Postgraduate Year 1 Community Pharmacy Residency Program

IMPLEMENTATION GUIDE

Author: **Lauren B. Angelo**

Contributing Author/Editor: **William A. Miller**

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INTRODUCTION

The number of applicants seeking postgraduate year (PGY)1 residency positions has been on the rise in recent years. The number of positions available has been relatively stable, however, resulting in a disparity between number of applicants and number of positions available.[1] In 2013, the number of candidates seeking PGY1 residencies increased by 6%.[2] With more applicants than positions available, there is a need for additional accredited programs to meet this demand. As of February 2012, 954 programs were navigating the American Society of Health-System Pharmacists (ASHP) accreditation process.[1] Of these, 76 (8%) were seeking accreditation for a community pharmacy residency program (CPRP). Once accredited, these CPRPs will join the nearly 100 accredited programs currently in existence.

A PGY1 CPRP provides an organized and focused approach to enhancing a pharmacist's patient care skills in a community pharmacy setting. A PGY1 CPRP lasts 12 months and allows the resident to develop and enhance patient care services. Medication and disease management are emphasized throughout the CPRP experience. Along with direct patient care, CPRPs aim to foster leadership and practice management skills. The resident's involvement with the practice site and activities throughout the year may benefit the site in a variety of ways:[3,4]

- Promote patient care services
- Participate in community outreach
- Engage in practice-based research
- Build relationships with other health care providers
- Partner with academic institutions
- Expose more patients to the clinical expertise of pharmacists
- Improve patient satisfaction and loyalty
- Keep the practice site progressive
- Enhance the experiential site for student pharmacists
- Develop sustainable services that generate revenue and contribute to financial viability
- Generate energy and introduce innovative ideas
- Provide educational opportunities for practicing pharmacists

A well-designed and systematically planned CPRP will provide a valuable experience for the resident, pharmacy personnel, residency director, and preceptors.

PGY1 CPRPs exist in a variety of practice settings and may or may not be partnered with a college or school of pharmacy. Practice settings where CPRPs are most commonly offered include the following:[3,5]

- National chain pharmacies
- Mass merchandiser pharmacies
- Supermarket pharmacies
- Independent pharmacies
- Outpatient pharmacies affiliated with health systems
- Outpatient pharmacies in medical office buildings
- Clinic pharmacies affiliated with colleges or schools of pharmacy

Regardless of setting, a CPRP seeking accreditation must comply with the accreditation standards established by ASHP and the American Pharmacists Association (APhA). Program accreditation has been identified as the most important barrier for pharmacies that were not participating in a CPRP.[4] Although accreditation is not mandatory for CPRPs, it is strongly encouraged and will be more appealing to residency candidates. This CPRP implementation guide will assist programs with the CPRP development stages and make navigating the accreditation process easier.

Program accreditation serves to ensure that the resident will receive a quality experience, as well as an experience that is consistent with other accredited residency programs. Completion of an accredited PGY1 residency is a prerequisite for PGY2 residencies and fellowships.[6] As the PGY1 CPRP is being developed, it will be important to follow the standards and expectations of the accrediting bodies

so that a valuable and engaging experience will be afforded the residents completing the program. As a program goes through the accreditation process, quality measures and improvements will be incorporated as the program strives to comply with the standards. Through this process, the practice site will undoubtedly be enhanced.

A great deal of time, energy, and resources will be needed during the CPRP planning and implementation stages. Such efforts will be futile if the residency program is not ultimately accredited. This CPRP implementation guide provides a stepwise process, along with useful resources, for developing and maintaining an exceptional program that will have a system in place to become accredited and will be desirable to outstanding residency candidates.

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PART 1: Deciding To Start a Community Pharmacy Residency Program

Reasons for Starting a Residency Program

Before embarking on the postgraduate year (PGY)1 community pharmacy residency program (CPRP) development journey, it is critical to determine the reasons and motivators for starting a residency program. The following are common reasons for starting a CPRP:

- Giving back to an affiliated college of pharmacy or the profession
- Producing and hiring graduates of the program to develop and provide patient care services at the community site used for the program or another site within the company

A member of corporate management, a community pharmacy owner, a dean, a practice chair, or a community or ambulatory care faculty member most often put forth the initial idea of exploring the establishment of a CPRP. If the idea is considered viable by the administration of the organization, the appropriate administrator (e.g., corporate manager, pharmacy owner, department chair or dean of the college of pharmacy) usually then identifies and appoints an individual to guide the development of a proposal to implement a residency program. Assuming the proposal to start a program is eventually approved and funded, this individual is likely to become the residency program director (RPD). For this reason, the qualifications of this individual should be reviewed and meet the RPD requirements specified in the Accreditation Standard for PGY1 CPRPs. The appointed RPD should be committed to starting a CPRP and feel confident that he or she has the skills to lead the development and startup of a program. Specifics on qualifications to be an RPD are covered in Part 2.

In most situations, the appointed RPD will identify a number of key stakeholders or potential preceptors with whom to work to develop the program. Although a formal residency advisory committee (RAC) could be created at this point, a RAC is more likely to be formalized after a definitive decision is made to start a residency program. More details on the RAC are covered in Part 2.

Assessment of Practice Site Readiness to Initiate a CPRP

One of the first tasks of the RPD will be to assess the readiness of the practice site to initiate a residency program. The RPD will need to decide if the site is able to support a resident and provide a quality residency experience. To start this assessment process, the following two documents need to be reviewed:

- The Accreditation Standard for Postgraduate Year One (PGY1) Community Pharmacy Residency Programs
- Required and Elective Educational Outcomes, Goals, Objectives, and Instructional Objectives for Postgraduate Year One (PGY1) Community Pharmacy Residency Programs

These documents can be accessed at www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Familiarity with these documents is critical in assessing the readiness to develop a program that meets accreditation standards. These documents will be referred to often throughout this guide and will be used regularly during program design, development, and maintenance.

The American Society of Health-System Pharmacists (ASHP) has developed a residency readiness assessment tool that can be used by organizations to evaluate and assess the more generalized elements that should be in place before applying for accreditation. Each of the 29 survey items includes additional information, resources, and tips that can be used if deficiencies exist. The RU Ready Assessment Tool for Pharmacy Residency Programs is available

at www.ashp.org/menu/Accreditation/ResidencyAccreditation/RUReadyTool.aspx.

Common issues identified through the assessment of readiness include the following:

- A qualified individual to serve as the RPD is not currently available or an individual who is qualified does not have sufficient time available to perform the duties of an RPD
- An adequate number of qualified preceptors are not available to serve as role models for residents for various components of the program (e.g., provision of advanced patient care services, residency project, leadership and practice management, medication safety)
- Patient care services are not at a level to provide residents with adequate experiences
- Sufficient funding is not available to support the program (i.e., stipend for the resident, residency travel)

Some of these problems can be addressed through a partnership between a college of pharmacy and a practice site for the program.

As a part of the assessment of readiness, the RPD should review the following and determine which type of PGY1 pharmacy residency would be the best match for the proposed program:

- ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs
- Accreditation Standard for Postgraduate Year One (PGY1) Community Pharmacy Residency Programs
- ASHP Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs
- ASHP International Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs

Considering the primary practice site being used for the program, the RPD should determine which standard and educational outcomes are most applicable to the purpose of the residency program, accreditation requirements, and the practice setting. The PGY1 community pharmacy residency standard, referred to as the Accreditation Standard for Postgraduate Year One (PGY1) Community Pharmacy Residency Programs, is a modified version of the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. Revisions were made to allow for the unique training requirements of the community and ambulatory care environments. As such, an accredited CPRP is considered equivalent to other PGY1 accredited programs. If the program can be designed to meet the goals and objectives of a CPRP, this is the accreditation route the program should take.

If the assessment of readiness and the review of the standard, outcomes, goals, and objectives for PGY1 CPRPs do not reveal any significant obstacles to starting a residency program, the RPD should seek approval from the appropriate administrator to develop a more detailed proposal/business plan and a preliminary timeline to develop the residency program. Depending on the availability of practitioners who would be qualified preceptors and the current level of advanced community pharmacy services, the RPD may want to spend a year or longer developing preceptors and services before taking the next step forward by formally submitting an application for ASHP accreditation and offering the residency program.

Developing a Preliminary Proposal or Business Plan for Establishing a CPRP

An initial proposal or formal business plan and budget will be needed to justify the implementation and sustainability of the CPRP once it is started. Stakeholders such as the sponsoring organization or grant funders will want to review the preliminary proposal or business plan and financial prospects before committing to a contractual relationship or funding support.

Key Elements of a Proposal or Business Plan to Establish a CPRP

The RPD should develop a written proposal or business plan to establish a CPRP in cooperation with key stakeholders. The RPD may prepare

either a basic proposal to initiate a CPRP program or a more detailed business plan. Key components in either a proposal or a business plan should include the following:

- Reasons for establishing a program and benefits of the proposed program
- Pharmacists on staff who would be interested and qualified preceptors
- Available learning experience opportunities to support the program
- Current patient care services available to support the program

PART 1: Table 1. Example revenue and costs of a CPRP[1–3]

One-Time Costs	• Furnishing space for the resident (e.g., desk, chair, filing cabinet) • Computer • Equipment for patient care services • Staff meetings and training
Fixed Costs	• Residency accreditation fees • Residency recruitment expenses (e.g., meeting booths, interview expenses) • Liability coverage • CPR and OSHA Bloodborne Pathogen Training for the resident • Access to electronic drug information resources and databases
Variable Costs	• Resident's stipend[a] • Fringe benefits (20% or more of the stipend) • Training the resident for staffing responsibilities • Travel expenses • Patient care testing supplies • Office supplies • Preceptor development
Revenue	• Staffing contribution • Patient care services • Grant funding or state support • School of pharmacy compensation for teaching

[a]Considered a variable cost as this will likely change from year to year based on pharmacy residency stipend trends and the number of residents in the program

- Potential partnership with a college of pharmacy if the residency will be based in a community pharmacy
- Potential collaboration with a community pharmacy if the program will be based in a college of pharmacy
- Resources that will be needed to support the program
  - Identification of an individual to serve as RPD to lead the development of the program
  - Additional pharmacists to serve as role models and preceptors
  - Office space for the resident
  - Computer support for the resident
  - Travel support for the resident
- Funding sources to support the program (short- and long-term funding)
- Budget (first year, 2- to 5-year budget plan)
- Return on investment (ROI)
- Intangible benefits of the residency program

Funding of a CPRP

Funding of the program is necessary to support the addition of a resident. Sources of funding may include the pharmacy organization, school of pharmacy, other practice sites, and grants. All of the financial support may be provided by one source or shared among multiple sources. Program viability over several years should be evident in the business plan. The budget should detail the percent allocated to each organization that has agreed to provide funding for the program. Sources of revenue resulting from the resident's involvement should also be noted.

A determinant when deciding the feasibility and longevity of a CPRP is the program's ROI. Start-up costs as well as annual expenses incurred throughout the residency year will need to be taken into account. Revenue generated from the program may come from additional patient care services, grant funding for either the residency program or residency research initiatives, and state-sponsored support. The contractual or cost-sharing arrange-

ments with a school or company to compensate for the resident's time spent teaching should also be considered when planning for the financial implications of a residency program. Table 1 presents examples of items to consider when creating the budget for the initial CPRP year.[1-3] The budget for additional years will be very similar but will not include the one-time costs.

The resident's stipend will fluctuate from year to year and is often dictated by geographic region and comparable programs. ASHP provides an online directory of residency programs that can be queried based on location and program type. Each program lists its estimated stipend, which can be used to establish the stipend that will be offered to the incoming resident. This directory is available at http://accred.ashp.org/aps/pages/directory/residencyProgramSearch.aspx.

