

Penobscot Community Health Care



Residency Class
2022-2024

*PGY-1/2 Community-Based Pharmacy
Administration and Leadership Residency Program*

<i>Welcome To Penobscot Community Health Care</i>	<i>3</i>
<i>Residency Program Overview</i>	<i>4</i>
<i>Residency Structure.....</i>	<i>5</i>
<i>Disciplinary Action.....</i>	<i>9</i>
<i>Resident Responsibilities And Expectations.</i>	<i>10</i>
<i>Orientation.....</i>	<i>13</i>
<i>Clinical and Operational Management I</i>	<i>15</i>
<i>Clinical and Operational Management II</i>	<i>17</i>
<i>Quality, Safety and Process Improvement I.....</i>	<i>18</i>
<i>Quality, Safety and Process Improvement II</i>	<i>19</i>
<i>Financial and Budgeting I</i>	<i>21</i>
<i>Finance and Budgeting II.....</i>	<i>23</i>
<i>Human Resource Management I.....</i>	<i>25</i>
<i>Human Resource Management II.....</i>	<i>27</i>
<i>Leadership I.....</i>	<i>29</i>
<i>Leadership II.....</i>	<i>31</i>
<i>Research Project I</i>	<i>33</i>
<i>Research Project II</i>	<i>35</i>
<i>Research Project II</i>	<i>35</i>
<i>Elective 340B Operations with Apexus</i>	<i>36</i>
<i>Elective Association Management with ASHP</i>	<i>40</i>
<i>ASHP Required Competency Areas, Goals, And Objectives For PGY1 Pharmacy Residencies.....</i>	<i>43</i>
<i>Resident Checklist For Completed Tasks.....</i>	<i>62</i>

Welcome to Penobscot Community Health Care (PCHC)

PCHC is an Accreditation Association for Ambulatory Health Care (AAAHC) and National Committee for Quality Assurance (NCQA) Level III certified patient centered medical home as well as the largest Federally Qualified Health Center (FQHC) in Maine and a member of multiple Accountable Care Organizations. PCHC consistently demonstrates a steadfast commitment to collaborating with other healthcare, social service, and community organizations through formal and informal arrangement, and working relationships.

PCHC Mission Statement

To provide comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and the Maine communities we serve.

PCHC Vision for Success

Our vision for success is a community in which everyone has access to quality, cost effective health care, where people are empowered to advocate for their personal goals and needs and are supported by community based resources, and where health encompasses physical and emotional wellness, personal dignity and a sense of belonging.

PCHC Pharmacy Mission Statement

To provide patient-centered, high quality, comprehensive, integrated, pharmaceutical care services regardless of ability to pay through innovation, education and collaboration.

PCHC Pharmacy Vision

To be a leader in and mentor for innovative and sustainable comprehensive integrated pharmacy services in primary care.

PCHC Core Principles- Pharmacy Specific

- Provide Access to All: Through ensuring safe affordable access to medications
 - 340B, Az&Me, Direct Relief and PCHC Sliding Scale Program
- Transform Care: Through sustainable innovations and collaborations expanding the role of pharmacists in Primary Care.
 - Integrated pharmacies and pharmacists, Controlled Substances Stewardship, High Utilizer Group
- Measurably Improve Health: Through system enhanced wide integration and patient centered collaboration.
 - Vaccinations, Medication Therapy Management
- Measurably Reduce Costs: Using proven pharmacy cost effectiveness strategies and quality consistent clinical services
 - CHAMP Clinic – Outpatient NAS Clinic
- Teach: Through partnerships with educators developing students and residents, and mentoring of health care providers and organizations
 - PGY1 and PGY2 Pharmacy Residencies, Summer Leadership Interns, APPE Community and Ambulatory Care Students, 340B Peer to Peer Mentor

Residency Program Overview

Purpose

The Post Graduate Year One-Two (PGY1/2) Health System Pharmacy Administration (HSPA) Residency at Penobscot Community Health Care (PCHC) provides structured and advanced training to develop accountability, expert knowledge, skills, attitude, and abilities in pharmacy practice and health system pharmacy leadership through practical experience. The first year is structured as the PGY1 Community-Based Pharmacy Residency at PCHC (*refer to PGY1 Community Pharmacy Residency Handbook for details*).

The PGY2 year further builds on the Doctor of Pharmacy (PharmD) education and PGY1 experiences to contribute to the development of clinical pharmacists in specialized areas of practice. The PGY1 Community-Based Pharmacy Resident as part of the PGY1/2 combined program may choose to have their PGY1 practice-related project as one that can be done over 2 years, where it would meet the requirement for a Quality Improvement project in their PGY2 year. All project requirements for the PGY1 year would still need to be met as outlined in the PGY1 handbook. This residency provides residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care other advanced practice settings. Residents who successfully complete this residency program are prepared for advanced patient care, academic, or other specialized position, along with board certification.

