not receive their Washington pharmacist license by start of the residency year, they are required to obtain a Washington pharmacy intern license before the start of the residency program.
      i. Out of state residents are strongly encouraged to apply for their Washington pharmacy intern license at time of match acceptance.
4. Service Commitment
   a. KPWA employed pharmacists will serve as the primary preceptors for PGY1 residents during their various learning experiences throughout the one-year residency program. All medication management activities performed by residents will comply with appropriate departmental policies and procedures including any applicable CDTA protocols.
   b. The resident and program will follow the ASHP "Duty-Hour Requirements for Pharmacy Residencies." Review ASHP policy at available at link:
      i. https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx
      ii. Residents are expected to complete the required residency hours. Moonlighting must be approved by KP in advance, if approved total worked hours, including the residency, cannot exceed 80 hours per week, averaged over a four-week period. Residents are required to follow KP Principles of Responsibility. Outside employment (moonlighting) must always be avoided if it interferes or conflicts with KP' mission, business, or your work.
      iii. On the last day of each month (beginning July 2022), the residents will be sent an email notification and receive a task on their PharmAcademic Home page to complete an ASHP standard Duty Hours form. The form has three sections:
         1. Required attestation statement,

2. Optional moonlighting questions
3. Optional on-call questions
    iv. If a resident reports a violation, the form will be routed to the RPD to review/ cosign to assist programs with identifying issues. If needed, the RPD can send back the form to the resident to revise and re-submit. If no violations are reported, the form will not be sent to the RPD, but can be viewed in several places in PharmAcademic.
    v. Performance of the resident will be monitored by the RPD/residency program coordinator (RPC) as well as the resident's respective rotation preceptor(s).
        1. Any deviation in resident performance thought to be caused or worsened by moonlighting will be reported by that preceptor to the RPD/RPC immediately.
        2. Any decrease in performance or judgment identified during the residency and thought to be caused/ worsened by moonlighting hours will be addressed by the RPD/RPC and likely result in the loss of moonlighting privilege, effective immediately.

5. Attendance
   a. The resident is expected to work a minimum of 40 hours per week, with the exception of holidays and vacation. Prompt arrival and attendance is expected at all meetings throughout the residency. The resident must inform the RPD/RPC in the event of illness or other emergencies requiring time off (see next section for procedural details).

6. Leave
   a. Each resident will be allowed up to 10 paid vacation/Personal Time Off (PTO) days per year
      i. Unused leave will be paid out at the end of the residency year [note: the residency normally ends on the last Friday in June]
   b. Each resident will receive the following paid holidays depending on the calendar year:
      i. New Year's, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas
   c. Other professional time away from the residency may include:
      i. Up to 4 paid days during ASHP Midyear
      ii. Up to 3 paid days during residency research conference (e.g., Western States Conference)
         1. Participation dependent on resident having prepared presentation. If resident does not have a presentation prepared, they will not attend.
   d. Each resident is required to work on the last day of the residency program
   e. Days not taken in one of the above areas may not be transferred to another area
   f. Time-off request approval process
      i. Confirm with current and/or future learning experience preceptor & RPD/RPC that time-off is okay with learning experience obligations/ responsibilities
         1. The resident must receive approval from the learning experience preceptor and the RPD/RPC in the form of an email.
         2. If any make up time is required to accomplish the objectives of the learning experience, that time will be scheduled at the discretion of the preceptor and the RPD/RPC.
      ii. After approval received, resident to follow vacation/PTO job aid to document approved time-off in organizational calendar (Outlook)
   g. Reporting absences or sick leave process (unscheduled leave)
      i. The resident shall notify the learning experience preceptor(s) and RPD/RPC by phone/text or email as soon as possible when they need to take unscheduled time off.
      ii. If any make up time is required to accomplish the objectives of the learning experience, that time will be scheduled at the discretion of the preceptor and the RPD/RPC.
   h. Extended leave
      i. In extenuating circumstances, the residency program may be extended. Residents must complete a minimum of 52 weeks of training. Time away during a leave of absence does not count towards the 52 weeks. Any extension of the training program must be completed by July 31st of the planned graduation year in order for the resident to be able to successfully complete training and obtain their residency certificate. Note, pay and completion of training program may not be synonymous.

ii. Residents taking leave in excess of the allotted time will not receive a certificate of completion.