When calculating revenue, some of the clinical services and patient care activities estimated to be provided by residents can include hours spent staffing in the pharmacy (relative to number of prescriptions processed), amount of paid claims for comprehensive and targeted medication therapy reviews, vaccinations administered, disease management activities for which payment is rendered, continuing pharmacy education programming offered for a fee (or the cost avoidance of no honorarium paid to an established speaker), and compensation for teaching or precepting (if applicable).

It is possible that the costs noted in Table 1 will exceed the revenue generated. These net costs are only one factor in determining the ROI of the CPRP. It is important to remember that some of the resident's activities will be intangible benefits that are not directly tied to monetary gains. Examples of such contributions include research initiatives, education of patients and other health care providers, legislative and lobbying efforts, community service events, leadership and committee activities, non-compensated teaching or precepting of student pharmacists, enhanced patient satisfaction, and positive impact on staff retention.[1] Additional examples of value added specifically by CPRPs include promoting advanced community practice, developing new services, enhancing relationships with schools of pharmacy, advancing the business, and developing community pharmacy leaders.[4] The potential monetary savings and indirect gains should be realized when determining the program's ROI. The benefit-to-cost ratio is likely to exceed the revenue-to-cost ratio.[3] This critical factor must be understood and supported by all stakeholders involved with the program.

Business Plan for a CPRP

Some organizations may want to develop a more formal business plan rather than a basic proposal to initiate a CPRP. The U.S. Small Business Administration provides a variety of resources to create a business plan, with an emphasis on nine specific sections:[2,5]

- Executive summary
- Market analysis
- Company description
- Organization and management
- Marketing and sales
- Service or product line
- Funding request
- Financial projections
- Appendices

Information about each of these sections is located at www.sba.gov/category/navigation-structure/starting-managing-business. These and other pharmacy-specific resources are readily available online or in business plan books, and should be reviewed when developing an outline for a proposal or more formal business plan. The values and needs of the stakeholders involved in establishing the program should be considered when deciding on how to develop an outline and formal proposal or business plan for a CPRP.

The proposal or formal business plan is a living document and should capture the financial forecast necessary to support the program for the next 3 to 5 years.[5] If the purpose of the CPRP or financial situation change (e.g., additional sites or residency positions added, changes in funding support,

services enhanced or added), the proposal or business plan should be revised accordingly. As the tangible and intangible benefits of the residency are realized, adjustments can be made to the budget and plan.

The budget and financial plan are critical elements of the initial proposal or business plan. The proposal or business plan for the CPRP should be developed in writing and reviewed by all stakeholders involved with the program. The initial proposal or business plan should be modified based on comments of involved stakeholders; it should then be resubmitted for stakeholders' review and approval. Once the proposal or business plan is approved, the RPD is ready to design the residency program. After the design of the residency program is completed (more in Part 2), the proposal or business plan will need to be reviewed and updated.

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PART 2: Residency Program Planning and Development

Once approval is obtained to start a community pharmacy residency program (CPRP) and the residency program director (RPD) and other individuals involved are ready to move forward, the next step in developing the program is program planning. A variety of considerations need to be made before beginning the residency accreditation and recruitment processes. A residency advisory committee (RAC), inclusive of stakeholders and sponsoring organizations, should be formed before taking the first step to obtain accreditation by applying for pre-candidate status.

The Residency Advisory Committee

The RAC is a group of individuals who work collectively to ensure that a quality program is developed and maintained. This committee is responsible for program planning, site development, preceptor development, preparation for accreditation, responses to the accreditation survey, and continuous quality improvement of the program. Various activities germane to the RAC are noted throughout this guide. The committee will likely need to meet frequently (i.e., at least monthly) as the program is being conceptualized and developed. Once a resident is placed at the site and activities are up and running, the committee can meet less frequently (i.e., three to four times annually).

The members of the committee will vary depending on the program sponsor and practice site(s) affiliated with the program. The CPRP may be sponsored solely by the pharmacy organization, by a college of pharmacy, or by a shared agreement between the two entities. The practice site may be located in an independent pharmacy, a chain pharmacy, or an outpatient pharmacy affiliated with a health-system, ambulatory care clinic, federally qualified health center, managed care organization, or other entity. Alternately, it may be a multiple-site program offering a variety of practice sites. Regardless, each residency program must have an RPD, as noted in Part 1. The RPD should serve on the committee and may or may not chair it. Select preceptors and site coordinator(s), if applicable, should also be included on the committee. Programs may want to consider a current and former resident as committee members. Table 1 lists the other individuals who could be considered for the committee based on the structure of the program.

PART 2: Table 1. Examples of additional residency advisory committee members

Independent Pharmacy	• Chief executive officer or pharmacy owner • Pharmacy manager or pharmacist-in-charge • Clinical coordinator
Chain Pharmacy	• Vice president of pharmacy operations • Regional or district manager • Clinical coordinator • Pharmacy manager or pharmacist-in-charge
Outpatient Health-System Pharmacy	• Director of pharmacy • Pharmacy manager or pharmacist-in-charge
College-Sponsored Program	• Dean • Department chair of pharmacy practice • Associate/assistant dean or vice chair responsible for clinical activities

Sponsoring Organization

Each residency program must be sponsored by an organization willing to assume the responsibility for the coordination and administration of the program.[1] The RPD appointed by the sponsoring organization will need to submit the application materials to the American Society of Health-System Pharmacists (ASHP) on behalf of the sponsoring organization. If multiple organizations have agreed to share the financial obligations of the program, they will need to select one organization to be the sponsoring organization of record. The responsibilities of the sponsoring organization are unrelated to any financial commitment or program funding provided. Rather, this designation identifies the organization that is ultimately responsible for the program.

Use the space below to identify the individuals who will serve as members of the RAC, which may include one or more of the preceptors identified during the readiness assessment. List their respective responsibilities as they pertain to the residency program's planning and development process.

Sponsoring Organization

Title	Name	Responsibilities

Once the committee is compiled, program planning meetings should commence as soon as possible. With busy schedules, geographic limitations, and technological advances, a creative approach may be needed to coordinate and arrange meetings. Alternatives to in-person meetings, such as telephone conferencing or online interactive meetings, should be considered. The initial meeting should be used to

outline the program goals, develop timelines, and designate responsibilities of the team members. The first meeting of the RAC should be used to garner support and determine the readiness of all parties involved. A committee chair should be identified, and meeting agendas and minutes should be used to provide structure and organization to the planning meetings. When a commitment from all has been established, affiliation agreements, which are described later in this section, will need to be developed, signed, and executed.

Principles of Postgraduate Year 1 Pharmacy Residencies

The residency accreditation standard is based on seven guiding principles, which are listed below.[1] Compliance with each of the criteria for each of these principles will be thoroughly assessed during the accreditation and site visit process. The seven principles and corresponding criteria should be reviewed by the RPD and involved preceptors to determine residency program documents that must be developed before starting the planned residency.

Review the principles and associated questions below and create a list of key documents or resources that will need to be developed or available before the program is initiated. Once the program is approved to be started by the appropriate administrator, the RPD should designate a responsible individual and timeline for the development of all documents and resources. As the program is being developed, the list can be reviewed and items checked off until all documents and resources have been completed.

Principle 1: Qualifications of the resident	
Have policies and procedures been established to evaluate and rank applicants for the residency match?	❑ Yes ❑ No ❑ Under development
Has a licensure policy been established that includes consequences of failure to obtain licensure by residents?	❑ Yes ❑ No ❑ Under development
Principle 2: Obligations of the program to the resident	
Have policies and procedures been developed with regard to duty hours?	❑ Yes ❑ No ❑ Under development
Have policies and procedures been developed to address the effect of extended family/sick leave on the resident's ability to complete the residency program?	❑ Yes ❑ No ❑ Under development
Are sufficient professional and technical personnel available to ensure appropriate supervision and guidance to all residents?	❑ Yes ❑ No ❑ Under development
Will preceptors have the time to devote to educating the resident?	❑ Yes ❑ No ❑ Unsure
Will resources be available to allow the resident to attend extramural educational activities (e.g., pharmacy meetings and conferences)?	❑ Yes ❑ No ❑ Unsure
Is adequate workspace available for the resident, including a desk and computer with Internet access?	❑ Yes ❑ No ❑ Unsure
Does the pharmacy have an efficient workflow that fully engages technicians in technical dispensing tasks and maximizes pharmacists' time to perform clinical patient care and counselling activities?	❑ Yes ❑ No ❑ Not assessed
Principle 3: Obligations of the resident to the program	
No policies or resources need to be developed.	

Principle 4: Requirements for the design and conduct of the residency program	
Are the program's purpose, outcomes, and educational goals and objectives formally documented and in accordance with the standard?	❑ Yes ❑ No ❑ Under development
Is the design of the program (i.e., required learning experiences) sufficient to achieve each of the required outcomes, goals, and objectives?	❑ Yes ❑ No ❑ Unsure
Does the design of the program (i.e., required learning experiences) allow residents adequate experience in diverse patient populations, a variety of diseases, and a range of complexity of patient problems?	❑ Yes ❑ No ❑ Unsure
Has each preceptor developed a description of his or her learning experience and a list of activities to be performed by the residents to achieve the assigned goals and objectives for the experience?	❑ Yes ❑ No ❑ Unsure
Has the RPD, in conjunction with preceptors, developed an evaluation system, including forms as needed, to be used for: • Preceptor summative evaluations of residents • Preceptor formative evaluations of residents • Resident summative self-evaluations • Resident evaluation of preceptors • Resident evaluation of learning experiences	❑ Yes ❑ No ❑ Under development
Has a system for customization of each resident's program been developed (i.e., data to be collected, customization template to be completed for each resident, quarterly updates of customized plans)?	❑ Yes ❑ No ❑ Under development
Has a system been developed to track each resident's overall progress toward achievement of his or her educational goals and objectives at least quarterly?	❑ Yes ❑ No ❑ Under development
Principle 5: Qualification of the RPD and preceptors	
Do the RPD and preceptors meet the qualifications of the standard?	❑ Yes ❑ No ❑ Unsure
Principle 6: Minimum requirements of the organization conducting the residency program	
Does the sponsoring organization conducting the residency meet accreditation standards, regulatory requirements, and applicable national standards?	❑ Yes ❑ No ❑ Unsure
Does the sponsoring organization conducting the residency demonstrate a commitment and ability to achieve the purpose of the program?	❑ Yes ❑ No ❑ Unsure
Principle 7: Qualifications of the pharmacy	
Has the pharmacy site developed short- and long-term pharmacy goals?	❑ Yes ❑ No ❑ Under development
Does the practice site have a safe medication use system, pharmacy policies and procedures? Is the site in compliance with applicable laws, codes, statutes, and regulations governing pharmacy practice?	❑ Yes ❑ No ❑ Under development
Does the practice site offer the following patient care services? • Medication therapy management (MTM) (comprehensive and targeted) in collaboration with patients and other health professionals • MTM through collaborative practice agreement with other health providers • Disease management programs • Disease education programs • Prevention and wellness programs	❑ Yes ❑ No ❑ Under development

If affirmative responses cannot be provided to the questions above, work remains to be done before the program can be initiated. Programmatic or practice site changes may be needed to ensure that these criteria can all be satisfactorily met. Use the space below to identify the changes or solutions that are required and identify the individuals who should be responsible for executing these changes.