Program Description

Penobscot Community Health Care's PGY1/2 Health System Pharmacy Administration Residency is a combined 24-month HSPA program in compliance with the *American Society of Health-System Pharmacists and the American Pharmacy Association's Regulations on Accreditation of Pharmacy Residencies*. During each rotation, the resident will function as an independent pharmacist with all associated responsibilities. Residency preceptors will collaborate with the Residency Program Director (RPD) to evaluate the resident's progress and identify areas of competence and deficiency. The program will remain in compliance with updated ASHP regulations on accreditation by updating policies and procedures in this manual with each revision.

Educational Outcomes for PGY2 HSPA Year

- R1. Clinical and Operational Management
- R2. Quality, Safety and Process Improvement
- R3. Finance and Budgeting
- R4. Human Resource Management
- R5. Leadership
- R6. Community Partnerships.

Residency Advisory Committee

The Residency Advisory Committee (RAC) aids the RPD in governance of the residency program and is comprised of preceptors, pharmacists and interdisciplinary staff. Interactive feedback within the committee is utilized to direct the resident in current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. Each member of the RAC is expected to:

- Act as an advocate for the resident
- Provide feedback and suggestions on improving rotations and identifying future rotations
- Provide feedback and suggestions on improving the current structure of the residency

Residency Structure

Successful completion of PCHC's PGY1/2 Health System Pharmacy Administration Residency Program requires the resident to have earned an assessment of "Achieved" for at least 75% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement". Additionally, completion of a research project with a final report submitted in manuscript style and completion of evaluations, self-evaluations and preceptor and learning experience evaluations for all concentrated and longitudinal experiences via PharmAcademic is required. Excellent communication and interpersonal skills are vital to the resident's success in each learning experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame. Completion of the required number of staffing hours as indicated on the pharmacist staffing schedule is also required.

Required Rotations

PGY1 Year – Refer to PGY1 Community Pharmacy Residency Handbook

PGY2 Year

- Orientation
- Clinical and Operational Management I and II
- Quality, Safety and Process Improvement I and II
- Finance and Budgeting I and II
- Human Resource Management I and II
- Leadership I and II
- Research Project I and II

Elective Rotation

- 340B Operations with Apexus
- Association Management with ASHP

Learning Experiences Map

Residency Year Calendar:

July	August – December	January – June	Last Week of June
Orientation	<ul style="list-style-type: none"> • Clinical and Operational Management I • Quality, Safe and Process Improvement I • Finance and Budgeting I • Human Resource Management I • Leadership I • Research project I <p>*ASHP MCM in December</p>	<ul style="list-style-type: none"> • Clinical and Operational Management II • Quality, Safe and Process Improvement II • Finance and Budgeting II • Human Resource Management II • Leadership II • Research project II <p>*MSHP Spring Meeting in April</p>	<ul style="list-style-type: none"> • Wrap up of projects • Training and handoff to new PGY2 resident

Weekly Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
AM: Pharmacy Admin Weekly Huddle PM: Topic Discussions	Clinical day (resident's choice of primary care pharmacy, or specialty)	Project Time CSS/HUG	Rotations/Meetings	Rotations/Meetings

Committee and Meeting Involvement

Residents will attend meetings at the discretion of the RPD.

- Resident Meetings: The resident will attend resident meetings with co-residents, RPD and RPC.
- Admin Huddle Meetings: HSPA resident will attend weekly meetings with department leadership for management-related topic discussions and the department's current state discussion
- Drug Update Meetings: The resident will attend drug updates presented by drug representatives from pharmaceutical companies with co-residents, RPD and RPC. PGY1 residents will write summary drug updates for distribution to providers which will be reviewed by PGY2 residents.
- Pharmacy and Therapeutics (P&T) Committee: The resident will attend P&T meetings.
- Chronic Disease Management: The resident will attend collaborative meetings involving pharmacy clinic staff and nurse care managers to review protocols for chronic disease management.
- Primary Care Pharmacists Committee: The resident will attend monthly meetings with primary care pharmacists.
- Pharmacists in Charge Meetings: The resident will quarterly attend meetings with Pharmacists in Charge.
- Quality and Process Improvement: The resident will meet with leadership from PCHC practices and quality department to discuss opportunities for quality improvement.
- ACO Meetings: The resident will assist Pharmacy Operations Manager in improving pharmacy related quality measures for the ACO.
- Recruitment: The resident will assist with residency recruitment efforts of the department, which may require presence at a variety of residency showcases.
- ASHP Midyear Conference: The resident is required to attend Midyear for continuing education, recruitment and poster presentation purposes.
- State Pharmacy Conference(s): The resident is required to attend and present their research project at the Maine Society of Health System Pharmacists' Conference in the spring.
- Pharmacy Compliance Committee: The resident is required to attend the Pharmacy Compliance Committee to review incident reporting trends and propose solutions.

Evaluations

An essential component of developing the skills of a resident and continuous improvement of the residency program is frequent two-way feedback between resident and preceptor. Specific program rotation feedback may be given via multiple formats depending on the learning experience. In addition to the required on-line PharmAcademic evaluations, verbal face-to-face discussions are encouraged. The resident will have opportunity for feedback from the RPD and RPC in monthly one-on-one meetings. The goals of such discussions are:

- Discuss the resident's achievement of learning objectives established for each rotation.
- Provide feedback to assist the resident with future rotations or practice.
- Provide feedback to preceptors for continuous improvement to strengthen future rotations.
- Provide feedback to the RPD and pharmacy director to improve the residency program.