7. Attitude
   a. The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity. The resident shall demonstrate the ability to work productively independently and as a team member. Appropriate attire, personal hygiene, and conduct are always expected. The resident will adhere to all the regulations governing the organization's operations.

8. Other Human Resources Guidelines
   a. Kaiser Foundation Health Plan of Washington, Inc. provides professional liability protection for its employees if any such employee is named as a defendant in a lawsuit alleging negligence arising from work performed on behalf of these organizations.
      i. KP's professional liability does not cover actions that may be taken by professional boards such as the Board of Pharmacy against an individual (e.g. board actions). The primary reason for this is to avoid conflicts of interest that can arise in these sorts of situations.
      ii. Residents may choose to purchase additional liability coverage at the resident's expense.
   b. Residents are subject to professional disciplinary action, up to and including termination, in accordance with KPWA's Human Resource Guidelines.

Qualifications and Requirements of the Residency Program
1. The residency program will be accredited jointly by the American Society of Health-System Pharmacists (ASHP) and Academy of Managed Care Pharmacy (AMCP) in accordance with the accreditation standard for PGY1 Managed Care Pharmacy Residency programs.
2. The residency year typically begins with the start of the last pay period in June (pay period starts on a Sunday, but first working day for resident will be Monday), unless otherwise noted.
3. The residency program is minimum of 52 weeks in length ending on the last pay period of June.
4. The residency program abides by the Rules for the ASHP Pharmacy Resident Matching Program.
5. The RPD will be qualified as outlined in the ASHP Accreditation Standard for Postgraduate Residency Programs.
6. The residency program preceptors will be qualified as outlined in the ASHP Accreditation Standard for Postgraduate Residency Programs. [See **Appendix B**: **Preceptor Appointment, Reappointment, and Expectations**]
7. The Department of Pharmacy will be qualified as outlined in the ASHP Accreditation Standard for Postgraduate Residency Programs.
8. Program design, learning experiences, and evaluations will be developed in accordance with the ASHP Required Outcomes, Goals & Objectives for PGY1 Managed Care Pharmacy Residency programs.
9. The role of the PGY1 Residency Advisory Committee (RAC) is to provide oversight regarding design and implementation of the residency program, including but not limited to:
   a. Provide strategic input and guidance for the residency program
   b. Conduct interviews and applicant selection
   c. Participate and prepare for ASHP accreditation surveys
   d. Develop and administer the preceptor development program
   e. Contribute to continuous program quality improvement
      i. Develop and review learning descriptions
      ii. Review feedback and evaluations
      iii. Champion innovation and change in accordance with ASHP Standard

Resident Recruitment and Selection of Residents
1. Outreach to Pharmacy Schools and Participation in local/National residency showcase/career fairs
   a. Kaiser Permanente advertises opportunities to members of the Student National Pharmacist Association and to Pharm D programs across the country including Historically Black Colleges and Universities (HBCU) and to the Hispanic Pharmacists Association. Additionally, Kaiser Permanente has a branded company profile on Direct Employers which advertises our positions to their diversity partners across their national employer network.
   b. KPWA participates in residency showcase at ASHP Midyear and local residency showcases and/or career fairs.
2. This PGY1 residency program will accept up to two residents each year via the Resident Matching Program.