Review of Accreditation Standards and Principles		
Accreditation standard criteria that remain to be met	**Suggested changes or solutions**	**Individuals to be held accountable**

Developing a Purpose Statement for the Program

Using the information obtained from a review of the standard principles, the next step will be developing the primary purpose of the residency program. The reasons for starting a CPRP will influence the purpose of the program. Each residency program should have a purpose statement to communicate the intent and overarching goals of the program.[2] The purpose statement should be clear and concise.[3] The strengths and unique qualities of the program should be evident. The statement should also describe the type of position or career path that a resident will be qualified to pursue upon completion of the residency.[3]

The following are examples of postgraduate year (PGY)1 CPRP purpose statements:

1. Graduates of the residency program are prepared to develop and provide advanced patient care services (e.g., MTM, disease management, preventive care) in community pharmacy settings.
2. Graduates of the residency program are prepared to develop and provide advanced patient care services (e.g., MTM, disease management, preventive care) in community pharmacy settings and serve as a preceptor for student pharmacists at a college of pharmacy.
3. Graduates of the residency program are prepared to develop and provide advanced patient care services (e.g., MTM, disease management,

preventive care) in community pharmacy settings and hold a full- or part-time clinical track faculty appointment at a college of pharmacy.

4. Graduates of the residency program are prepared to develop and provide advanced patient care services (e.g., MTM, disease management, preventive care) in community pharmacy settings and lead, manage, and operate a community pharmacy.

Use the space below to draft an initial purpose statement for the CPRP being developed, noting the intent of the program and expected outcomes.

PGY1 Community Pharmacy Residency Program Purpose Statement

This purpose statement should be reviewed and agreed to by the key individuals involved in developing and funding the program. The purpose statement should be used to guide the design and structure of the residency program. Because development of the program is in its infancy stages, the initial purpose statement will likely go through a variety of revisions along the way. Once this statement is finalized, it should be evaluated annually for any necessary changes. The design of the program, experiences offered, and qualifications of preceptors should support the program's purpose.[3] The community site or sites used for the program should be able to offer learning experiences that are designed to achieve the program's purpose.[3]

Educational Outcomes, Goals, and Objectives

As noted in the review of the standard principles, the design of the program must facilitate the achievement of the required goals and objectives for CPRPs.[4] At a minimum, the required objectives must be attainable during the course of the 12-month residency. The elective outcomes can be used if additional experiences are desired. Begin by reviewing the required goals and objectives to identify experiences that will need to be developed to achieve each objective. Use the space below to note any objectives that may be challenging for the resident to achieve because of practice-site or programmatic limitations. Draft program or practice-site changes that could ensure that these objectives can be achieved and identify the individuals who should be responsible for executing these changes. The changes or enhancements will need to be addressed before the residency program is initiated.

Review of Required Educational Outcomes, Goals, and Objectives		
Educational objectives that need to be addressed	**Suggested changes or solutions**	**Individuals to be held accountable**

Patient Care Services

A more in-depth assessment of the current patient care services at the site is another important step in planning to initiate new services or improve existing services that will support the residency program. Although a portion of the resident's time may be devoted to developing or enhancing patient care services, sufficient pharmacy services should already be in place before the resident begins to ensure that he or she has adequate patient care experiences to achieve the intent of the standard. In fact, Principle 7.2 of the Accreditation Standard for Postgraduate Year (PGY)1 Community Pharmacy Residency Programs requires that pharmacy services be an integral part of the site.[1] Examples of patient care and disease management services commonly offered at CPRP sites include diabetes, immunizations, MTM, hyperlipidemia, and hypertension.[5]

During the accreditation process, the site survey team would like to see patient care services offered at an advanced level. Programs that routinely provide comprehensive medication reviews, as well as disease education and management, are optimal. Programs that engage pharmacists in the initiation, modification, and discontinuation of drug therapy under the auspices of collaborative drug therapy management contracts are considered to be providing the highest level of service. When programs apply for accreditation, they will be asked to characterize the patient care services available as being in development, in the pilot phase, or established.

Use the space below to categorize and describe the patient care services at the site. During the recruitment and interview process, which is discussed in Part 3, residents will likely ask about these services and their expected level of involvement with patient care. As discussed in Part 5, the accreditation process will include revisiting this exercise.

	Does not exist	In development	Pilot program	Established
MTM Services	❑	❑	❑	❑
List MTM services offered:				
Number of MTM encounters per week (comprehensive and targeted) :		Number of patients currently enrolled in MTM services with follow-up care:		
Plan for implementation/enhancement of MTM services, if applicable:				

Disease Management Programs	Does not exist	In development	Pilot program	Established	Number of patients enrolled	Number of patient encounters per year
Diabetes	❑	❑	❑	❑		
Dyslipidemia	❑	❑	❑	❑		
Hypertension	❑	❑	❑	❑		
Asthma	❑	❑	❑	❑		
Pain	❑	❑	❑	❑		
Anticoagulation	❑	❑	❑	❑		
Weight management	❑	❑	❑	❑		
Other:	❑	❑	❑	❑		
Description of services and plan for implementation/enhancement, if applicable:						

Prevention and Wellness Programs	Does not exist	In development	Pilot program	Established	Number per year
Immunizations	❑	❑	❑	❑	
List vaccines offered:					
Diabetes screenings	❑	❑	❑	❑	
Lipid screenings	❑	❑	❑	❑	
Hypertension screenings	❑	❑	❑	❑	
Osteoporosis screenings	❑	❑	❑	❑	
Depression screenings	❑	❑	❑	❑	
Other:	❑	❑	❑	❑	

	Does not exist	In development	Treatment recommendations routinely made and accepted	Protocols established
Collaborative Practice	❑	❑	❑	❑
List collaborative agreements established:				

Once the patient care services offered at the site have been assessed, consider the following:

- Are the breadth and depth of the services provided adequate to train a resident?
- What changes are needed to improve existing services or develop new services to improve the quality of the residency program?

RPD and Preceptors

Each residency program must have a single RPD who is a licensed pharmacist and is affiliated with either the practice site or sponsoring organization.[1] Principle 5 of the accreditation standard details the additional requirements and qualifications of RPDs. When identifying the RPD, use the following checklist to ensure that these requirements are met:

- ❑ Completed an ASHP-accredited residency and has at least 3 years of pharmacy practice experience; or at least 5 years of pharmacy practice experience, and has the knowledge, skills, attitudes, and abilities that would have been acquired during residency training (regardless of duration, the pharmacy practice experience must include involvement with community or ambulatory care services)
- ❑ Has documented evidence of effective teaching in a clinical setting
- ❑ Demonstrates an ability to direct and manage a residency program
- ❑ Contributes and is committed to pharmacy practice, including at least four of the following:
  - ❑ Has documented record of improvements in and contributions to pharmacy practice
  - ❑ Actively provides service in professional organizations
  - ❑ Demonstrates teaching effectiveness
  - ❑ Engages in committee or work group appointments
  - ❑ Is regularly involved as a peer reviewer
  - ❑ Is formally recognized as an exemplary practitioner
  - ❑ Has documented publications and/or presentations
  - ❑ Is involved with community service or outreach activities

The RPD must oversee the direction and conduct of the program. The individual chosen as the RPD must be willing and able to dedicate the necessary time and resources to the residency program. The responsibilities expected of the RPD must be clearly defined and include, but are not limited to: meeting with the RAC for programmatic needs, working with preceptors to ensure quality experiences, orienting the resident to the site and program, providing oversight of patient care activities, assisting with the resident's project, completing quarterly and final evaluations, and ensuring that accreditation standards are met and maintained. Once selected, the appointment of the RPD must be agreed upon in writing by each organization involved in the CPRP.

Taking into account the requirements for an accredited program, use the space below to identify the individual who will be selected to fulfill the role of the RPD.

Role	Name	Practice Site
Residency Program Director		

Once the RPD is identified, preceptors who will provide the practical experience, training, and evaluations of the resident need to be selected. The number of preceptors needed will be based on the number of practice sites with which the resident will be involved, including elective experiences at different sites. The criteria that each preceptor is expected to meet should be documented and communicated to potential preceptors. The requirements as outlined in Principle 5 of the accreditation standard include, but are not limited to, the following:

- ❑ Licensed pharmacist
- ❑ Completed an ASHP-accredited residency followed by at least 1 year of pharmacy practice experience; or at least 3 years of pharmacy

practice experience, and has the knowledge, skills, attitudes, and abilities that would have been acquired during residency training

- ❑ Community or ambulatory care practice experience and engaged in this area of practice concurrent with residency training
- ❑ Demonstrates the ability to instruct, model, coach, and facilitate clinical problem solving skills
- ❑ Demonstrates the ability to provide criteria-based feedback and evaluation of the resident's performance
- ❑ Demonstrates a contribution and commitment to pharmacy practice, including at least three of the following:
  - ❑ Documented record of improvements in and contributions to pharmacy practice
  - ❑ Active service in professional organizations
  - ❑ Demonstrated teaching effectiveness
  - ❑ Committee or work group appointments
  - ❑ Regular involvement as a peer reviewer
  - ❑ Formal recognition as an exemplary practitioner
  - ❑ Publications and/or presentations
  - ❑ Community service or outreach activities

The pharmacists who agree to serve as preceptors will be integral to the resident's training and experiences throughout the year. They will be the resident's teachers and role models and will directly affect the resident's ability to achieve the educational objectives of the program. A pharmacist's decision to become a preceptor should be based on a willingness to achieve the goals and expectations set forth by the RPD. The preceptors must also be devoted to educating the resident.

The program will need to develop a policy that details the expected qualifications of preceptors, as well as the process for preceptor development. Taking into account the requirements for an accredited program, use the space below to identify the individuals who will be selected to potentially fulfill the preceptor roles. Note whether or not the accreditation requirements are currently met.

Preceptor Name	Practice Site	Meets Requirements
		❑ Yes ❑ No ❑ Unsure
Requirements not met and plan for training:		
		❑ Yes ❑ No ❑ Unsure
Requirements not met and plan for training:		
		❑ Yes ❑ No ❑ Unsure
Requirements not met and plan for training:		
		❑ Yes ❑ No ❑ Unsure
Requirements not met and plan for training:		

Pharmacists who have been identified as potential preceptors but fail to meet the accreditation requirements would be excellent candidates for a preceptor training or development program. With guidance, mentorship, and encouragement, they may be able to fulfill the roles of preceptors as the residency program progresses. Training of preceptors is detailed later in this section.

The pharmacy personnel and staff who are not initially selected as preceptors at each of the practice sites included in the program will need to be made aware of the residency program and how it will affect their day-to-day activities. The degree to which pharmacy personnel will interact with the resident will vary depending on the resident's responsibilities at the site. A commitment from these individuals is important. The following are examples of resident projects and activities in which personnel may be involved:

- Candidate recruitment and interviewing
- Prescription processing and dispensing
- Marketing clinical services
- Practice-based research initiatives
- Referrals for patient care services

After the program is implemented, additional staff may be selected to serve as preceptors for learning experiences.

Single-Site Versus Multiple-Site Program

Most CPRPs operate as a single-site residency, in which the resident completes at least 60% of his or her training at the same location. Residents may still spend time engaged in activities at other sites during elective experiences, but the majority of their time is spent at the program's primary site. If, however, the resident spends more than 25% of time at another pharmacy or site, the program will be considered multiple-site. A program is also considered multiple-site if multiple residents are employed and are based at separate sites.[1] Because multiple-site programs are structured using multiple organizations or practice sites, the ASHP Commission on Credentialing has raised concerns about the impact this may have on the quality of the program.[6] Therefore, additional criteria must be met if a program wants to add additional sites. To become a multiple-site program, a request must be submitted to ASHP that will identify the reason(s), such as the following, for offering training in multiple sites:[1,6]

- Preceptors need additional oversight and guidance
- Patient care services need to be more fully developed
- Multiple sites will enhance the quality of the preceptorship
- The variety or scope of patient interaction and disease management activities needs to be increased
- Multiple sites will accommodate the administrative demands of multiple residents across multiple sites or geographic areas
- A synergistic approach across multiple sites will increase the quality of the program
- The requirements of the residency training cannot be met at a single site
- A quality program is looking to expand and include multiple residents

As with the primary site, any additional sites used for training the resident must meet the qualifications of sites. A policy will need to be developed that defines these qualifications and expectations of training sites. The form to request additional training sites is located at www.ashp.org/DocLibrary/Accreditation/ASD-Form-to-Add-a-Site101310.aspx.