Evaluations to be completed in PharmAcademic

- Resident's Self-Assessment Evaluation
 - The resident will assess his /her progress for each rotation.
- Resident's Evaluation of Preceptor and Rotation
 - The resident will assess the overall rotation experience as well as preceptor involvement/performance at the end of each rotation.
- Preceptor's Evaluation of the Resident's Rotation Performance
 - Each preceptor will complete an electronic summative form for the resident.
- Resident Customized Training Plan
 - The resident will develop a customized training plan to be sent to and evaluated by the RPD. The RPD will discuss desired outcomes with the resident, and continuously refer back to the training plan through the year long program.

Evaluation Strategy

- PharmaAcademic will be used for documenting scheduled evaluations.
- For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assignment evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. Discussion will provide feedback for both on performance of the activities in clinic. Evaluations will then be signed in PharmAcademic.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Residents should be provided with information they need to make improve performance in the clinic.
- **Summative evaluations:** These evaluations summarize the resident's performance after the experience. Feedback should include specific comments and information the resident can use to improve in their learning experiences moving forward.
- **On-demand evaluations:** These evaluations can be generated at any time during a rotation to document any feedback to occurs outside of the scheduled evaluation timeline.

Definition of Evaluation Ratings

- **Needs Improvement:** The resident is deficient in knowledge/skills in the area and significant improvement is needed.
- **Satisfactory Progress:** The resident has adequate knowledge/skills in the area but still sometimes requires assistance to complete objectives. Further improvement is still needed.
- **Achieved:** The resident is proficient in the area and is able to achieve objectives independently.

- **Achieved for Residency:** The resident consistently shows mastery of the goals/objectives and is able to take their skills/knowledge to a new work experience. This needs to be approved by the RAC before any objective is determined to be Achieved for Residency for any resident.

Disciplinary Action

The resident is expected to conduct themselves in a professional manner at all times and to follow all relevant PCHC and Residency Program policies. Disciplinary action must be documented in PharmAcademic and will be taken if a resident:

- Does not follow policies & procedures of PCHC, Department of Pharmacy, or Residency Program
- Does not present him/herself in a professional manner
- Does not earn satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements (e.g. project, manuscript, CE presentations, seminar)
- Demonstrates gross negligence

If a resident fails to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. The resident shall be given a verbal warning by their preceptor and the RPD will be notified. Steps that are taken include suggestions for improvement in meeting the requirement of the rotation / residency program and the consequences of not correcting the problem. Counseling notes must be taken and forwarded to the RPD.
2. If satisfactory improvement is not seen within one week, the RPD will meet with both the preceptor and resident, and the resident will be given a written warning. The performance deficiency and minimum expectations that must be achieved within a time frame will be documented in their personnel file by the Residency Program Director. This document should also state that continued instances of unsatisfactory behavior or performance will result in further corrective action up to and including termination. Documentation of this discussion must be placed in the employee's Human Resources file.
3. If the resident continues to fail to meet deadlines or objectives, the RPD will meet with the resident, and the resident shall be given a Final Written Warning.
4. If the preceptor determines that the resident will not complete the residency program in the normal time frame, a plan to adequately complete the requirements shall be presented and reviewed by the RPD. No action shall be taken against the resident until the Director of Pharmacy reviews the report and recommendations concerning any action. If the Director of Pharmacy feels that the action recommended by the Preceptor/RPD is appropriate, the action will be implemented. Action may include remedial work or termination.
5. When and if dismissal is recommended by the RPD, the Director of Pharmacy and the RAC will have a meeting to discuss the final decision, which may include termination. Termination is the final step of the disciplinary process and documentation will clearly reflect that prior progressive corrective action has failed to produce an acceptable change in the employee's behavior and/or performance. Termination action must be approved through Human Resources prior to meeting with the employee.

Resident Responsibilities and Expectations

The resident is expected to comply with the policies set forth in this manual as well as Human Resources policies of both PCHC and universities where the resident teaches.

Successful Completion of the PGY1 year

Resident must successfully complete the PGY1 year, as evident by the completion of the "Resident Checklist for Completed Tasks" in the PGY1 Community-Based Pharmacy Residency handbook, prior to starting the PGY2 year. If the resident does not complete all PGY1 requirements by the start of PGY2, their ability to continue onto PGY2 year will be reviewed by the Residency Advisory Committee. This will result in a remediation plan or dismissal from the program.

- Remediation plan may include scheduled extended work days or scheduled additional weekend work days to complete the requirements (while staying compliant with ASHP Duty Hours Policy)
- If the resident does not finish all PGY1 requirements after 4 weeks of starting PGY2 year, the resident will be dismissed from the program.

Licensure

Resident must continue to maintain the Pharmacist and an Administration of Drugs and Immunizations License without restriction in the state of Maine throughout the residency year.

- The resident will provide the pharmacy department with a copy of their licensure to remain on file during the resident's employment. Failure to attain proper licensure is grounds for dismissal from the residency program. Residents should contact the RPD should any issues arise with licensure.

