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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 or have a Foreign Pharmacy Graduate Examination Committee (PFGEC) certificate from the National Association of Boards of Pharmacy (NABP).
    a. An PFGEC certificate indicates that the candidate graduated from a pharmacy school outside of the US and is eligible for pharmacist licensure.
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) and ends on the last pay period of June. The minimum required term of resident appointment is 52 weeks.
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, Residency Program Director (RPD)/Residency Program Coordinator (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.
    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. All medication management activities performed by residents will comply with appropriate departmental policies and procedures including any applicable Collaborative Drug Therapy Agreement (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 (internal or external) must be approved by KP in advance. Residents should inform RPD about moonlighting within the first week of starting the residency program. 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

their work.

iii. On the last day of each month, 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/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
    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. Residents being away from the residency >37 days will not receive a certificate of completion.
            1. The 37-day limit on time away from a residency program includes all holidays, personal

time, PTO, floating holiday, bereavement, military, and jury duty. Time spent on program-related activities such as attendance at required professional conferences is not counted in the 37 days.

ii. Extenuating circumstances will be evaluated on a case-by-case basis.

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.
9. Financial Support for Professional Meetings
   a. KPWA provides financial support to attend required professional meetings. This includes registration, transportation, hotel, and meals up to a specific daily limit (e.g., $120).

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.
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 Competency Areas, Goals, and Objectives (CAGO) and ASHP Accreditation Standard for Postgraduate 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.

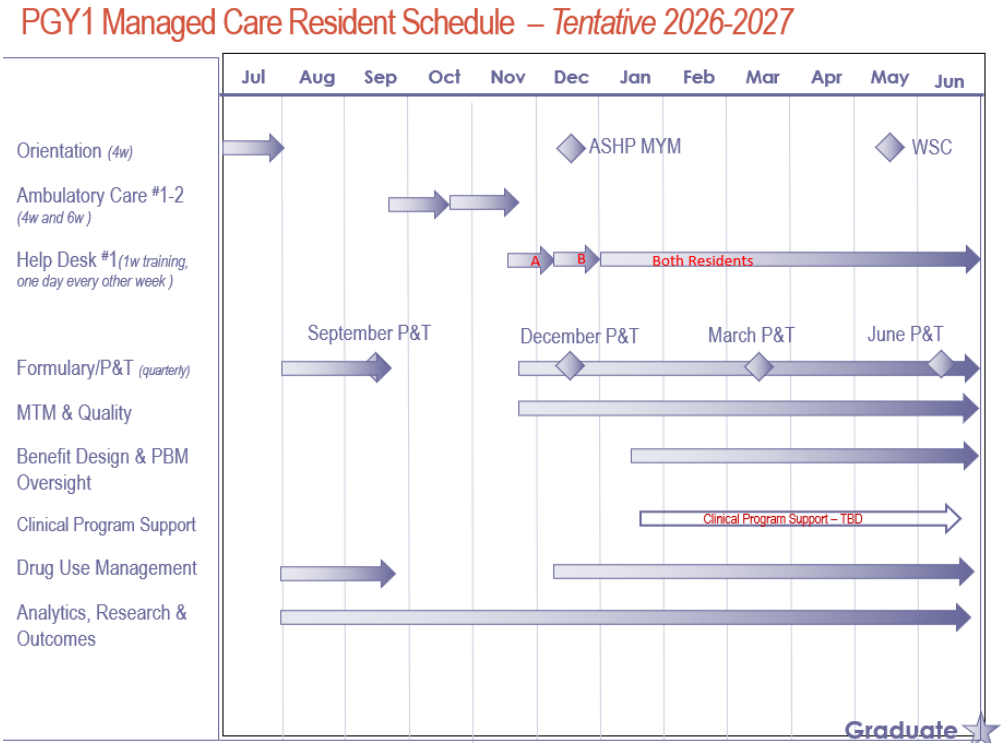
2. This PGY1 managed care pharmacy residency program will accept up to two residents each year via the Resident Matching Program.
3. Residency Interview Selection Process
    a. Residency applicant qualifications will be evaluated by the RPD/RPC in conjunction with current residents.
    b. An objective 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
            - Re-rank based on discovery from above meeting discussion
            - Submit consensus approved rank-order list to the National Matching Services
    b. Factors considered during the interview process:
        i. CV/Application
            - Professional engagement & leadership
            - Understanding of managed care
            - Presentations
            - Publications & research
            - Awards & scholarships
        ii. Letter of interest / personal statement
            - Why applying to our program
            - Understanding of managed care
            - Writing skills (organization, vocabulary, grammar, etc.)
        iii. Letters of reference
        iv. Interview
            - Verbal communication skills
            - Professional demeanor, maturity
            - Clinical acumen and experience
            - Confidence
            - Self-motivation
            - Leadership ability
            - Alignment of professional goals with residency goals
            - Level of interest
            - Overall fit with our residency program