A multiple-site program will need to designate a site coordinator for each additional site. The site coordinator is a preceptor responsible for program implementation and coordination at the other site at which the resident spends at least 25% of his or her time. In addition to meeting the requirements set forth for preceptors, the site coordinator must practice at least 10 hours per week at that site. The site coordinator must also be able to teach effectively in a clinical environment and, under the RPD's direction, oversee the resident's and preceptor's activities at the site.[1,6]

Those involved with the CPRP need to determine the structure before beginning the development phase. For simplicity's sake, a single-site program is recommended when just beginning a residency unless there is a compelling reason to take a multiple-site approach.

Networking with Other RPDs

Assessing program, site, and personnel readiness can be a daunting process. The residency planning and development phase can be even more intimidating. Fortunately, many individuals have been through the process and have created successful programs as the initial RPD. Asking one of these individuals to provide guidance or serve as a mentor may be something to consider. This guidance could include visits to one or more accredited sites for information gathering and benchmarking purposes. If the RPD is willing and able to offer assistance, a rewarding mentoring relationship can develop. ASHP provides a directory of accredited programs, which can be sorted by location and program type. The online residency directory is located at http://accred.ashp.org/aps/pages/directory/residencyProgramSearch.aspx.

Affiliation Agreements

An affiliation agreement or signed contractual arrangement details in writing the roles, responsibilities, and rights of each of the parties involved in the program. Such an agreement is needed when more than one organization is involved with the residency program; examples of this would be a program that is affiliated with a college of pharmacy and/or has multiple practice sites. An affiliation agreement is a legally binding document and, therefore, often requires review and input by each respective party's legal counsel. Affiliation agreements take time to execute—in some instances, several months. This process should be initiated early in the planning stages to allow ample time for the agreements to be signed before applying for accreditation. At a minimum, an affiliation agreement should include the following:[7]

- Definition of the affiliated parties
- Purpose of the agreement
- Term of the agreement
- Minimum notice and process required to terminate the agreement early
- Conditions for immediate termination
- Rights and responsibilities of the pharmacy organization
- Rights and responsibilities of the college of pharmacy and/or other affiliated organizations
- Financial commitments of each party
- Professional liability coverage for the resident
- Resident dismissal process
- Statements addressing equal employment opportunities
- Signatures of affiliated parties

The sponsoring organization, which is often the college of pharmacy or the primary practice site, is ultimately responsible for the agreement(s) signed between the organization and any other entities involved. As such, the other entities (i.e., the college or practice site(s), depending on sponsorship) are required to submit reports to the sponsoring organization, and the sponsoring organization will need to conduct on-site inspections to ensure that the stated responsibilities are being met.[1]

Preceptor Training and Development

A key element to program development is ensuring that the preceptors are qualified and prepared to be actively involved with the program. The identification of potential preceptors based on the requirements in the standard was described earlier in this section. Training and development comprise the next step, which is essential to a quality program. Training and development represent an ongoing process that should not only orient preceptors to the program but continually meet their needs as they develop their precepting skills. The use of a formalized screening process will assist in determining the training initially required for preceptors.

Once the program has begun, preceptor performance should be monitored on an annual basis. Resident feedback and evaluations of preceptors will provide guidance about what remains to be

addressed once a program is under way. Nearly one-fourth of community pharmacy residents surveyed indicated that they did not feel their primary preceptors provided adequate feedback, monitoring, and mentoring.[8] Identifying the specific aspects of these resident comments is important to the continuous preceptor development process. Additionally, seeking input from preceptors about their educational needs and goals can help define the types of training programs offered.

A variety of methods can be used to impart knowledge and develop the skills of preceptors. Live programming, webinars, prerecorded programs, and written information are some examples. The following are topics than can be considered when developing educational programs for preceptors, some of which are based on the requirements noted in the accreditation standard.

- Orienting to the residency program
- Completing evaluations and providing constructive feedback
- Dealing with professionalism issues
- Incorporating residents into patient care activities
- Documenting patient care and outcomes
- Instructing, modeling, coaching, and facilitating clinical problem solving
- Providing mentorship and motivating residents to learn
- Developing leadership and advocacy
- Conducting practice-based research
- Serving as a peer reviewer

Pre-Candidate Application

Before recruiting the first resident, the program should apply for pre-candidate status. The following are several benefits to having pre-candidate status:

- The accreditation team will be aware of the program's intent to recruit a resident and subsequently apply for accreditation
- The program will be given its own National Matching Services (NMS) code and will be able to participate in the ASHP resident matching program
- The program will be automatically enrolled in the Pharmacy Online Residency Centralized Application Service (PhORCAS—information about PhORCAS is detailed below and in Part 3)
- The program will be listed in ASHP's residency directory
- The program will be given access to ResiTrak, an online evaluation management system for residents
- ASHP will provide ongoing information to the program regarding the accreditation process

It is important to note that the application for pre-candidate status requires contact information and signatures from the RPD, the CEO, and the director of pharmacy. If the program is sponsored by a college, the dean's signature can be substituted for the CEO's signature. If the program does not have a director of pharmacy (as is often the case with CPRPs), the information to be populated in the space for the director of pharmacy would be the individual to whom the RPD reports.

To take full advantage of these benefits, the pre-candidate application should be submitted before December 1. The Guidelines for Submitting an Application for Accreditation are located at www.ashp.org/DocLibrary/Accreditation/RTP_ApplicationGuidelines.pdf. To access the two-page pre-candidate application, go to www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Click on Applying for Accreditation; then select the Pre-Candidate Postgraduate Year One (PGY1) or Postgraduate Year Two (PGY2) application form. A program with pre-candidate status must apply for candidate status as soon as the first resident begins.

There are fees associated with the accreditation process. The residency accreditation fee schedule is located at www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. The application fee is a one-time fee, which means if a fee is paid for the pre-candidate application, the program will not be responsible for another fee when applying for candidate status. The annual accreditation fee required of accredited programs will likely be prorated the first year, depending on when candidate status is achieved. The fees vary from year to year and

may be slightly different for community pharmacy residency programs. Payment is not required at the time the application is submitted. ASHP will invoice the program, requesting the appropriate fee once the application is processed.

Residency Learning System Tools and Training

The Residency Learning System (RLS) provides tools, resources, and training to assist programs in developing a systematic approach to residency training. This systematic approach will help programs comply with the accreditation standard, and it will also ensure a structured, process-driven method for developing and maintaining a quality residency program. RLS follows a nine-step process:[9]

1. Identify the program's purpose and outcomes
2. Establish program structure
3. Assign educational goals and objectives to specific learning experiences
4. Designate learning activities for each learning experience and write learning experience descriptions
5. Design program assessment strategy, design assessment strategy for each learning experience, and design evaluation tools
6. Establish customized training plans for each resident
7. Precept the learning experiences
8. Monitor resident progress
9. Conduct quality improvement activities on the program

The descriptions of each of these steps and the individuals responsible for them is located at www.ashp.org/DocLibrary/Accreditation/Residency-Learning-System/RTP-RLSProcess.aspx. Additionally, the tools and resources available to assist programs with carrying out each of these nine steps can be found at www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Click on Residency Learning Systems. Also included within this link is the Preceptor's Guide to the RLS Model, PGY1 Community Pharmacy Residencies. RLS training is not required for accreditation, and programs may opt to employ a different systematic approach, as long as they comply with Principle 4 of the accreditation standard. However, RLS training offers a wealth of guidance for program design, as well as networking opportunities for new programs. With this in mind, the RPD, residency site coordinator(s), and preceptors should plan to attend the 8-hour RLS workshop for community residency programs, which is offered throughout the year in conjunction with ASHP and APhA meetings. The more preceptors who obtain RLS training, the stronger the residency program will be educationally.

Residency Program Policies and Procedures

The policies and procedures that will govern the resident's educational experience throughout the year must be defined. The resulting policy and procedure manual or document should describe how the resident will be selected, the expectations for the resident, programmatic policies, and requirements for completion. The requirements for program completion will vary depending on the site. Regardless, these requirements should be designed with the program's educational objectives in mind. The residency policy and procedure manual may include, but is not limited to, the following elements:

- Cover page and table of contents
- Purpose statement
- Program description and required experiences
- Learning experience descriptions
- Evaluation and assessment processes, including evaluation elements and rating scales
- Requirements for residency completion, including expected time allocation, where applicable
  - Orientation and other mandatory meetings
  - Portfolio maintenance
  - Residency project(s)
  - Teaching expectations

  - Presentation expectations
  - Precepting expectations
  - Elective experiences
- Forms, checklists, and timeline
- Licensure requirements
- Benefits
  - Stipend
  - Paid and unpaid leave
  - Travel
  - Health insurance
  - Disability
  - Life insurance
- Professional conduct expectations
- Disciplinary action and dismissal policies
- Duty hours
- Policy for employment external to the residency (i.e., voluntary, compensated moonlighting)

In addition to the policies and procedures that are shared with the resident, the program will likely need to include internal information specific to the functionality of the program, such as the following:

- Responsibilities of the RAC
- Expectations set forth by the sponsoring organization of practice sites
- Responsibilities and expectations of preceptors
- Policy and procedures for selecting residents for the match including interview evaluation and candidate rating forms
- Process for creating and submitting the rank order list of applicants
- Post-match policies and process
- Requirements of preceptors (e.g., role modeling, coaching, providing feedback, completing evaluations of residents)
- Description of the preceptor development program

Program Administration Tools and Resources

ASHP provides two program administration tools that will be available once the recruitment process begins. These tools are PhORCAS, which is required of programs, and ResiTrak, which is an optional evaluation tool. As noted above, once a program has received pre-candidate status, it will be automatically enrolled in PhORCAS and given information to access and set up ResiTrak.

PhORCAS, a Web-based tool, was designed to streamline the application and recruitment processes. It is used by applicants, reference providers, and RPDs. Applicants use PhORCAS to apply to the Matching Program, view participating programs, apply to programs of choice, and request recommendation letters from their reference providers. Reference providers must use the template provided and can upload a customized letter, thereby using PhORCAS for electronic submission of letters. RPDs use PhORCAS to prescreen applicants and review eligible submissions. Programs should clearly communicate their submission deadlines and whether or not a customized recommendation letter is required of reference providers. PhORCAS is also available for use during the post-match process. Fees apply for applicants and will vary depending on the number of applications submitted. However, if applicants are applying to multiple sites affiliated with one program, only one application fee will apply regardless of whether or not each site has separate NMS numbers. Fees also apply to residency programs that implemented PhORCAS after 2012. Additional information about PhORCAS can be found at www.ashp.org/phorcas.

ResiTrak is an online evaluation management system that already has the required goals and objectives for residency programs in place. Information about ResiTrak can be found at www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Programs can customize the evaluation tool to include additional goals and/or objectives. The evaluation plan can also be customized; however, the quarterly evaluations are still required. Residents use ResiTrak to complete self-evaluations

and to provide feedback regarding the preceptor and learning experience. Preceptors use the tool to evaluate their residents. All evaluations must be reviewed by the RPD. Reports can be generated for the various evaluation types that programs may use. These reports should be available during accreditation surveys. There is no fee associated with the use of ResiTrak and it is not required of programs. Some programs have developed their own evaluation tools or have implemented evaluation tools or software from other vendors. Alternative evaluation processes can be used as long as the accreditation requirements are met.

Residency Personnel and Staff Orientation and Involvement

After the programmatic components have been designed and put into place, the other individuals who will interact with the resident will need to be oriented to the program's goals, timeline, and processes.