Professional, Family, Sick and Extended Leave

- The resident is expected to comply with PCHC's Leaves of Absence (LOA) policy. Refer to section 6 of the Employee Handbook for the complete policy.
- An LOA must be granted by the Director of Pharmacy and is without pay.
- If LOA is 2 weeks or less, resident will not be required to extend their time in the residency program. However, the resident will have to complete additional assignments to ensure all program requirements are met by the program's original end date.
- If LOA is greater than 2 weeks, resident will be required to extend their time up to 8 weeks maximum to complete a full 12-month program to ensure all goals and objectives of the program have been met.
 - An extended absence for a period longer than 8 weeks may not be granted and may be subject to dismissal from the residency program.

Requirements for Completion of Program

- **The resident is expected to have earned an assessment of "Achieved" for at least 75% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".**
- **The resident is required to complete every item listed under "Elements for Portfolio and Pharmacademic" in order to graduate from the residency program. Resident is required to use**

the “Resident Checklist for Completed Tasks” on page 62 of this handbook to keep track of this process.

Professional Conduct

It is the responsibility of the resident to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of daily practice, including when present at professional conferences representing PCHC.

Dress Code

The resident is expected to dress in appropriate professional attire when present in the institution or attending any function as a representative of PCHC. Attire should conform to the dress code stated in the PCHC policy and procedures, as can be found in the employee handbook.

Employee Identification Badges

All employees are required to wear an identification badge at all times within PCHC facilities in accordance to AAAHC regulations.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the highest concern for the patients' and families' emotional and physical well-being. All residents will undergo Health Insurance Portability and Accountability Act (HIPAA) training during orientation and abide by HIPAA regulations during practice.

Attendance

The resident is expected to attend functions as required by the Residency Program, the RPD, the RPC, and preceptors. PCHC's PGY2 residency program will remain in compliance with the Accreditation Council for Graduate Medical Education hours. No resident will be allowed to work more than 80 hours per week. The resident is responsible for assigned staffing and for assuring that these commitments are covered in the event of an absence. Vacation requests should be discussed with preceptors/RPD at least two weeks in advance.

Time Management

Each resident will learn time management techniques during their residency year, keeping in mind adding “buffer” times to deadlines. This will allow adequate time for review of a project by a preceptor or outside party, as well as allowing time to make changes to a project before the concrete deadline.

Time Commitment

The resident is expected to be present at work Monday through Friday as well as for any assigned weekend staffing shifts. Any work not completed during normal work hours is to be completed on the resident's own time. This may include preparing for meetings, presentations, and lectures from home. Additionally, the resident is expected to travel amongst the many PCHC facilities as part of their normal duties. The resident will be responsible for 520 staffing hours before completion of residency. Staffing hours will be tracked on the time sheets reported every two weeks.

Duty Hours

- The residency program complies with ASHP duty hour requirements.
- Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes scheduled direct patient care, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.
- *Duty hours do not include: reading, studying and academic preparation time for presentations, journal clubs or travel time to and from conferences and hours not scheduled by the RPD or preceptor.*
- Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all residency scheduled activities and all moonlighting.

External Employment Policy (Moonlighting)

The residency program is considered the primary priority of each resident. External employment is discouraged, but if moonlighting is desired, it must not interfere with the resident's responsibilities or requirements and opportunities should be sought within the organization first. The responsibilities of the resident do not correspond with the normal 9:00 AM to 5:00 PM scheduled forty-hour work week. Extra hours of coverage (weekends, evenings) are necessary to maintain residency requirements. Fluctuations in workload, unusual service demands or patient loads, or cross coverage may all determine the hours of the resident service.

Orientation

Preceptor: Meagan Rusby, PharmD

Position: Primary Care Pharmacist and Residency Coordinator

Email: mrusby@pchc.com

Phone: x1764

Type: Block rotation

Time: 40 hours/week

Orientation takes place in the first month of the PGY2 year of the combined PGY1/2 HSPA program. The resident should have general understanding of PCHC Department of Pharmacy structure and available services from his/her PGY1 year. This month of orientation is designed to introduce the resident to the management aspects and activities related to the department's services. There will be weekly topic discussions, where resident is provided with reading materials and resident will lead a discussion for that topic with the preceptor to show understanding of given materials. The resident is also expected to have identified all longitudinal projects by the end of Orientation. The resident will also be expected to help out with orientation activities for the new class of PGY1 residents.

Rotation Activities:

Activity	Goal
Demonstrate general understanding of roles and responsibilities of the resident and all team members within pharmacy administration. The resident will go over the residency handbook in details with the RPD to review expectations and requirements for the year.	R5.1.1
Create professional development plan for one's self based expectations reviewed with RPD	R5.1.1
Perform gap analysis to identify any additional potential pharmacy service opportunities.	R1.1.1
Given reading materials, lead topic discussion on formulary systems and how they relate to PCHC's formulary.	R1.2.1
Given reading materials, lead topic discussion on advanced payment models and complex care delivery systems.	R3.5.1
Given reading materials, lead topic discussion on effective employee reward and recognition strategies.	R4.4.1
Identify business plan project.	R5.3.2
Given reading materials, lead topic discussion expectations of the Director of Pharmacy at PCHC from the viewpoint of CEO, COO, CFO and CMO.	R5.4.3
Identify QI project.	R5.5.1
Given reading materials, lead topic discussion on how PCHC can create partnerships with local organizations to impact public health.	R6.1.1

Expected Progression of Resident Responsibility

Week 1-3	Resident to create and lead all listed topic discussions. Resident to help with orientation activities for the new class of PGY1 residents.
Week 4	Resident to have identified all longitudinal research projects for the residency year.