3. Residency Interview Selection Process
    a. Residency applicant qualifications will be evaluated by the RPD/RPC in conjunction with current residents and select members of the RAC.
    b. An objective process is defined for evaluation of candidate's application materials using a standard evaluation scoring tool.
    c. Applications submitted via WebAdmit/PhORCAS by the published deadline will be reviewed. Submission deadline is typically the last week in December. Completed applications must include:
        i. Letter of intent
        ii. Curriculum vitae
        iii. School of Pharmacy transcripts
        iv. Three letters of recommendation
4. Depending on the circumstances, either an onsite or virtual interview is required. Generally, a total of 12 applicants are invited to interview during the month of February (6 applicants per position).
5. On-Site/Virtual Interview Evaluation Process
    a. Uses defined selection criteria and assigned rating scales to help assist in "objective" assessment of applicant
        i. Score applicants (interview evaluation form, application materials)
        ii. Rank applicants (according to scores)
        iii. Following completion of all interviews, there's a "common sense check"– interview panel members verbally discuss all applicant interviews
            o Re-rank based on discovery from above meeting discussion
            o Submit consensus approved rank-order list to the National Matching Services
    b. Factors considered during the interview process:
        i. CV/Application
            o Professional engagement & leadership
            o Understanding of managed care
            o Presentations
            o Publications & research
            o Awards & scholarships
        ii. Letter of interest / personal statement
            o Why applying to our program
            o Understanding of managed care
            o Writing skills (organization, vocabulary, grammar, etc.)
        iii. Letters of reference
        iv. Interview
            o Verbal communication skills
            o Professional demeanor, maturity
            o Clinical acumen and experience
            o Confidence
            o Self-motivation
            o Leadership ability
            o Alignment of professional goals with residency goals
            o Level of interest
            o Overall fit with our residency program
        v. Presentation
            o Presentation skills
            o Content and audio visuals
            o Critical thinking
            o Ability to answer questions
6. Resident applicants will adhere to and participate in the National Matching Services process to be eligible for acceptance at KPWA.
7. If there is a need to participate in the phase 2 match process (i.e., we initially match <2 residents), we will follow

an abbreviated version of the above process.

    a. Interested candidates submit an application via WebAdmit/PhORCAS

    b. RPD/RPC and current residents will review applications

    c. Qualified applicants with highest ratings will be offered a virtual interview

    d. Applicants will be scored and ranked based on their interview and application materials

    e. RPD approved rank-order list will be submitted to National Matching Services

Program Design

1. The program structure has been designed to help the graduate achieve the purpose of the residency.

    a. Core (required) learning experiences include:

- Orientation & Professional Development
- Ambulatory Care #1 & #2 *(Clinical Pharmacy Care Center & Ambulatory Clinic)*
- Clinical Coverage Determinations (CCD) *(aka Help Desk)*
- Formulary Management & Drug Information
- Medicare Medication Therapy Management (MTM)
- Benefit Design & Pharmacy Benefit Management Oversight
- Clinical Program Support
- Medication Safety/Quality Improvement
- Drug Use Management (DrUM)
- Research & Residency Project

PGY1 Managed Care Resident Schedule – *Tentative 2023-2024*
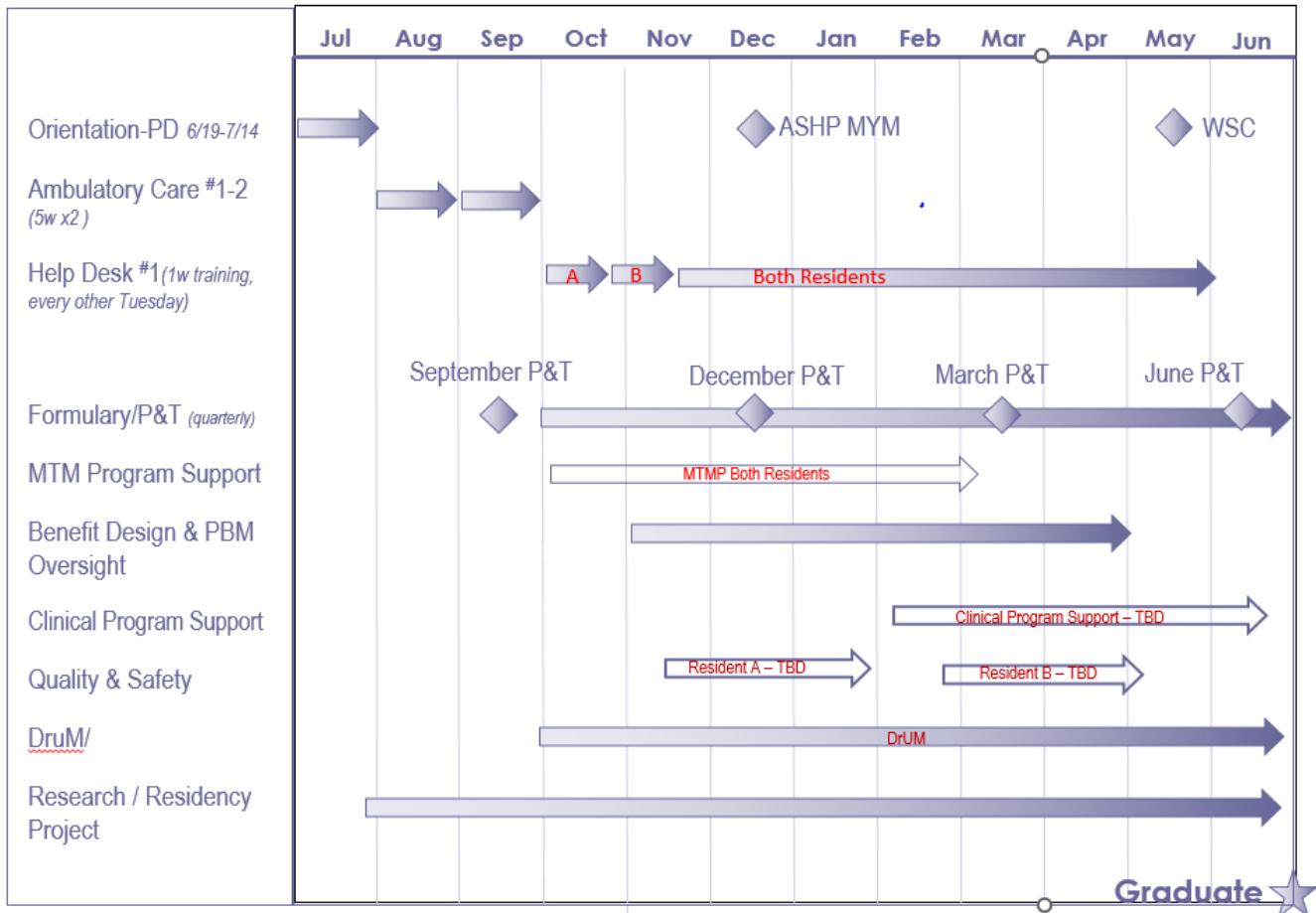
Elective learning experiences are optional and include:
- Pharmacy Leadership and special projects
- Chronic Disease Management (CDM)
- Other elective learning experiences may be developed based on resident interest and preceptor availability.