It is important for pharmacy personnel and the organization's administrative staff to be knowledgeable about the residency program, especially during program development and the resident recruitment phase. Development of a well-rounded and successful program should be a team-based approach. Routine staff meetings during the development phase and initial recruitment period will be critical to keep everyone informed of the progress being made and its impact on pharmacy operations. Such meetings can be used to solicit input about the program's direction and address concerns of pharmacy staff, who will be adjusting to significant changes in their daily routines. Ensuring that everyone involved in the program has a sense of ownership will likely enhance job satisfaction and the resident's experience throughout the year.

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PART 3: Program Marketing and Recruitment

Because the residency program is new, candidates may have reservations about applying and interviewing for the program. Attention will need to be given to the way in which the program's purpose and structure are communicated to candidates. The marketing materials and messages used to promote the program should convey an organized approach, preparedness for the resident, and confidence in achieving full accreditation. The plan and process for accreditation should be clearly outlined for candidates, including the timeline. Assure the candidates that once the community pharmacy residency program (CPRP) becomes fully accredited, the first resident who graduates from the program will be recognized retroactively and can include this program's accreditation status within his or her list of accomplishments, such as a curriculum vitae.[1] This is, however, only true for programs that have applied for accreditation in a timely manner while the first resident is in the program and continue to maintain accreditation requirements.

According to the American Pharmacists Association (APhA) 2011–12 Postgraduate Year Community Pharmacy Resident Exit Survey results, the top five most important attributes residents sought when considering a program were patient care services or activities offered, opportunities for innovation or development of pharmacy services, variety of practice experiences, the program director or preceptor, and teaching component. All those involved with candidate recruitment and interviewing should be prepared to describe what the program has to offer in terms of these elements.[2]

Marketing Materials

At a minimum, the marketing materials that the residency team should create include a website, a recruitment brochure or flyer, and items to set up a booth at recruitment events. The website should, at minimum, communicate the following information:

- Purpose statement
- Practice site location(s) and description(s)
- Affiliations (i.e., pharmacy organization, school of pharmacy)
- Accreditation status
- Expectations for the resident to successfully complete the program, including required projects, service development, and presentations
- Brief descriptions of required learning experiences
- Number of positions available
- Application process and deadlines
- National Matching Services (NMS) number
- Fees
- Contact information for the residency program director (RPD)

Consider including the following other elements within the website:

- Elective learning experiences available
- Salary and benefits
- Frequently asked questions about the program
- Timeline for the resident's experiences throughout the year
- Example of career opportunities following program completion
- Examples of former residents' projects (once the program is established)
- Examples of career paths of former residents
- Biosketches for the RPD and preceptors
- Program accolades
- Pictures of the site, RPD, and preceptors

The recruitment brochure or flyer should capture an abbreviated version of the information contained on the website and in the program materials. The items needed for a recruitment booth include a tablecloth, brochures or flyers, and business cards. A display board or tall roll-up banner with a stand will enhance the visual appeal of the booth. Personalized pens, key chains, foam can holders, water bottles, and bags are other items that can attract attention and create program name recognition. The

website and print materials should all look professional and be reviewed for grammar, punctuation, spelling, and aesthetics. Social networking sites, such as Facebook, Pinterest, and Twitter, should also be considered as marketing vehicles for the program.

Program Recruitment

As noted in Part 2, pre-candidate status will give the program the ability to participate in the American Society of Health-System Pharmacists (ASHP) resident matching program, enroll in the Pharmacy Online Residency Centralized Application Service (PhORCAS), and be listed in ASHP's residency directory. The residency program can also be listed in other directories, such as those provided by APhA (www.pharmacist.com/residency) and the American College of Clinical Pharmacy (ACCP). To add a program listing to ACCP's directory, go to www.accp.com/resandfel/index.aspx. Materials may also be sent to colleges or schools of pharmacy for posting or distribution to students. Communication of this nature is typically sent to the student affairs office.

In addition to the recognition created through these avenues, the residency advisory committee (RAC) must decide in which recruitment activities the program will be involved and who will be responsible for recruiting candidates. State pharmacy associations and schools of pharmacy often host career fairs at which residency programs distribute program materials and meet candidates. Residency showcases are offered at both the ASHP Midyear Clinical Meeting and the APhA Annual Meeting & Exposition. The display boards and booth materials will be needed for these events. The professional student organizations at schools of pharmacy often seek speakers for various educational programs offered to the student body. Becoming involved with these events may serve to forge relationships with students who may be interested in pursuing a residency. Individuals who serve as preceptors for Advanced Pharmacy Practice Experiences or employ student pharmacists at their pharmacies can also be influential when recruiting candidates through the use of personal contact and encouragement.

Although many postgraduate year (PGY)1 residency candidates wish to enter a residency program immediately following graduation from an accredited doctor of pharmacy program, some residency candidates may be practicing pharmacists seeking to enhance their practice skills and experiences or change the direction of their career paths. In 2011, approximately 6% (n=97) of community pharmacy practice residents surveyed were not immediate graduates of pharmacy school.[2] Therefore, it is important to target all possible types of residency candidates when recruiting to fill the position.

Candidate applications are due early in the calendar year for most programs—typically early to mid-January for programs that begin in late June or early July. Therefore, recruitment for the first resident should begin in the fall and opportunities to recruit candidates during this time should be identified. It is important to remember that the marketing materials used to promote the program and the expenses incurred through recruitment events should be factored into the budget addressed in Part 1.

Application Process

Individuals who are interested in the residency program will need to apply through PhORCAS, which standardizes the application process. Programs can use PhORCAS to track applications, prescreen candidates for eligibility requirements, and review the information provided by applicants' references. The application deadline for the residency program should be noted within PhORCAS. Additionally, programs that require supplemental materials or supporting documents need to clearly identify such requirements. It is the applicant's responsibility to comply with the program's requirements and to communicate this information to their reference providers.

Candidate Interviews and Selection

The first resident has the opportunity to help shape the direction and design of the program. Subsequent residents will be invaluable to the sustained growth and quality of the program. The experiences and success of each resident

will have a profound impact on the future of the program. As such, attributes to look for during the candidate selection process include flexibility, excellent communication skills, independence, organizational skills, assertiveness, and creativity.[1] Community pharmacy experience and the candidate's ability to adapt and flourish in the program are also critical factors to assess. For the majority of programs, candidate selection occurs in two phases: applicant screening and post-interview evaluations. Accreditors will want to see that fair, standardized, and balanced policies and procedures are in place to screen, rank, and select candidates.

The applicant screening process is used to determine which candidates will be invited for on-site interviews. This is typically an ongoing process, which begins once completed applications are posted in PhORCAS. However, the various points of contact with residents before receipt of applications may be factored into the screening process. Communication and interaction with candidates can occur in a variety of ways, including email inquiries, telephone conversations, and face-to-face interaction at meetings and residency showcases. In fact, if the applicant pool is large, telephone interviews can be incorporated into the selection process to narrow down the number of individuals who will be invited to interview on site. It is important to document these encounters, noting with whom the candidate spoke, when and where the conversation took place, and reason for the encounter. This information will be useful when reviewing applications. Documentation measures are invaluable when keeping track of interested candidates during large residency showcase events, as multiple individuals from the residency program will be meeting numerous candidates.

Once completed applications are received, the next step is evaluating the candidates to determine which ones will be extended interview invitations. A form that helps RPDs objectively evaluate the strengths and weaknesses of each candidate for comparison purposes is included as Appendix A. Once all applications have been reviewed, the residency team will need to determine how many candidates to interview. The program's budget, number of positions available, and time will largely dictate this number. It is customary for residency candidates to finance their travel and accommodations for interviews. However, it is desirable to provide residents with transportation to and from the site of the interviews and food or beverages based on the interview schedule. All interviews must be completed before the matching program deadline, which is typically early March. The schedule of dates and deadlines can be found at www.natmatch.com/ashprmp/aboutdates.html.

For programs with one practice site, the interview process for each candidate can usually be accomplished in 1 day. Programs that have multiple sites may need an additional day to schedule site visits. Depending on the number of qualified applicants, scheduling requirements, and positions available, programs may elect to bring in one candidate at a time or schedule interviews with multiple candidates simultaneously. Scheduling multiple interviews in a given day adds complexity because candidates will need to rotate individually throughout the process, but it is often more efficient. Enough time should be allocated for each of the following (as applicable):

- Interview with RPD
- Interview with faculty and/or administrators who will be involved with the resident's training
- Interview with preceptor(s)
- Visits to the practice site(s) and school of pharmacy
- Interview with current resident(s), once the program has been in existence for more than a year
- Formal presentation or case-based discussion or problem solving
- Breakfast, lunch, and/or beverages based on the interview schedule

The list of items to include during the interview is not all inclusive. Programs may wish to incorporate other interview techniques or activities, as long as what is required is standard for all candidates. Group interviews, writing samples, basic skills examination, and physical assessment evaluation are a few. Itineraries and format for the interview will vary.

Those involved with interviewing candidates should be oriented to the interview and evaluation processes. The purpose and goals of the program should be clearly conveyed, along with characteristics of the ideal candidate. Interviewers should be equipped to answer the candidates' questions and be prepared to address the roles and responsibilities that will be expected of the resident. Before each interview, the interviewer should be expected to review the applicant's information thoroughly.

A systematic method will be needed to assess the skills and qualifications of each candidate, resulting in a rank assigned to each once interviews are complete. Possible questions and discussion topics to use during the interview are listed in Table 1. A sample interview evaluation form and a presentation evaluation form are presented as Appendices B and C. Each interviewer will need to complete a form for every candidate to provide a standardized approach to candidate selection and ranking.

PART 3: Table 1. Example questions and discussion topics for CPRP interviews

- Describe your experiences thus far in community pharmacy.
- With what professional pharmacy associations or organizations have you been involved? Describe a project or event in which you actively participated for one of these groups.
- What are your research areas of interest?
- While not revealing a patient's protected health information, describe a challenging encounter or interaction you have had with a patient and the outcome of this interaction.
- What disease or therapeutic topic are you most comfortable discussing? Why?
- What do you see yourself doing upon conclusion of your residency year?

According to the discrimination laws enforced by the Equal Employment Opportunity Commission, certain questions cannot be asked of candidates.[3] A person's age, race, color, religion, sex, national origin, disability, or genetic information cannot be used as a basis of employment. Therefore, questions intended to capture this information (including pregnancy status) cannot be asked during the application and interview processes (see Table 2). All those who will be interacting with candidates must be made aware of the laws and regulations surrounding equal employment opportunities. It would be advisable to work with the organization's human resources department to provide this training and guidance.

PART 3: Table 2. Examples of illegal interview questions

- How old are you?
- Are you married?
- Are you planning on having children?
- What is your nationality?
- What religious holidays do you observe?
- Where were you born?
- Are you a U.S. citizen?
- Do you have any disabilities or medical conditions?

Matching Program Rankings and Results

Only applicants who are listed on a program's rank order list can be matched with that program. Therefore, once applicants have been ranked following the interviews, the Rank Order List Input and Confirmation (ROLIC) system will be used to submit the CPRP's rank order list. The ROLIC system and instructions for using the system are located at https://natmatch.com/ashprmp/applenter.html. The matching algorithm attempts to place applicants into programs based on the preferences and sequence stated by the applicant.[4] The rank order list should be based on the program's true preferences and not on likelihood of applicant placement. There are two reasons an applicant will not match to the program selected by the applicant: the applicant was not ranked by the program, or all of the program's positions have been filled by higher ranking applicants.