Formal PharmAcademic Evaluation:

R1.1.1	(Evaluating) Based on one's assessment of the scope of the pharmacy's current services, identify any service opportunities.
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R1.2.1	(Understanding) Develop an understanding of the formulary systems.
R3.5.1	(Understanding) Demonstrate understanding of advanced payment models and complex care delivery systems.
R4.4.1	(Understanding) Explain supportive evidence and the organization's strategy regarding employee satisfaction and engagement and effective tactics for recognizing and rewarding employees.
R5.1.1	(Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.
R5.3.2.	(Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.
R5.4.3	(Applying) Determine senior administrator (e.g., CEO, COO, CFO, president, vice president) expectations of the pharmacy's leaders.
R5.5.1	(Analyzing) Identify and/or demonstrate understanding of a specific project topic related to a quality improvement, healthcare pharmacy administration, or a topic for advancing the pharmacy profession.
R6.1.1	(Understanding) Understand how the organization creates community partnerships to impact public health.

Elements for Portfolio and PharmAcademic

- Professional Involvement and Service Activities form
- All topic discussion materials created
- Proposals for QI project and business plan
- Professional Development Plan/1st quarterly Resident Development Plan
- Gap analysis

Clinical and Operational Management I

Preceptor: Kristopher Ravin, PharmD

Position: Pharmacy Operations Manager

Email: kravin@pchc.com

Phone Extension: x2105

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Pharmacy Operations Manager

- The Pharmacy Operations Manager at PCHC is responsible for the operations and growth of in-house retail pharmacy services and leads pharmacy initiatives to support organizational population health and accountable care opportunities. This individual also supports Director of Pharmacy and Pharmacists In Charge in human resource management of community pharmacy staff, including but not limited to employee training, evaluations and schedule management.

Clinical and Operation Management I is the first semester of the Clinical and Operational management experience. This rotation is a 5 month experience focused on pharmacy organizational workflow optimization, compliance, and utilization of quality data. The resident will gain good understanding of the clinical manager and operations manager roles within the PCHC Pharmacy Department, and will begin to perform some of the managerial tasks themselves in this rotation. Clinical management tasks include, but are not limited to, providing oversight and support primary care pharmacist projects across all clinics, tracking and evaluating of quality data for pharmacy primary care services, and residency coordination. Operations management tasks include, but are not limited to, providing oversight and support for PCHC's in-house community pharmacies and related projects, inventory control, and workflow evaluation.

At the end of the rotation the resident is expected to demonstrate a good understanding of areas of compliance with state and federal regulators, PCHC pharmacy workflows, and processes for receiving and analyzing quality reports.

Rotation Activities:

Activity	Goal
Review and critically evaluate pharmacy policies and procedures surrounding medication disposal	1.2.3
Apply knowledge of state and federal laws governing pharmacy compliance to department policies and procedures	1.3.1
Evaluate the validity of quality reports obtained from information services	1.3.2
Topic discussion on management of controlled substances	1.4.1
Evaluate and discuss with preceptor how pharmacies manage controlled substance inventory to limit overutilization by patients	1.4.2
Analyze workflow in pharmacy management system and find areas of deficiency and opportunities for efficiency	1.5.1
Develop proposal for population health project	1.6.1

Expected Progression of Resident Responsibility

Month 1	Begin to learn about company policies and state and federal laws that dictate pharmacy practice
Month 2	Begin to evaluate how policies and procedures are applied at the pharmacy level
Month 3	Begin to evaluate for gaps and efficiencies
Month 4-5	Resident develops proposal for population health project

Formal PharmAcademic Evaluation:

R1.2.3	(Evaluating) Based on an assessment of the pharmacy's policies and procedures for the disposal of medications, make any needed recommendations for improvement
R1.3.1	(Applying) Participate in a departmental assessment to assure compliance with applicable legal, regulatory, safety, and accreditation requirements.
R1.3.2	(Evaluating) Develop effective strategies for reporting internal and external quality data.
R1.4.1	(Understanding) Understand pharmacy's medication use systems.
R1.4.2	(Evaluating) Evaluate pharmacy's medication use systems to assure practice is safe and effective.
R1.5.1	(Analyzing) Analyze pharmacy information technology workflow to assure safe and efficient patient care.
R1.6.1	(Creating) Create a proposal for a population health management service.

Elements for Portfolio and PharmAcademic

- Reflections from topic discussions on medication disposal, controlled substance management, and policy review
- Proposal for population health project
- All topic discussion materials

Clinical and Operational Management II

Preceptor: Kristopher Ravin, PharmD

Position: Pharmacy Operations Manager

Email: kravin@pchc.com

Phone Extension: x2105

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Pharmacy Operations Manager

- The Pharmacy Operations Manager at PCHC is responsible for the operations and growth of in-house retail pharmacy services and leads pharmacy initiatives to support organizational population health and accountable care opportunities. This individual also supports Director of Pharmacy and Pharmacists In Charge in human resource management of community pharmacy staff, including but not limited to employee training, evaluations and schedule management.