2. At the beginning of each LE, residents and preceptor will jointly review the rotation specific goals and objectives. During this time, residents are expected to share pertinent results from their various self-assessments (e.g., learning styles, strengths, communication preferences, Entering Objective-Based Self-Evaluation) along with their personal goals for that particular LE. [See **Appendix A**: Resident Self Evaluation for ideas and suggested framework]
   a. This discussion is critical to customizing the experience for each resident

Successful Residency Graduation Requirements Include All of the Following:
1. ASHP Competency Areas, Goals, and Objectives (CAGO) for the PGY1 Managed Care Pharmacy Residency
   a. Required competency areas and goals for this program are listed in Table 1.

Table 1. Required PGY1 Managed Care Pharmacy Residency Competency Areas & Goals	
Competency Area R1: Patient Care	
Goal R1.1	Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.
Goal R1.2	Provide safe and effective medication-related patient care when patients transition between care settings.
Goal R1.3	Support safe and effective access to drug therapy for patients.
Goal R1.4	Design and implement medication-related programs and interventions that contribute to public health efforts or population management.
Competency Area R2: Leadership and Management	
Goal R2.1	Manage services of the managed care pharmacy practice environment.
Goal R2.2	Demonstrate personal and professional leadership skills.
Goal R2.3	Demonstrate management skills.
Goal R2.4	Maintain confidentiality of patient and proprietary business information.
Goal R2.5	Demonstrates understanding of unique aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.
Competency Area R3: Advancing Managed Care Practice and Improving Patient Care	
Goal R3.1	Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.
Goal R3.2	Design and implement clinical programs to enhance the efficacy of patient care.
Goal R3.3	Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, or plan sponsors.

Goal R3.4	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care in a managed care setting.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge	
Goal R4.1	Provide effective education and/or training.

    b. Complete CAGO descriptions can be found in the ASHP "Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Managed Care Pharmacy Residencies," available at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-managed-care-cago-2018.ashx?la=en&hash=3A4EF6DF1B7B662ACD81DF9920E647E75042588F

    c. At least 90% of the residency associated objectives from goals listed above in Table 1 must be "Achieved for Residency" by the end of the residency.
        i. RPD/RPC will review all summative and quarterly evaluations, and use PharmAcademic to mark achievement of goals and objectives

    d. Complete PharmAcademic evaluations within one week of the due date; if unable to do so, the resident and/or preceptor should renegotiate the deadline in advance with the RPD/RPC.