Once the Match results are released, the RPD must send a letter of confirmation to the matched applicant. The applicant will then be required to sign and return the confirmation letter. Following the release of the Match results, a list of the positions that were not filled is made available to applicants who did not match with a CPRP. These applicants can use PhORCAS to submit applications to programs with positions available. Likewise, a program that did not match with an applicant has access to the unmatched applicant list. At this point, programs can communicate directly with applicants to offer an unfilled residency position. This process is often referred to as the post-match process or scramble. The dates and deadlines for the post-match process are determined by ASHP and are located at www.ashp.org/menu/Accreditation/ResidencyAccreditation/phorcas.aspx. Programs with unfilled positions will be automatically listed in PhORCAS with a predetermined deadline, which is the same for all programs recruiting during the post-match process. This set deadline can be changed by programs. ASHP mandates a moratorium whereby programs participating in the post-match process are asked to wait a predetermined number of days before making an offer to an applicant. During the post-match process, applicants should be invited for an on-site interview. If this is not practical, a video conference may be a reasonable alternative.[5]

Decisions during the post-match process must be made in a relatively short amount of time. Programs should be prepared to extend an offer within a day of the interview. Applicants are often given 24 to 48 hours to accept or decline the offer. Once the offer is accepted, a letter of confirmation should be sent and signed by the applicant. Any applicants who applied for an unfilled position and are subsequently denied the position should be given the courtesy of a formal rejection letter. RPDs should wait until the incoming resident has signed the confirmation or offer letter before rejection letters are issued.

Offer Letter, Contract, and Welcome Packet

RPDs have approximately 1 month following the Match results to send and receive the signed confirmation or offer letters. Included with the offer letter, either within the same document or as a separate document, should be the contract for employment as a resident, with the terms of the residency noted (e.g., start and end dates, salary, and benefits). General expectations and requirements to successfully complete the residency should also be noted either in the offer letter or on the program's website to which residents are referred. Programs may opt to include this information as part of the agreement the resident is asked to sign. RPDs should also consider including the residency manual, which details policies and procedures.

Approximately 1 month before the resident's scheduled start date, a welcome packet should be sent to the resident, including the following elements:

- Welcome letter
- Timeline noting key dates (e.g., meetings, evaluation deadlines)
- Policies and procedures
- A request for the resident's self-assessment

Programs that have decided to use ResiTrak will want to also include the following:

- Information about using ResiTrak
- Request for the resident's self-assessment via ResiTrak

The self-assessment captures residents' strengths, weaknesses, interests, and career goals (see Appendix D). If the resident has completed the self-assessment in ResiTrak, the RPD will be able to view the information as soon as it is entered; otherwise, paper or electronic copies should be requested and reviewed before the start date. The self-assessment should be used to develop a customized training plan for the resident. The training plans are individualized, will change from year to year, and may be updated throughout the year; however, they should be based on the program's generic plan, which adds consistency and standardization for the program. Modifications are often made to the schedule, assessment strategy, projects and assignments, and educational goals and objectives.[6] The training plan should be reviewed each quarter, noting the resident's progress and changes in strengths, weaknesses, and interests.

After reviewing the plan, the RPD should refer to the educational outcomes for potential elective experiences listed in the PGY1 Outcomes, Goals, and Objectives for Community Pharmacy Residencies[7] to define and develop customized elective learning experiences. The RPD will need to confirm the dates and preceptor availability for each of the elective experiences. Once the elective experiences are established, the RPD will need to develop methods and strategies to assess the learning experiences, which should be mapped to the evaluation and assessment methods to the PGY1 Outcomes, Goals, and Objectives for Community Pharmacy Residencies.

ASHP provides a resource to help residents understand the Residency Learning System (RLS), previously described in Part 2; *Resident's Guide to the RLS, Third Edition,* is available at www.ashp.org/DocLibrary/Accreditation/ResidentsGuidetotheRLS.aspx. This guide emphasizes the roles of educational goals, objectives, instruction, preceptors, and evaluations during the residency experience.

Programs may want to encourage residents to read this guide before their residency start date. The more prepared they are on day 1 of the residency, the smoother the transition and orientation process will be.

References

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3. Equal Employment Opportunity Commission. Prohibited Employment Policies/Practicies. www.eeoc.gov/laws/practices/index.cfm. Accessed December 2, 2012.
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7. American Society of Health-System Pharmacists and American Pharmacists Association. Required and Elective Educational Outcomes, Goals, Objectives and Instructional Objectives for Postgraduate Year One (PGY1) Community Pharmacy Residency Programs. www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Accessed December 8, 2012.

PART 4: Implementation of the First Year of the Community Pharmacy Residency Program

After a commitment from the resident has been confirmed and a customized training plan has been drafted, steps should be taken to prepare for the resident's arrival, orientation, and success in the community pharmacy residency program (CPRP).

Site and Personnel Preparation

Concurrent with recruitment of the resident, the residency advisory committee (RAC), preceptors, pharmacy staff, and faculty who will be involved with the resident's training experience should meet formally to put the final touches on programmatic planning and prepare for the arrival of the resident. The RAC's goal should be to have the programmatic elements in place at least 2 months before the resident's start date. The following items should be addressed among the RAC members to ensure that the expectations and assumptions of everyone involved are clear and consistent:

- Review the policy and procedure manual
- Distribute the schedule of experiences and activities for the resident
- Review the resident's required and elective experiences with each preceptor, confirming the primary preceptor of record for each
- Review the evaluations that will be used for each experience and the process for documenting the evaluations
- Confirm the staffing (i.e., medication distribution) requirements and teaching expectations for the resident, as applicable
- Describe the allocation of the resident's time to patient care activities, the residency or research project, and other known activities in which the resident will be involved
- Create a list of potential residency or research projects, listing respective mentors, preceptors, and sites
- Review the resident's orientation schedule

Site preparation should include the following:

- ❑ Verifying that the workspace for the resident is clean and free of clutter
- ❑ Confirming that the site's patient care resources are set up and in working order
- ❑ Confirming that the resident's e-mail account is operational, the resident will have access to pharmacy software and databases, and online resources are accessible from the site
- ❑ Scheduling pharmacy-system computer training for the resident
- ❑ Ordering business cards, a name tag, laboratory coat, and keys for the resident
- ❑ Verifying that all human resource documents, requirements, and contracts are complete

Resident preparation should include the following:

- ❑ Ensuring that the resident has signed the offer letter and other paperwork has been returned
- ❑ Verifying that the resident's licensure, immunization requirements, background check, and drug testing are met (or are in process)
- ❑ Confirming that the resident has completed an initial self-assessment of strengths, weaknesses, areas for improvement, and interests for use in developing an initial customized plan

Schedule and Timeline for Achieving the Requirements of the Program

The residency year will be busy and, at times, overwhelming. The resident will have many ongoing activities to track and deadlines to meet the requirements of the program. Time management will play a critical role in the resident's success. A timeline or schedule for the resident will help with planning, time management, and adherence to deadlines. Although learning activities will be included in each learning experience, it is often helpful to include important activities (e.g., required

presentations to other health professionals and the public, the resident project, quality improvement and management projects) in the timeline to ensure completion and tracking. Specific learning experiences, other professional development activities and meetings, and teaching obligations may also be included in the schedule.

The timeline may be by quarter or month. The resident can use such a schedule or checklist of activities to create his or her own calendar or task list. In general, the schedule for a community pharmacy resident may include the following:

Quarter 1 (July–September)	• Orientation • Begin involvement with existing patient care services • Select topic for residency project and develop timeline for completion • Plan for development and implementation of a new patient care service (if separate from residency project) • Create a business plan for the new patient care service • Seek approval for research project and new patient care service from legal and stakeholder entities (including the Institutional Review Board, if applicable) • Identify funding opportunities for the residency project and patient care service • Submit the residency project abstract for the American Pharmacists Association (APhA) Annual Meeting & Exposition contributed papers poster session • Complete quarterly summative evaluations • Complete evaluations of preceptors and learning experiences • Review residency portfolio with residency program director (RPD) and update customized training plan
Quarter 2 (October–December)	• Increase independent involvement with patient care activities • Begin implementation of residency project • Begin implementation of new patient care service • Attend American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting and participate in residency showcase recruitment, if applicable • Complete quarterly summative evaluations • Complete evaluations of preceptors and learning experiences • Review residency portfolio with RPD and update customized training plan
Quarter 3 (January–March)	• Increase independent involvement with patient care activities • Submit abstract to participate in the regional residency conference • Continue data collection and analysis of residency project • Evaluate progress of new patient care service • Attend APhA's Annual Meeting & Exposition and participate in residency showcase recruitment • Present to physicians, nurses, or other health professionals • Deliver a presentation to a public group • Present poster at the APhA Annual Meeting & Exposition • Complete quarterly summative evaluations • Complete evaluations of preceptors and learning experiences • Review residency portfolio with RPD and update customized training plan
Quarter 4 (April–June)	• Present residency project at the regional residency conference • Finalize data collection and analysis of residency project • Evaluate success of new patient care service • Deliver a second presentation to physicians, nurses, or other health professionals

Quarter 4 (April–June)	• Prepare manuscript for the residency project • Complete final summative evaluations and any outstanding rotation evaluations (including resident's evaluation of preceptors) • Review residency portfolio with RPD • Complete the checklist for successful completion of the residency requirements (Figure 1) • Complete the APhA Community Pharmacy Resident Exit Survey • Participate in the exit interview with RPD • Receive residency certificate of completion

Resident Orientation

The first few weeks of the resident's training will be dedicated to orientation to the site and responsibilities. A schedule for orientation should be created in advance and may include the following:

- Meet with the RPD to review the policy and procedure manual, the schedule of experiences and activities for the year, evaluation criteria, and requirements for completion of the program
- Review residency accreditation requirements and aspects of the Residency Learning System (RLS) (e.g., summative and formative evaluations, evaluations of learning experiences and preceptors, customized plans, tracking of activities and progress)
- Confirm that licensure requirements are met and the resident's National Provider Identifier is obtained
- Begin documenting activities, patient care experiences, presentations, lectures, and evaluations in a residency notebook or portfolio
- Meet with the human resources department to complete any outstanding paperwork for salary and benefits and review the process for requesting leave
- Describe expense reimbursement policies and procedures
- Train the resident on the pharmacy's prescription dispensing and distribution process
- Orient the resident to the patient care equipment, resources, and procedures
- If the CPRP is affiliated with a university, meet with faculty and administrative personnel at the school of pharmacy to tour the school and discuss parking, work space, and teaching expectations
- Complete Occupational Safety and Health Administration bloodborne pathogen training, Health Insurance Portability and Accountability Act training, and human subjects research training (if applicable for the residency project)

Residency Project

The required educational outcome R4 states that residents "demonstrate project management skills."[1] As such, all residents must complete a residency project over the course of the year. According to the standard, this project should be practice-related and serve to meet the site's patient care and/or operational goals.[1] Such projects may or may not involve a research component. If funding is needed to carry out the project, the resident, with the guidance of the RPD or a preceptor, should identify and secure funding (e.g., apply for grants). Examples of grants that often appeal to pharmacy practice residents are the Incentive Grants for Practitioner Innovation in Pharmaceutical Care provided by the APhA Foundation (see www.aphafoundation.org/incentive-grants) and the Pharmacy Resident Practice-Based Research Grant provided by the ASHP Foundation (see www.ashpfoundation.org/MainMenuCategories/ResearchResourceCenter/FundingOpportunities/PharmacyResidentPracticeBasedResearchGrant).

If the project involves human subjects (even if surveys are used) and will be presented or published externally, the project will need to be approved by an Institutional Review Board (IRB). Programs affiliated with a university should seek approval from the university's IRB. Programs without university affiliation or access to a health-system's IRB will need to contact an independent IRB for review and approval.

A final report of the project in the style of a manuscript of a peer-reviewed journal is required. Because this project must be completed in a short time, a great deal of emphasis needs to be placed on the project's design, methodology, and timelines. It would be advantageous to pair the resident with an experienced faculty member or researcher, if such a person is available. The researcher/faculty member can mentor the resident regarding practice-based research design and analysis. Considerations regarding the project's scope and breadth, as well as resources to support the project, are vital.