Clinical and Operational Management II is a continuation of the Clinical and Operational Management experience. In this rotation, the resident takes a more active role in clinical and operational management. The resident is expected to effectively identify a deficiencies in workflows, develop a proposal, and implement a change and evaluate the outcomes of this change. By the end of the rotation, the resident is expected to have a comprehensive understanding of all duties of the clinical manager and operations manager of the PCHC department, and able to adapt these knowledge to a different health system.

Rotation Activities:

Activity	Goal
Develop a proposal and implement a change in control substance management	1.4.3
Develop proposal and implement change in pharmacy workflow to improve efficiencies or a deficiency	1.5.2

Expected Progression of Resident Responsibility

Month 1	Begin to evaluate how PCHC pharmacies manage controlled substances
Month 2	Evaluate any differences in the way controlled substances are managed at different PCHC pharmacies
Month 3	Develop proposal for change in pharmacy workflow
Month 4-5	Implement change at pharmacy and evaluate outcomes

Formal PharmAcademic Evaluation:

R1.4.3	(Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.
R1.5.2	(Creating) Design and implement an improvement related to the use of information technology and automated systems.

Elements for Portfolio and PharmAcademic

- Proposal for change within the pharmacy
- Written evaluation of the outcome of the project

Quality, Safety and Process Improvement I

Preceptor: Kristopher Ravin, PharmD

Position: Pharmacy Operations Manager

Email: kravin@pchc.com

Phone Extension: x2105

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Pharmacy Operations Manager

- The Pharmacy Operations Manager at PCHC is responsible for the operations and growth of in-house retail pharmacy services and leads pharmacy initiatives to support organizational population health and accountable care opportunities. This individual also supports Director of Pharmacy and Pharmacists In Charge in human resource management of community pharmacy staff, including but not limited to employee training, evaluations and schedule management.

Quality, Safety, and Process Improvement I is the first semester of the Quality, Safety, and Process Improvement experience. This is a 5 month rotation focused on improving the quality and safety of our community pharmacy setting. The resident will learn the role of the pharmacy operations manager in ensuring safe dispensing, primarily via leading the Pharmacy Compliance Committee, analyzing incident reports and incident trends, and developing plans to enhance the accuracy and safety in our workflows.

The resident will begin participating in scheduled Pharmacy Compliance Committee meetings which are aimed at addressing incidents within the pharmacies and develop process improvements. By the end of the rotation, the resident is expected to demonstrate a good understanding of how system improvement can mitigate incident rate and improve patient

Rotation Activities:

Activity	Goal
Attend monthly Pharmacy Compliance committee meetings and review incidents reported by committee and apply pharmacy system knowledge to incident trends	R2.2.1

Expected Progression of Resident Responsibility

Month 1	Observe Pharmacy Compliance Committee (PCC) meetings
Month 2	Begin to reflect on incidents reported to PCC
Month 3	Resident begins to participate in dialog surrounding incidents during PCC meetings
Month 4-5	Resident actively participates in PCC meetings

Formal PharmAcademic Evaluation:

R2.2.1	(Applying) Participates in medication safety oversight programs.
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Elements for Portfolio and PharmAcademic

- Reflections from each PCC meeting attended with assessment of incident trends as they relate to current pharmacy workflow

Quality, Safety and Process Improvement II

Preceptor: Kristopher Ravin, PharmD

Position: Pharmacy Operations Manager

Email: kravin@pchc.com

Phone Extension: x2105

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Pharmacy Operations Manager

- The Pharmacy Operations Manager at PCHC is responsible for the operations and growth of in-house retail pharmacy services and leads pharmacy initiatives to support organizational population health and accountable care opportunities. This individual also supports Director of Pharmacy and Pharmacists In Charge in human resource management of community pharmacy staff, including but not limited to employee training, evaluations and schedule management.

Quality, Safety, and Process Improvement II is the second semester of the Quality, Safety, and Process improvement experience. The resident will continue to participate in Pharmacy Compliance Committee meetings, but will take a more hands on approach with incidents that are reviewed. The resident is expected to complete a root-cause analysis for every Pharmacy Compliance committee meeting attended. The resident is then expected to develop 1 proposed policy change based on a root cause analysis completed. The resident will also participate in customer service evaluation through development of a survey and propose ways to enhance the customer experience at our community pharmacies.

Rotation Activities:

Activity	Goal
Develop survey to evaluate customer service in the pharmacies	2.1.1
Complete one root-cause analysis for every Pharmacy Compliance Committee (PCC) meeting attended	2.2.2
Propose a change to an existing policy or protocol from a root cause analysis completed	2.2.3
Complete work in pre-specified time	5.2.4

Expected Progression of Resident Responsibility

Month 1	Begin to complete a root cause analysis on identified incident. Develop survey for customer service.
Month 2	Create a policy from outcome of a completed root cause analysis Implement the customer service survey.
Month 3	Finalize and obtain approval for new policy. Help with the implementation of the new policy. Continue to implement the customer service survey.
Month 4-5	Continue to help with the implementation of the new policy. By month 5, resident should start to evaluate the effectiveness and impact of this policy change. Evaluate the results of the customer service survey. Propose a change in workflow that can help improve customer satisfaction at our community pharmacies.