2. Residency Project
    a. Present residency project at regional residency conference and/or other appropriate venue
    b. Submit draft of the residency project manuscript for publication by the last day of residency

3. Other presentations and/or smaller projects will be required throughout the residency year as deemed appropriate by preceptors of individual learning experiences.

Evaluation Process
1. Evaluation of performance involves a variety of modalities which include:
    ▪ Observation of the resident's participation in clinical, administrative, and research activities
    ▪ Evaluation of written work products
    ▪ Assessment of participation/performance during journal various presentations
    ▪ Written evaluation within PharmAcademic™; the evaluation scale is defined as follows:

Table 2. Evaluation Scale	Assessment Criteria
Needs Improvement (NI)	Resident displays >1 of the following characteristics: ▪ Requires repeated guidance / intervention / prompting ▪ Requires ongoing direct supervision ▪ Makes questionable, unsafe, or not evidence-based decisions ▪ Fails to incorporate or seek out feedback ▪ Fails to complete tasks in a time appropriate manner ▪ Acts in an unprofessional manner
Satisfactory Progress (SP)	▪ Resident performs at the level expected at this point in the learning experience ▪ Responds to feedback appropriately ▪ Level of prompting & guidance is limited or appropriate for the learning experience ▪ Accurately reflects on performance & can create a sound plan for improvement
Achieved (ACH)	Resident displays all of the following characteristics: ▪ Independently & competently completes assignments ▪ Consistently demonstrates high quality performance, ownership of actions/projects, and consequences ▪ Appropriately seeks guidance & input from key stakeholders when needed

Table 2. Evaluation Scale	Assessment Criteria
Achieved for Residency (ACHR)	Resident demonstrates continued competency of the assessed goals and objectives as described in above section 'Achieved.' • ACHR may be marked by preceptors; however, the RPD/RPC will review all evaluations and feedback on resident's performance throughout the year to ensure agreement with ACHR marked by preceptors. • The RPD/RPC will mark ACHR upon review of evaluations and feedback on resident's performance throughout the year, or on a quarterly basis.

2. Evaluations for Core and Elective Learning Experiences (specifics for each rotation outlined in LE descriptions)
   ▪ Verbal feedback will be provided on a regular basis to the resident by the preceptor
   ▪ A summative evaluation will be completed in PharmAcademic™ as described in the LE description for each rotation. For LE lasting longer than 3 months, residents will be evaluated at least every 3 months. In addition to the online documentation, these evaluations will be verbally discussed with the resident.
   ▪ The resident will complete a self-evaluation via PharmAcademic™ at intervals described in each LE description and will discuss this information with the preceptor.
      1. Self-evaluation skills will be formally taught and evaluated as part of the Formulary Management & Drug Information LE. [See **Appendix A**: Resident Self-Evaluation for more information]
   ▪ The resident will complete an evaluation of the rotation preceptor and learning experience in PharmAcademic™ and discuss this with the preceptor at the end of the rotation.
   ▪ All evaluations will be cosigned in PharmAcademic™ by the RPD upon completion.
3. Residency Program Director (RPD) and/or Residency Program Coordinator (RPC) evaluation process
   ▪ Review of all evaluations and feedback from preceptors and resident to perform summative written quarterly evaluation of resident.
   ▪ RPD/RPC is responsible for tracking of goals and overall program accomplishment for each resident. These will be completed in PharmAcademic™ and discussed with the resident on a quarterly basis.
   ▪ Customized learning & development plans will be reviewed and updated on a quarterly basis to help identify opportunities for professional growth and development which complement the resident's overall residency goals identified at the start of the year.
   ▪ Modifications to the customized plan and remedial action will be documented in PharmAcademic™ as well as communicated to the preceptors who are directly involved in the resident's training.
   ▪ The RPD/RPC will verbally elicit feedback from all residents for residency improvements periodically (e.g. monthly 1:1 meetings).
   ▪ RPD/RPC will review all feedback and discuss with RAC members what changes should be implemented.
   ▪ RPD/RPC will provide feedback to preceptors regarding areas of improvement identified by residents to improve the rotation learning experience.