New CPRPs often have a need for additional patient care services. The development and implementation of a patient care service would be an appropriate activity for the resident and may serve as the residency project as long as there is an assessment component inherent in the development and implementation of the service. This type of project can be coupled with the resident's business plan, incorporating marketing concepts and promoting sustainability. A patient care service project such as this may not require IRB approval. For additional information regarding the development of practice-based projects, refer to *Conducting a Practice-Based Project: A Guide for Community Pharmacy Residents and Preceptors* published by APhA; it is available for purchase at www.pharmacist.com.

A suggested timeline for successful completion of the residency project follows:

- ❑ July—Discuss project ideas with the RPD and preceptor(s)
- ❑ July—Identify the project and determine if IRB approval is needed
- ❑ July—Review the project design and analysis strategy with an appropriate mentor
- ❑ August—Complete IRB training, if applicable
- ❑ August—Submit draft of project protocol to RPD
- ❑ August—Submit protocol to IRB, if applicable
- ❑ August—Apply for grant funding
- ❑ September—Submit draft of project poster abstract to RPD
- ❑ October—Submit poster abstract to APhA, ASHP, or another organization for presentation
- ❑ October–January—Implement project
- ❑ January–February—Analyze data
- ❑ February—Submit draft of poster to RPD
- ❑ February—Print poster
- ❑ March/April—Present poster at the APhA Annual Meeting & Exposition or another pharmacy meeting
- ❑ April—Submit regional residency conference presentation slides to RPD
- ❑ May—Present project results at the regional residency conference
- ❑ May—Identify potential sources of publication and review submission requirements
- ❑ May—Submit draft of manuscript to RPD in compliance with the selected journal's requirements
- ❑ June—Submit second draft of manuscript to RPD
- ❑ June—Submit final manuscript to RPD and the appropriate journal, if applicable

Assessments and Evaluations

Two types of evaluations will be used throughout the year to assess the resident's performance: formative and summative. Formative assessments occur on an ongoing basis and tend to be less formal and more concise than summative assessments. The former provide opportunities to give and receive periodic feedback while the learning experience is still taking place. As part of the process, residents self-evaluate formative assessments as well. Formative assessments can be verbal, written, or both. Examples of activities that would be assessed using a formative approach include teaching activities (e.g., didactic lectures, small group facilitation), journal club presentations, continuing education presentations, precepting of students, and completion of isolated activities or assignments such as SOAP notes, care plans, or business plans. The term "snapshot" is commonly used to represent these types of formative assessments.

Summative assessments occur at specific points in time and are tied directly to the goals and learning objectives of the program and learning experiences; they are captured in writing and tend to be

more structured and comprehensive than formative assessments. Summative assessments are required to be done at the conclusion of each learning experience and quarterly for longitudinal experiences. Summative evaluations should consist of three parts: preceptor assessment of the resident, the resident's self-assessment, and the resident's assessment of the preceptor and experience.[2] Each required learning objective and any applicable objectives for elective experiences should be evaluated by both the preceptor and resident. A rating scale for each objective should be used to track the resident's performance or progress throughout the year. CPRPs may incorporate their own rating scales and instruments but need to clearly define the ratings used so they can be applied consistently by all individuals involved with the evaluation process. In addition to the rating given for each learning objective, individuals completing evaluations of residents should be encouraged to include narrative commentary for the following:

- Areas of improvement since the last evaluation, when applicable
- Areas for which improvements are still needed
- Specific recommendations for making improvements
- Examples of outstanding performance by the resident

Residents are also required to complete a formal end-of-year self-evaluation. For this requirement, the resident can self-evaluate against all of required goals and objectives for the program one more time or can reflect on the year in terms of a few key questions such as the following:

- How have you changed as a pharmacist?
- What new strengths have you developed?
- What new areas for improvement did you identify?
- What are the areas for improvement that you need to continue working on as you move into a position or a postgraduate year 2 residency program?

Examples and templates for a variety of evaluation forms, including snapshots, can be found at: www.ashp.org/menu/Accreditation/Residency Accreditation.aspx within the RLS link under RLS Step 5 Tools (Assessment). Additionally, programs that use ResiTrak will be able to build and complete assessments and evaluations within this system. The RPD will need to ensure that preceptors are completing all assessments and evaluations and are reviewing feedback with the resident in a timely fashion.

Exit Interview

Before the resident's last day, the RPD should schedule time to meet with the resident to conduct an exit interview. This time should be used for the following:

- Review and discuss the resident's end-of-year self-evaluation
  - Discuss personal growth and development (i.e., changes made over the past year)
  - Discuss areas for improvement as the resident enters the next stages of his or her career path
  - Discuss the resident's strengths and career goals (e.g., job position, future certifications, additional education or training)
- Solicit feedback regarding the resident's experience with the program and opportunities for enhancements
- Collect new contact information for the resident (e.g., e-mail, phone number, mailing address) as a means to remain in contact with the resident
- Discuss your willingness to continue serving as an ongoing advisor and potentially a mentor for the resident

At this time, all items on the Checklist for Successful Completion of Residency Requirements (Figure 1) should be complete. Following the exit interview and confirmation of successful completion of all program requirements, a certificate of completion (signed by the RPD) should be issued to the resident. Once a program is accredited, the certificate must note that the program is accredited by ASHP and APhA.[2] The following items should be included on the certificate:[3]

- The program name and type, as specified in the program's certificate of accreditation

- The name and location (city and state) of the organization conducting the residency program
- The text "[Program] is accredited by the American Society of Health-System Pharmacists, in partnership with the American Pharmacists Association."
- The ASHP-accredited logo (optional, but encouraged)

References

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PART 4: Figure 1. Checklist for Successful Completion of Residency Requirements

Resident's Name: _____ Program: _____

Resident's Initials	RPD's Initials	Requirement
		Residency portfolio has been maintained.
		All clinical practice requirements are complete.
		All teaching activities are complete.
		All self-assessments and assessments of preceptor(s) and learning experiences are complete.
		Presentation was delivered at regional residency conference.
		Residency project is complete and all IRB documentation and follow-up have been addressed.
		Manuscript has been written and is suitable for publication.
		All other activities and requirements are complete.
		Exit interview is complete.

I have verified that each of the above requirements has been completed. If any deficiencies exist, I understand that I will not receive a certificate of completion of the residency program until all of these requirements are fulfilled.

_____ _____

Resident's Signature: Date

To my knowledge, the resident has completed all of the requirements of the residency training program as defined by [INSERT PROGRAM NAME] and is to be granted a certificate of completion of the program.

_____ _____

Program Director's Signature Date

Adapted with permission from Jeffrey A. Goad, PharmD, MPH, University of Southern California School of Pharmacy

PART 5: Program Accreditation and Quality Assessment

While the first resident progresses through the community pharmacy residency program (CPRP), processes should be in place to prepare for accreditation and quality improvement initiatives. An accredited residency program that focuses on continuous quality improvement lets candidates and accreditors know that measures are in place to provide a valuable experience in compliance with nationally recognized standards. To achieve this, an in-depth assessment of the program and considerations for sustaining and growing the program are necessary.

To provide assistance to program representatives in preparing for the accreditation process and on-site accreditation survey, the American Pharmacists Association (APhA) has developed a comprehensive continuing pharmacy education (CPE) program *Meeting the Requirements for Accreditation of a PGY1 Community Pharmacy Residency Program.* The program, which includes a virtual webinar and live workshop, is presented by APhA Staff or affiliated representatives and presents an opportunity to evaluate, develop, and refine CPRP materials to align with accreditation requirements. Contact James Owen at jowen@aphanet.org for more information on opportunities to participate in this program.

Applying for Accreditation

A program seeking accreditation will go through three phases: pre-candidate, candidate, and accredited status. Part 2 of this guide details the process for applying for pre-candidate status. When the first resident starts a program that has been granted pre-candidate status, an application for candidate status accreditation should be submitted to the American Society of Health-System Pharmacists (ASHP) Accreditation Services Division. The application form and a variety of guiding documents can be found within the Applying for Accreditation link on ASHP's Residency Accreditation page: www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Along with this application, the academic and professional record form and the curriculum vitae of the residency program director (RPD) must be submitted. Several months after the application is submitted, ASHP will contact the RPD to make arrangements for the on-site accreditation survey. The program's first on-site survey will not occur until the first resident has completed at least 9 months of the program. Once this date is established, all those involved with the visit (e.g., RPD, preceptors, current resident, pharmacy administration, faculty, and other members of the residency advisory committee [RAC]) must confirm that they will be available on the agreed-upon date to meet with the survey team.

The Pre-Survey Questionnaire and Self-Assessment Checklist must be completed and submitted to ASHP at least 45 days before the on-site survey. The pre-survey questionnaire coincides with the seven principles detailed in the accreditation standard. The RPD and RAC will need to determine the level of program compliance with each of the principles (i.e., fully, partially, or not compliant). It is anticipated that programs—especially new programs—will have areas that need improvement; therefore, it is important to be honest in this assessment and clearly identify the areas that are not fully compliant with the standard. For areas identified as partially or not compliant, comments should be written documenting why the specific criteria are not met. Programs with multiple practice sites rely on the compliance of all sites. If one site in a multi-site program is partially or not compliant, this status would extend to the entire program. Each site in a multi-site program should complete the questionnaire independently and then present all copies to the RAC for discussion.

In addition to the survey, 16 attachments are required, many of which have been addressed throughout this guide. The Pre-Survey Questionnaire and Self-Assessment Checklist document is available within the Applying for Accreditation link on ASHP's Residency Accreditation page: www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. This document provides detailed guidance on the attachments that must accompany the questionnaire:

- Resident academic and professional record

- Program design materials, including residency and policy manuals
- Samples of evaluation forms completed by preceptors and resident
- Samples of evaluations of preceptors and learning experiences
- Samples of initial assessments of resident
- Samples of resident's customized plans
- Promotional and recruiting materials
- Preceptor roster
- Preceptor academic and professional records
- Copies of external inspection, appraisal, or accreditation reports, as applicable
- For programs with multiple sites, signed agreements between sites and sponsoring organization
- Detailed assessment of the patient care services offered
- Organizational charts
- Pharmacy strategic planning documents
- List of quality improvement initiatives
- Sources of funding for the program

Completion of the pre-survey questionnaire is relatively time intensive. The RAC should develop a plan to complete the questionnaire, including a timeline and division of responsibilities for completing each component or attachment. Programs should begin completing the questionnaire at the time the application for candidate status is submitted. This early start will give the committee at least several months to compile the necessary information and supporting documents. Ultimately, the responsibility of submitting the questionnaire falls to the RPD, but a team effort will be instrumental in meeting completion deadlines.

Preparing for the on-site survey requires attention to time and resources. When the survey team visits the site, the following documents should be made available:

- Copies of resident offer and acceptance letter
- Copy of the certificate awarded to residents
- Documentation of resident's project
- Manuscripts of resident's completed project (include past 2 years if applicable)
- If applicable, list of residents and corresponding projects for each of the last 5 years
- Records of current and immediate past residents' training progress (each resident's manual/notebook preferred) to include the following:
  - Initial program plan with schedule
  - Any documented formative evaluations of resident performance
  - Preceptor summative evaluations of resident progress
  - Resident formative and summative self-evaluations
  - Initial resident's individualized program plans and updated and revised plans for each quarter
- Reports showing improvement in patient care outcomes
- The pharmacy's policy and procedure manual
- Documentation of annual on-site inspections by the RPD or sponsoring organization representative
- If applicable, list of organization's committees and identification of pharmacy involvement
- Examples of pharmacy workload documentation (e.g., number of prescriptions dispensed, number of patient encounters available for resident learning)
- Examples of pharmacy financial performance documentation

The lead surveyor will coordinate with the RPD to develop the itinerary for the on-site visit, which can last from a day and a half to 3 days, depending on the number of practice sites to be visited. The survey visit is organized into three segments:

1. Introductions among the entire group, including those from the sponsoring organization if applicable (may be done via conference call), review of program documents, and a group meeting with those involved with the program to review the program and services
2. Tour of the practice site(s) and interaction with pharmacy staff, interviews with preceptors,

interview with resident(s), and interviews with any other health care providers affiliated with the program

3. Conference between surveyors and RPD, review of survey findings with the RPD and other invited participants, and exit interview with key stakeholders (e.g., appropriate member of the pharmacy administration, the dean or practice chair of the college of pharmacy)

Residents are encouraged to attend as many of the survey activities as possible, with the exception of the preceptor interviews. Everyone involved with the site survey should be honest and forthcoming about the program and their experiences.