Formal PharmAcademic Evaluation:

R2.1.1	(Applying) Participate in an assessment of customer satisfaction with a specific aspect of pharmacy services.
R2.2.2	(Evaluating) Lead a root cause analysis, gap analysis, or other safety assessments based on a significant patient safety event.
R2.2.3	(Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.
R5.2.4	(Applying) Demonstrate ability to manage, prioritize, and execute on assigned responsibilities and tasks.

Elements for Portfolio and PharmAcademic

- Customer Service Survey and written evaluation of survey outcomes
- De-identified root cause analyses
- Completed policy and written evaluation of the effectiveness and impact of the policy

Finance and Budgeting I

Preceptor: Frank McGrady, PharmD, BCPS

Position: Director of Pharmacy

Email: fmcgrady@pchc.com

Phone Extension: x1539

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Director of Pharmacy

- The Director of Pharmacy works to develop and communicate departmental mission, vision, and goals, and is responsible for the design, operation, and improvement of PCHC's medication management system. The Director of Pharmacy works with the PCHC leadership team including Vice-President of Operations and Vice-President of Medical Affairs to develop, implement and expand integrated pharmacy services across the organization.

The Finance and Budgeting I rotation is a longitudinal rotation that starts immediately after Orientation and ends at the end of December. During this rotation, the resident will attend and contribute to budgeting activities that the Director of Pharmacy is involved with. At the end of the rotation, the resident is expected to demonstrate good understanding of different types of budget (productivity vs capital vs operating) and contribute to the development of the budget for one of the in-house pharmacies.

Rotation Activities:

Activity	Goal
Given reading materials, lead topic discussion on productivity report and develop a productivity budget for the next fiscal year.	R3.1.1
Given reading materials, lead topic discussion on operating budget and develop an operating budget for the next fiscal year.	R3.2.1
Given reading materials, lead topic discussion on capital budget and develop a capital budget for the next fiscal year.	R3.2.2
Given reading materials, lead topic discussion on budget monitoring reports and develop a budget variance analysis.	R3.2.3
Given reading materials, leading topic discussion on PCHC's medication assistance programs.	R3.4.1
Review monthly star measure reports for all in-house pharmacies and present a plan to improve star rating at a specific store at a Quality and Integration meeting.	R3.5.2

Expected Progression of Resident Responsibility

Month 1	Resident to gain a general understanding on common budgeting terms and practices. Resident to mainly observe in budget meetings and have debrief with preceptor after.
Month 2	Resident to gain a deeper understanding of different types of budgets. Resident to start gaining a more active role in budget meetings, giving potential explanation to budget variances.
Month 3	Resident to be able to explain variances in monthly budget with minimal guidance from preceptor.

Month	Resident to contribute to the developing of budgets for the next fiscal year.
4-5	Resident to present plan to improve monthly star rating reports.

Formal PharmAcademic Evaluation:

R3.1.1	(Analyzing) When given a productivity report, draw appropriate conclusions.
R3.2.1	(Analyzing) Participates in the operating budget process for a selected aspect of the pharmacy's activities.
R3.2.2	(Analyzing) Participate in a capital budget process for a selected aspect of the pharmacy's activities.
R3.2.3	(Analyzing) Participate in the monitoring of financial performance and explanation of variances.
R3.4.1	(Understanding) Demonstrates understanding of societal forces that influence rising costs for medications and the provision of pharmacy services.
R3.5.2	(Analyzing) Participates in the pharmacy's role within advanced payment models.

Elements for Portfolio and PharmAcademic

- All topic discussion materials
- All budget variance analysis
- Resident's contribution to the developing of the Pharmacy Department's budget for the following fiscal year
- Proposal for how to improve star rating report at one in-house pharmacy

Finance and Budgeting II

Preceptor: Frank McGrady, PharmD, BCPS

Position: Director of Pharmacy

Email: fmcgrady@pchc.com

Phone Extension: x1539

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Director of Pharmacy

- The Director of Pharmacy works to develop and communicate departmental mission, vision, and goals, and is responsible for the design, operation, and improvement of PCHC's medication management system. The Director of Pharmacy works with the PCHC leadership team including Vice-President of Operations and Vice-President of Medical Affairs to develop, implement and expand integrated pharmacy services across the organization.

The Finance and Budgeting II rotation is a continuation of the Finance and Budgeting II rotation. Resident continues to participate in all monthly budget meetings but will be expected to have a more active role and can potentially lead a few meetings. Resident will also learn more complicated financial management strategies and tasks during this rotation, and will have implemented a cost reduction initiative by the end of the residency year.