v. Presentation
    - Presentation skills
    - Content and audio visuals
    - Critical thinking
    - 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
8. The recruitment process is evaluated annually during the ranking discussion and any suggestions (i.e., change to the current process or no change) will be reviewed and finalized by the RAC during the March/April meeting.

Program Design

1. The program structure has been designed to help the graduate achieve the purpose of the residency. Appropriate technology and equipment (e.g., laptop, access to databases) provided for residents is comparable to that provided to KPWA's other remote/flexible employees.
    a. Core (required) learning experiences include:
        - Orientation & Professional Development: 4 weeks
        - Ambulatory Care - Clinical Pharmacy (CP)1 & 2 *(Clinical Pharmacy Care Center & Ambulatory Clinic or Inpatient Pharmacy)*: 4 weeks & 6 weeks
        - Clinical Coverage Determinations (CCD) *(aka Help Desk):* October to May/Jun 4 days training followed by one day staffing every other week until residents complete a total of 19 days
        - Formulary Management & Drug Information: 34-36 weeks
        - Medication Therapy Management (MTM): 24 weeks
            - NOTE: 2026-2027 residency year, this will be MTM & Quality
        - Benefit Design & Pharmacy Benefit Manager (PBM) Oversight: 18-20 weeks
        - Clinical Program Support: 12-14 weeks
        - Quality Improvement/Medication Safety: 15-17 weeks
            - NOTE: 2026-2027 residency year, this will be separated into two different learning experiences, MTM & Quality and Elective Medication Safety
        - Drug Use Management (DrUM): 34-36 weeks
        - Analytics, Research & Outcomes: 45-47 weeks



Elective learning experiences are optional and include:

- Chronic Disease Management (CDM) 29-31 weeks
- New for 2026-2027: Medication Safety
- 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 CAGO for the PGY1 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 following JCPP (Pharmacists' Patient Care Process).
Goal R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Goal R1.3	Promote safe and effective access to medication therapy.
Goal R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management).

Competency Area R2: Practice Advancement	
Goal R2.1	Conduct practice advancement projects.
Competency Area R3: Leadership	
Goal R3.1	Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
Goal R3.2	Demonstrate leadership skills that foster personal growth and professional engagement.
Competency Area R4: Teaching and Education	
Goal R4.1	Provide effective education and/or training.
Goal R4.2	Provide professional and practice-related training to meet learners' educational needs.

Table 2. Required Deliverable

Competency	Objective	PGY1 Managed Care Pharmacy
R1: Patient Care	1.4.2	Drug class review, monograph, guideline, treatment protocol, utilization management criteria, and/or orderset (Minimum of three with at least two being different)
R2: Practice Advancement	2.1.2, 2.1.6	Project plan, project report for major and second project (project reports for at least two
R4: Teaching & Education	4.1.1, 4.1.2, 4.1.3	At least one verbal (e.g., autiovisual/slides, presentation handout) and one written example (e.g., brochure, handout, newsletter, medication update)