Consequences of Not Achieving Important Milestones in Residency Program
1. Residents are required to obtain a Washington State Pharmacist license within 120 days of start date of the residency year.
   a. Failure to achieve a license within this time frame will result in termination.
   b. Residents without a license are not able to perform independent, direct patient care.
2. If the resident is in academic difficulty, the RPD/RPC will work closely with the resident and upcoming rotation preceptors to identify opportunities for the resident to demonstrate improvement in the areas of needs improvement.
   a. Needs improvement is defined by the criteria described in Table 2.
   b. If the resident does not demonstrate satisfactory progress on the subsequent learning experience, the resident will work closely with supervision to identify deficiencies, create plans to correct the problems, clarify expectations and set timelines for completion. There will be mandatory reviews on progress. Satisfactory progress is defined by the criteria described in Table 2.
   c. Significant advancements in behavior and/or performance must be achieved and sustained. Achieved is described

in Table 2. Failure to improve may result in discipline, a Performance Improvement Plan, up to and including termination.

3. If the resident fails to submit a draft manuscript of the research project by the last day of residency <u>and</u> the resident meets all other program requirements, then the certificate of residency completion will <u>not</u> be issued until the draft manuscript is submitted.

Extended Leave
1. A plan will be developed between the resident and RPD/RPC to ensure appropriate progression in the program in the event of extended approved absences in accordance with company rules.
2. Each case will be reviewed and considered individually.

Graduation
1. Successful completion of this PGY1 Managed Care Pharmacy Residency is defined in detail above (see program design, successful residency graduation requirements).
2. Upon successful completion of the program, each resident shall be given a certificate suitable for public display, signed by the RPD, Executive Director of Pharmacy, and Vice President responsible for Pharmacy.
   - Note: KPWA will electronically maintain scanned copies of signed residency certificates for a minimum of 6 years.

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Last Revised: March 2023

Appendix A

Resident Self-Evaluation

Self-evaluation involves residents assessing their own performance and learning progress. The ability to self-assess performance accurately and adequately is an essential and valuable skill and it is a key tool in the drive for continuous improvement. Below are some steps to consider to help facilitate residents developing this skill.

1. Identify your own strength and weakness
   - Review the results of the various self-assessments completed during residency orientation, including:
     - Strengths Finders, MBTI, VARK, and DOPE
     - "Entering Objective-Based Self-Evaluation" in PharmAcademic, which asks the resident to assess themselves against the PGY1 residency goals & objectives
   - Additional online assessments tools are also available (optional), such as:
     - [Aptitude Test](#)

2. Review and understand learning objectives/goals for upcoming rotation and list areas/skills you would like to improve (e.g., presentation, communication) and/or knowledge you would like to gain (e.g., pharmacy benefits design, informatics, literature analysis) during the specific rotation
     - Reviewing the results of the resident's "Entering Objective-Based Self-Evaluation" in comparison to each Learning Experience (LE) description may be helpful to identifying development opportunities

3. At the beginning of each rotation/LE, review the learning objectives/goals with your preceptor
   - Share some of your strengths and weakness as well as skills you would like to improve with your preceptors and discuss:
     - How you can improve your areas of opportunity
     - How your strengths can help you achieve the goals set for a specific rotation
   - Make sure the goals are clear and specific and understand expectations. Consider asking:
     - How long will it take to accomplish the goal?
     - How will my progress be measured?
     - How will I know when the goal is accomplished?
   - This is also a good time to share the results of your other self-assessments (described above) to help highlight your learning style and communication preferences.

Preceptors' role and responsibilities:
- *Step 1 – Determine what specifics will define good performance.*
- *Step 2 – Explain how these specifics and criteria can be applied to resident's assignments/learning activities. During the orientation, discuss each resident's self-identified strength and weakness and explain how your rotational experience can help enhance their skills and knowledge. Set expectations with sufficient details and ensure the expectations are in line with residents understanding and learning objectives/goals.*

4. Perform a self-evaluation
   - Formal self-evaluation is done at the end of each rotational experience. This is done via PharmAcademic summative evaluation
   - In addition to the PharmAcademic self-evaluation, at minimum, informal self-evaluation should be done at the mid-point of each learning experience.
     - Self-evaluation is an on-going process and informal self-evaluation can be done more frequently (for example, after each: meeting, patient interaction, conference call, and presentation)
   - Assess if each goal is achieved and/or any progress you made