The site survey visit for a single site program may occur as follows:

Day 1	Introductions	15 minutes
	On-site document review (e.g., supplemental appendices, resident binder/portfolio, evaluation tools and data)	30 minutes
	Group meeting with surveyors, RPD, coordinator, manager, preceptors, and resident to review residency program and services	150 minutes
	Lunch	30 minutes
	Tour of practice site	30 to 90 minutes, depending on need for travel
	Interviews with residency preceptors	60 minutes
	Interview with resident	60 minutes
	Remaining surveyor questions addressed	15 minutes

Day 2	Conference with surveyors and RPD	30 minutes
	Review of survey findings with RPD, coordinator, preceptors, and resident	75 minutes
	Exit interview with administrators, upper management, and other key stakeholders (e.g., dean of the college, practice department chair, president of the organization/pharmacy)	30 minutes

During the review of survey findings meeting, the surveyors will present and review any areas of partial compliance and noncompliance. The surveyors will emphasize findings related to critical factors. These critical factors pertain to the seven principles of the standard and may significantly affect the length of accreditation if deficiencies are found. The critical factors are noted in bold on the pre-survey questionnaire and in the report from the site survey. Any critical factors that are not met with full compliance should be the initial focus when programmatic improvements are made. Surveyors will suggest how to address and respond to each area of partial compliance or noncompliance.

Thirty to forty-five days following the on-site survey, the program will be sent the final survey report of the survey team's assessment and findings. The report will note areas of partial compliance and noncompliance. Following receipt of the report, a written response is required within 45 days. The changes that have been made or will be implemented to address each of the deficient areas must be included in the report. For changes that are pending, a timeline and process for making im-

provements should be provided. The plan should be specific and straightforward, providing dates and actual actions taken or planned. Phrases such as "It is anticipated …," "We have attempted to …," and "We will encourage …" should be avoided.

The Commission on Credentialing will review the survey team's report and the program's response to the report when deciding whether or not to accredit the program. A program may be granted accreditation status for 1, 3, or 6 years. Depending on the deficiencies found and length of accreditation, interim reports may be required. The program will be sent a letter indicating the length of accreditation after the minutes of the Commission on Credentialing are reviewed and approved by the ASHP Board of Directors. If the CPRP is granted 1 or 3 years of accreditation, the letter will include suggestions on how to address each area of noncompliance and any areas of partial compliance related to critical factors.

Program Assessment and Improvement

As the first year of the program comes to a close and the accreditation site visit draws near, the RAC should plan to evaluate the successes and shortcomings of the program. A continuous quality improvement (CQI) approach should be used to maintain and enhance the program. CQI is an ongoing process during which the quality of a program or service is formally assessed and actions are taken to address issues or deficiencies. For residency programs, this should occur on an annual basis. Accreditation standard 4.3 emphasizes that improvements be made to both the quality of preceptor instruction as well as the overall program activities to achieve desired outcomes.[1] To accomplish these improvement goals, the design and conduct of the program must be thoroughly assessed and the teaching development needs of current and potential preceptors identified and addressed. The following metrics and activities can be used to assess and improve the quality of the residency program on an annual basis.[2,3]

Assessment metrics:

- Quantify and tabulate program evaluations
- Review feedback from the exit interviews
- Survey preceptors to identify development interests and needs
- Survey former residents regarding their residency experiences
- Track success of residency graduates (e.g., careers, publications, presentations, certifications)
- Document number of improved or new services resulting from residency program
- Track grants and external funding received

Potential improvement activities:

- Hold an annual off-site retreat, to which resident(s) and preceptors are invited
- Offer preceptor development programs and activities
- Develop additional elective learning experiences
- Modify structure of program to address unmet outcomes
- Revise purpose statement and program goals, as appropriate

A report card may be useful in quantifying or scoring the program's elements during the annual CQI process. Modeled after a report card used to score and assess an anesthesiology residency and fellowship program,[3] the following report card can be used to annually assess the quality of a CPRP. In order to complete this report card, data from program evaluations that are based on the templates and scales provided by ASHP and surveys of residency graduates must be compiled and assessed. This report card should be used to compare data from year to year.

Community Pharmacy Residency Program Annual Report Card			
Metric	**Green**	**Yellow**	**Red**
Percent of residency graduates who published results of residency project	>75%	50 – 75%	<50%
Percent of residency graduates with job placement immediately following residency training	>90%	80 – 90%	<80%
Percent of residency graduates with careers related to residency training and outcomes	>90%	80 – 90%	<80%
Percent of residency graduates with board certification	>75%	50 – 75%	<50%
Percent of residency graduates who would choose the program again	>95%	90 – 95%	<90%
Average number of new services added per year	≥1	0.5 to <1	<0.5
Successful program match rate	100%	75 – 100%	<75%
Average ratings of evaluations of residents[a]	2.5 to 3	2 to 2.5	<2
Average ratings of resident evaluations of preceptors[b]	1 to 2	2 to 3	>3
Average ratings of resident evaluations of learning experiences[c]	1 to 1.5	1.5 to 2	>2
Accreditation site visit interval (in years)	4 to 6	3	<3
Number of noncompliance citations not fully addressed within 6 months	0	1 to 3	>3

Adapted from reference 3.

[a]To quantify evaluations of residents, use the following: Needs Improvement = 1, Satisfactory Progress = 2, Exceeds Expectations/Achieved = 3

[b]To quantify evaluations of preceptors, use the following: Always = 1, Frequently = 2, Sometimes = 3, Never = 4

[c]To quantify evaluations of learning experiences, use the following: Consistently true = 1, Partially true = 2, False = 3

When the RAC meets to assess the quality of the program, use the space below to identify the elements for which improvements are needed and plan for the necessary improvements.

Deficiency	Plan for Improvement	Time Interval To Make Improvements
		❑ Less than 6 months ❑ 6 months to 1 year ❑ 1 to 2 years
		❑ Less than 6 months ❑ 6 months to 1 year ❑ 1 to 2 years
		❑ Less than 6 months ❑ 6 months to 1 year ❑ 1 to 2 years
		❑ Less than 6 months ❑ 6 months to 1 year ❑ 1 to 2 years
		❑ Less than 6 months ❑ 6 months to 1 year ❑ 1 to 2 years
		❑ Less than 6 months ❑ 6 months to 1 year ❑ 1 to 2 years

As the CPRP continues to grow, changes are inevitable. It will be important for the RAC to routinely analyze the program and implement changes that are in the best interest of the program's goals and mission. These goals may change over time; the CQI process will help ensure that the structure of the program aims to achieve any revisions made to both short-term and long-term goals. Feedback from current residents, residency graduates, preceptors, and accreditors will be invaluable when developing and expanding a quality CPRP.

References

1. American Society of Health-System Pharmacists and American Pharmacists Association. Accreditation Standard for Postgraduate Year One (PGY1) Community Pharmacy Residency Programs. 2006. www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx. Accessed January 21, 2013.
2. American Society of Health-System Pharmacists. Sample Plan Residency Program for Quality Improvement Activities. 2012. www.ashp.org/menu/Accreditation/Residency Accreditation.aspx. Accessed January 21, 2013.
3. Rose SH, Long TR. Accredication council for graduate medical education (ACGME) annual anesthesiology residency and fellowship program review: a "report card" model for continuous improvement. *BMC Med Educ.* 2010;(10):13.

APPENDICES

APPENDIX A: Sample Residency Applicant Evaluation Form

Residency Applicant: _____

Evaluator: _____ Date: _____

Assessment Scale:
0 = Unacceptable 1 = Below average 2 = Average 3 = Above average 4 = Outstanding

Criteria	Assessment (circle one)					Comments
Letter of intent	0	1	2	3	4	
Recommendation letters	0	1	2	3	4	
Didactic grades	0	1	2	3	4	
Advanced Pharmacy Practice Experience grades	0	1	2	3	4	
Community practice experience	0	1	2	3	4	
Awards and recognition	0	1	2	3	4	
Student professional organization involvement	0	1	2	3	4	
Leadership positions	0	1	2	3	4	
Community service	0	1	2	3	4	
Posters and presentations	0	1	2	3	4	
Research experience	0	1	2	3	4	
Column Totals						**Overall Assessment Score:**

Invite for interview: ❑ Yes ❑ No ❑ Wait list

Additional comments:

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APPENDIX B: Sample Residency Candidate Interview Evaluation Form

Residency Candidate: _____

Evaluator: _____ Date: _____

Assessment Scale:
0 = Unacceptable 1 = Below average 2 = Average 3 = Above average 4 = Outstanding

Criteria	Assessment (circle one)					Comments
Motivated, enthusiastic	0	1	2	3	4	
Knowledge of program and the expectations of residents	0	1	2	3	4	
Professional appearance and attitude	0	1	2	3	4	
Goals and interest in residency training	0	1	2	3	4	
Verbal communication	0	1	2	3	4	
Nonverbal communication	0	1	2	3	4	
Community pharmacy experience	0	1	2	3	4	
Leadership experience	0	1	2	3	4	
Research interests	0	1	2	3	4	
Asked appropriate questions	0	1	2	3	4	
Column Totals						**Overall Assessment Score:**

How should this candidate be ranked?

- ❑ Poor or not a good fit—do not rank
- ❑ Adequate—rank low, considering other candidates
- ❑ Strong—rank high

Additional comments:

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APPENDIX C: Sample Residency Candidate Presentation Evaluation Form

Residency Candidate: _____ Date: _____

Topic: _____ Evaluator: _____

Assessment Scale:
0 = Unacceptable 1 = Acceptable 2 = Outstanding

Criteria	Assessment (circle one)			Comments
Topic relevant to position/audience	0	1	2	
Appropriate analysis of information	0	1	2	
Organized and balanced	0	1	2	
Rate, tone, and volume, with minimal distractors	0	1	2	
Eye contact and interaction with audience	0	1	2	
Body language, mannerisms, and poise	0	1	2	
Handouts and audio-visual aids were appropriate	0	1	2	
Demonstrated in-depth knowledge of topic	0	1	2	
Referenced all sources appropriately	0	1	2	
Answered questions effectively	0	1	2	
Column Totals				**Overall Assessment Score:**

Additional comments:

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APPENDIX D: Sample Resident Self-Assessment Form

Resident Name: _____ Date: _____

Please complete the following self-assessment before beginning the residency year. Your responses will assist the residency program director in developing a customized plan to meet your interests and goals.

Career Goals
What do you see yourself doing once you complete the residency program?
What are your career goals for the next 5 to 10 years?
Patient Care Abilities and Goals
What patient care topics do you enjoy the most?
What patient care activities are you most comfortable doing or performing?
What patient care abilities and skills would you most like to improve?
If you were asked to enhance or develop a patient care service, what service would that be and why?
Teaching Abilities and Goals
What teaching activities would you like to complete during the residency year?
What lecture topics interest you the most?
What are your strengths with regard to teaching?
What teaching skills would you like to improve?
If you had to create and deliver a continuing pharmacy education presentation, which topics would interest you?
Project or Research Interests
What longitudinal projects or research topics would you like to work on during the residency year?

NOTES

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