Table 3. PGY1 Managed Care Key Topics

Evolution and Principles of Managed Care	Requires at least a topic discussion • Orientation & Professional Development • Benefit Design & PBM Oversight
Pharmacy Benefit Management Tools	Requires at least a topic discussion • Formulary • Benefit Design & PBM Oversight
Getting Medications to Patients Through the Pharmacy Benefit	Requires at least a topic discussion • Orientation & Professional Development • Formulary • DrUM
Developing and Managing the Drug Formulary & Utilization Management Policy	Requires resident participation • Formulary
Stakeholders and Flow of Money in Managed Care Pharmacy	Requires at least a topic discussion • Orientation & Professional Development • Quality Improvement /Medication Safety

Pharmaceutical Manufacturer Discounts and Rebates; including Value Based Contracting and Direct Negotiations	Requires at least a topic discussion • Orientation & Professional Development • Benefit Design & PBM Oversight
Population Level: Clinical and Educational Programs	Requires resident participation • DrUM • Clinical Program Support • MTM
Individual Patient Level: Clinical and Educational Programs	Requires resident participation • Ambulatory Care – CP1 • Ambulatory Care – CP2 or Inpatient Pharmacy • Elective CDM
Specialty Pharmacy	Requires resident participation • Ambulatory Care - CP1 (If applicable) • Ambulatory Care - CP2 or Inpatient Pharmacy (If applicable) • Elective CDM (if applicable) • DrUM (If applicable) • Analytics, Research & Outcomes (If applicable)
Managed Care Pharmacy within various lines of business including Medicare, Medicaid, Exchange and Commercial	Requires at least a topic discussion • Formulary • Clinical Program Support • Benefit Design & PBM Oversight • MTM
Quality Measures in Managed Care Pharmacy	Requires resident participation • Quality Improvement /Medication Safety • Analytics, Research & Outcomes (If applicable)
Health Equity	Requires resident participation • Formulary • Ambulatory Care - CP1 (If applicable) • Ambulatory Care – CP2 or Inpatient Pharmacy (If applicable) • Elective CDM (if applicable) • Quality Improvement /Medication Safety (If applicable)
Health Economics and Outcomes Research	Requires at least a topic discussion • Analytics, Research & Outcomes

b. Complete CAGO descriptions can be found in the ASHP " Postgraduate Year One Pharmacy Residencies – Competency Areas, Goals, and Objectives (CAGO) and Guidance," available at: https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/pgy1-competency-areas?loginreturnUrl=SSOCheckOnly
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
    ii. If the same objectives are assessed by multiple rotations, RPD/RPC may mark "Achieved for Residency" once residents achieved at least 50% and preceptors of subsequent rotations does not evaluate the objectives that are "Achieved for Residency". However, preceptors need to reach out to RPD/PRC if they have concerns about specific objectives.
    iii. Any residency associated objectives should be at least satisfactory progress.
d. In addition, residents must be trained in the Key Managed Care Topics in Table 3.

i. Some of these topics require resident participation in activities related to the topic, while others only require a topic discussion.

e. 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 and other required deliverables
   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
   c. Other required deliverables in Table 2
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 4. 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
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 as part of the Orientation. [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. RPD/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 areas of needs improvement.
    a. Needs improvement is defined by the criteria described in Table 4.
    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 4.
    c. Significant advancements in behavior and/or performance must be achieved and sustained. Achieved is described in Table 4. Failure to improve may result in discipline, a Performance Improvement Plan (PIP), up to and including termination. See below for Remediation Policy and Procedures.
3. If the resident fails to submit a draft manuscript of the research project by the last day of residency and the resident meets all other program requirements, then the certificate of residency completion will not be issued until the draft manuscript is submitted.

Remediation Policy and Procedures

1. The RPD, RPC, and preceptors will continually assess the resident's performance to meet the residency requirements. If the resident does not demonstrate improvement after the initial coaching, the RPD will conduct a thorough investigation, including meeting with the resident to offer her/him to provide relevant information to the identified deficiencies.
    a. Failure to improve is defined as prior coaching and support by RPD, RPC, and preceptors have not resulted in the resident's performance improvement, and the resident continues to receive "needs improvement".
2. After the investigation, the RPD consults with KPWA Human Resources (HR) partner to confirm if a PIP is needed and appropriate.
    a. The PIP developed by KPHR is designed to help employees improve their performance and contributions to business results.