- o Consider the following questions:
  - What did I do well?
  - What could I improve?
  - What should I change? (What should I start/stop doing?)
- Be specific, using some aspect of your work effort that can be measured and/or specific examples.
  - o Example:
    - Bad: I worked really hard on this monograph
    - Good: I completed a monograph one week ahead of the schedule and took additional writing assignment to support my presentation at the P&T meeting
- Examples of areas/skills to self-evaluate:
  - o Communication
    - Present oral/visual information competently
    - Use appropriate language for the audience
    - Listen actively and effectively
    - Offer constructive feedback
    - Produce a variety of written documents using appropriate format, grammar, and accurate information
    - Evaluate and adapt strategies for communication
    - Use charts, diagrams, tables, and other illustrations to support communication
  - o Time management
    - Set realistic timelines and priorities
    - Meet all the deadlines
  - o Teamwork
    - Plan with others to ensure clear goals, take responsibility and carry out tasks
    - Respect views and values of others
    - Adapt to the needs of the group (e.g., lead, negotiate, delegate)
    - Monitor and assess process of group/teamwork
  - o Data handling/analyzing
    - Use/understand appropriate technology and sources to obtain data (e.g., utilization, cost)
    - Interpret a variety of information
    - Use data as a tool in support of proposal/argument
    - Translate data into words and visual images
  - o Critical thinking
    - Construct informed, evidence-based arguments from multiple sources
    - Optimize patient medication outcomes by collecting and assessing the information and develops an individualized patient-centered plan
  - o Adaptability and flexibility
    - Exhibit the capacity to adapt to change and adjust responses in unpredictable situations
    - Keeping calm in the face of difficulties
    - Planning ahead, but having alternative options in case things go wrong
    - Taking on new challenges at short notice

5. Share and discuss self-evaluation
   - Share and discuss your self-evaluations with each preceptor at which time the preceptor can also share his/her evaluation. At minimum this should be done at mid-point and at the end of the learning experience.

- Discuss a difference between self- and preceptor- assessment of performance. If two evaluations diverge significantly, this likely indicates that you and your preceptors are not meeting often enough or there is a misunderstanding of goals and expectation

6. Set future goals and plans
    - At mid-point evaluation, jointly adjust the learning experience based on self-evaluation and preceptor's feedback.
    - As you set realistic and measurable goals, consider using the SMART goal template (optional)

Preceptors' role and responsibilities:
- *Step 3 – Provide regular feedback and ask for self-assessment. Ask and listen for self-evaluation (e.g., "How do you think it went…") and compare your feedback with resident's self-evaluation. Provide feedback on how well the resident self-evaluates and discuss about differences in outcomes and progress. Perception of the criteria for good performance that were determined earlier may still differ. Be open to the possibility that the perception of resident may be better than yours, in which case you need to be able to self-evaluate your own precepting method and adapt.*
- *Step 4 – Develop plans. Self-evaluation is only useful if it leads to improvement. Jointly establish measurable expectations for the next evaluation period and discuss how the learning experience can be adjusted at mid-point. Share the findings at quarterly RAC meeting and discuss how this can be used to target areas for program improvement.*

Other resources
    - Self-Assessment in Pharmacy and Health Science Education and Professional Practice
    - ASHP Residency Guide: Transitioning from Student to PGY1

Appendix B

Preceptor Appointment, Reappointment, and Development, and Expectations

1. **Initial preceptor appointment**
    - To be considered as a new residency preceptor, interested pharmacist must submit a completed Academic and Professional Record (APR), preceptor selection form, and residency preceptor self-assessment form to RPD/RPC. New preceptor applications will be reviewed by the RAC.
        - Link to APR template, preceptor selection form, and residency preceptor self-assessment
    - The RPC/RPD will provide new preceptors with orientation.
    - Eligibility: preceptors must possess current licenses to practice pharmacy in Washington and **must have**:
        - completed an ASHP-accredited PGY1 pharmacy residency plus a minimum of one year of pharmacy practice experience in the area precepted, or
        - completed an ASHP-accredited PGY1 and PGY2 plus a minimum of six months pharmacy practice experience in the area precepted, or
        - three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
    - Qualifications: Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by content knowledge/expertise in the area(s) of pharmacy practice precepted. **At least one example of the following** must be addressed in the APR.
        - Any active BPS certification(s)
        - Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
        - Completion of Pharmacy Leadership Academy (DPLA)

- o Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: this does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
- o For non-direct patient care areas, national-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
- o Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
- o Privileging granted by preceptor's current organization that meets the following criteria:
    - ▪ Includes peer review as part of the re-credentialing procedure.
    - ▪ Only utilized for advanced practice. Privileging for areas considered to be part of normal pharmacokinetic protocols will not meet the criteria
    - ▪ If privileging exits for other allied health professionals at the organization, pharmacist privileging must follow the same process.
- o Subject matter expertise as demonstrated by:
    - ▪ Completion of PGY2 residency training in the area precepted plus at least 2 years of practice experience in the area precepted, or
    - ▪ Completion of PGY1 residency training plus at least 4 years of practice experience in the area precepted, or
    - ▪ At least 5 years of practice experience in the area precepted.
- Qualifications: preceptors must demonstrate contribution to pharmacy practice in the area precepted by documenting **at least one example that meets the following criteria** in the APR:
    - o Contribution to the development of clinical or operational policies/guidelines/protocols, or
    - o Contribution to the creation/implementation of a new clinical or operational service, or
    - o Contribution to an existing service improvement, or
    - o Appointments to drug policy committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy). This does not include membership on RAC or other residency-related committees, or
    - o In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least three different in-serves/presentations given in the past 4 years, OR a single in-service/presentation given at least annually within the past 4 years.
- Qualifications: role modeling ongoing professional engagement must be demonstrated by documenting **at least three types of ongoing professional engagement** in the APR. Types of professional engagement include:
    - o Formal recognition of professional excellence over a career (e.g., fellow status for a national organization or pharmacist of the year recognition at state or regional level).
    - o Primary preceptor for pharmacy APPE students (does not include precepting IPPE students or residents)
    - o Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy students as part of their learning experience at the site).
    - o Service (beyond membership) in national, state, and/or local professional associations.
    - o Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable).
    - o Completion of a teaching certificate program.
    - o Providing preceptor development to other preceptors at the site.
    - o Evaluator at state/regional residency conferences; poster evaluator at professional meetings, and/or evaluator at other local/regional/state/national meetings.

- o Publications in peer-reviewed journals or chapters in textbooks.
- o Formal reviewer of submitted grants or manuscripts
- o Participation in wellness programs, health fairs, health-related consumer education class, and/or employee wellness/disease prevention programs.
- o Community service related to professional practice.
- o Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor).
- o Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence.

2. **Preceptor reappointment**
   - Preceptor reappointment is performed **every four years** by RPD/RPC.
   - The review and reappointment process requires preceptor submission of an updated APR and residency preceptor self-assessment form by May 1st of the designated review year. In addition to review of the preceptor qualification, RPD/RPC will review the last four years of precepting history, timeliness of evaluation submission, and preceptor evaluations submitted by residents.
     - o [Link to APR template:](#)
   - In order to be reappointed to subsequent terms by the RPD/RPC, preceptors must:
     - o Demonstrate continued achievement of the above listed preceptor qualifications documented in the APR.
       - ▪ If preceptors do not meet qualifications, they must submit a written plan to achieve preceptor qualifications **within two years** and may receive provisional reappointment, or they will be removed from the residency preceptor roster.
     - o Attend at least two preceptor development activities during their previous term.
     - o Serve as a preceptor for at least one learning experience during their previous 4-year term. This includes serving as a subject matter expert (SME) preceptor for specific projects.
   - The RPC/RPD will reappoint preceptors or communicate any deficiencies via emails by June 15th of the designated review year.
   - Preceptors who do not meet the reappointment requirements will be removed from the residency preceptor roster. If they are interested in precepting residents again, they must re-submit the APR to RPD/RPC for review and approval.

3. **Preceptor Development**
   - Preceptors are expected to continuously develop their teaching skills. Preceptor development will be addressed in the following ways:
     - o Residency preceptor self-assessment form which must be completed every reappointment cycle by each preceptor.
     - o Participation in **at least two preceptor development activities** during each reappointment cycle (4-year term). These activities may include but not limited to:
       - ▪ Online or live continuing education activities sponsored by a professional organization (e.g., ASHP, ACCP) or a College of Pharmacy.
       - ▪ Online or recorded preceptor development activities offered through KP.