3. The RPD, RPC, and preceptors document the areas of improvement and measurements for success. The RPD consults with the HR partner to define the start and end date.
    a. Up to five areas of improvement can be included in the PIP and the PIP cannot exceed the duration of six weeks.
4. The RPD, RPC, and preceptors will follow a corrective action process based on the PIP. The RPD meets with the resident to review the PIP prior to the start date.
5. After the initial PIP meeting with the resident, the RPD and the resident meet at least bi-weekly to discuss progress. The RPD provides clear feedback informing the resident of his/her progress and what still requires improvement.
6. Within five working days of the agreed PIP end date, the RPD, RPC, and preceptors will assess the performance of the resident relative to the PIP and discuss the updated performance with the resident.
    a. If the resident was able to successfully complete the PIP, no further action is required.
    b. If the resident was not able to successfully complete the PIP, the resident will be dismissed from the residency program and terminated.
    c. If the resident is making progress but has not completed all the areas in the PIP, the RPD may extend the PIP duration up to an additional six weeks, if the resident can successfully complete the PIP in this time frame. At the end of any extension, the resident will be dismissed from the residency program and will not receive a certificate of completion if all the areas for resolution in the PIP have not been met.
7. Reasons for dismissal from the residency program and withholding the certificate of completion include but are not limited to:
    a. Failure to obtain pharmacist licensure within 120 days of the residency start date.
    b. Failure to achieve the residency requirements
    c. Misconduct & KP policy violations such as theft, fraud, harassment, and confidentiality breach
    d. Excess absence beyond 37-days in 52-weeks
    e. Committing plagiarism and/or inappropriate use of Artificial Intelligence (AI)-generated content after review of the materials by the RAC
        i. Using AI might be considered plagiarisms when the AI-generated work copied from existing materials that was copyrighted or the resident submits the AI-generated content as his/her own.

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 President of KPWA.
    - Note: KPWA will electronically maintain scanned copies of signed residency certificates for a minimum of 6 years.

Reviewed by: Yayoi Toyoda, PharmD, BCPS
Residency Program Director
Last Revised: August 2026

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

- 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.
  - 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:
  - 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
  - Time management
    - Set realistic timelines and priorities
    - Meet all the deadlines
  - 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
  - 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
  - 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
  - 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), and residency preceptor self-assessment form to RPD/RPC. New preceptor applications will be reviewed by the RPD/RPC.
     - 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)

- 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).
- 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).
- 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.
- 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.
- 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:
  - Contribution to the development of clinical or operational policies/guidelines/protocols, or
  - Contribution to the creation/implementation of a new clinical or operational service, or
  - Contribution to an existing service improvement, or
  - 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
  - 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.
- **OPTIONAL** Qualifications: role modeling ongoing professional engagement can be demonstrated by documenting the following ongoing professional engagement in the APR. Types of professional engagement include:
  - 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).
  - Primary preceptor for pharmacy APPE students (does not include precepting IPPE students or residents)
  - 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).
  - Service (beyond membership) in national, state, and/or local professional associations.
  - Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable).
  - Completion of a teaching certificate program.
  - Providing preceptor development to other preceptors at the site.
  - Evaluator at state/regional residency conferences; poster evaluator at professional meetings, and/or evaluator at other local/regional/state/national meetings.

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

2. Preceptor reappointment

- Preceptor reappointment is performed **every four years** by RPD/RPC.
  - APR is updated every 2 years
- The review and reappointment process requires preceptor submission of an updated APR and residency preceptor self-assessment form by June 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.
- In order to be reappointed to subsequent terms by the RPD/RPC, preceptors must:
  - 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.
  - Attend at least two preceptor development activities during their previous term.
  - 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:
  - Residency preceptor self-assessment form which must be completed every reappointment cycle by each preceptor.
  - 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.