Rotation Activities:

Activity	Goal
Given reading materials, lead topic discussion on financial performance reports and develop a financial performance variance analysis.	R3.2.3
Participate in weekly Revenue Cycle meeting with preceptor. Spend at least 1-2 half days with the pricing pharmacist to learn the concepts of price setting, chargemaster, gross revenues vs net revenues and pharmacy reimbursement. From the stated experience, lead a topic discussion on the concepts learned.	R3.3.1
Review a current pharmacy contract and lead topic discussion on key elements included in pharmacy contract with vendors.	R3.4.2
Develop and implement a cost reduction initiative for any service in the pharmacy department.	R3.4.3
Given reading materials, lead topic discussion on third party payer relationships and contracts.	R3.5.3

Expected Progression of Resident Responsibility

Month 1-2	Resident to gain general understanding of concepts required to learn for the rotation. Resident to start leading budget meetings where appropriate. Resident to identify a potential area for improvement for cost reduction.
Month 3-4	Resident to start the implementation of the cost reduction initiative.
Month 5	Resident to evaluate the outcome of the cost reduction initiative. Resident should have deep understanding of all budgeting concepts learned on the rotation by the end of the year and able to apply such concepts in a different health system.

Formal PharmAcademic Evaluation:

R3.2.3	(Analyzing) Participate in the monitoring of financial performance and explanation of variances.
R3.3.1	(Understanding) Explain the pharmacy revenue cycle and its impact on pharmacy practice.
R3.4.2	(Understanding) Review the process of negotiating contracts with vendors.
R3.4.3	(Creating) Design and implement a cost reduction or inventory management initiative.
R3.5.3	(Analyzing) Participate in third-party contract management activities.

Elements for Portfolio and PharmAcademic

- All topic discussion materials
- Proposal for cost reduction initiative
- Evaluation of cost reduction initiative, including limitations and required future actions if needed

Human Resource Management I

Preceptor: Vanessa Worcester, MS, SHRM-CP

Position: Lead HR Business Partner for Recruiting, Onboarding and New Hire Experience

Email: vanessa.worcester@pchc.com

Phone Extension: x2622

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Preceptor's Role:

The Lead HR Business Partner is responsible for ensuring that PCHC's recruiting, onboarding, and new hire experience is engaging, consistent with organizational values, and creates a positive environment for new employees setting PCHC up to be an employer of choice in the region. As an HR Business Partner, they are responsible for aligning org-wide initiatives and business objectives with employees. HRBP serves as an employee champion and change agent, working with managers to boost morale, motivate teams, and assess and anticipate HR-related needs.

The Human Resource Management I rotation is designed to give the resident exposure to commonly used HR laws and regulations affecting pharmacy. The resident is expected to know how each in-house pharmacy is staffed on the regular basis and the unique tasks the staff perform at each pharmacy. From such understanding, the resident will perform an analysis on the staffing level at an assigned store and submit a proposal for any needed change with detailed rationale. Resident will also participate in recruitment activities for the residency program at regional and national residency showcases.

Rotation Activities:

Activity	Goal
Evaluation of staffing level at an assigned in-house pharmacy and proposal for improvement. Participate in PCHC's Hiring Manager Training, which includes search briefing policies, affirmative action goals, hiring toolkit review and training within UKG's recruitment gateway.	R4.1.1
Participate in recruitment activities for the residency program at MCPHS New England Pharmacy Residency Showcase and Midyear.	R4.2.2
Given reading materials, lead topic discussion on laws affecting human resources management in a pharmacy department. Participate in training that includes Leave Administration, Wage & Compensation, and PCHC policy review.	R4.5.1

Expected Progression of Resident Responsibility

Month 1	Resident to familiarize him/herself to staffing level and duties at each in-house pharmacy. Resident to demonstrate understanding on common laws affect human resources management in PCHC's pharmacy department.
Month 2-3	Resident to work on staffing level analysis for an assigned store. Resident to be able to recall correct laws needed to be involved for real-life situations in the department.
Month 4-5	Resident to submit proposal for staffing level evaluation and recommendation. Resident will also be required to present this to the pharmacist in charge of that store.

	Resident to be able to apply correct laws to resolve real-life human resource issues in the department.
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Formal PharmAcademic Evaluation:

R4.1.1	(Evaluating) Determine and recommend the staff requirements that match an area of the department's scope of services.
R4.2.2	(Applying) Participate in recruitment and hiring for a particular pharmacy position.
R4.5.1	(Understanding) Explain laws affecting various aspects of human resources management and the role of unions in organizations, and their impact on human resources management.

Elements for Portfolio and PharmAcademic

- Proposal for staffing level
- All topic discussion materials
- At least 1 reflection for a time a law/regulation needed to be used to resolve a human resource issue

Human Resource Management II

Preceptor: Vanessa Worcester, MS, SHRM-CP

Position: Lead HR Business Partner for Recruiting, Onboarding and New Hire Experience

Email: vanessa.worcester@pchc.com

Phone Extension: x2622

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Preceptor's Role:

The Lead HR Business Partner is responsible for ensuring that PCHC's recruiting, onboarding, and new hire experience is engaging, consistent with organizational values, and creates a positive environment for new employees setting PCHC up to be an employer of choice in the region. As an HR Business Partner, they are responsible for aligning org-wide initiatives and business objectives with employees. HRBP serves as an employee champion and change agent, working with managers to boost morale, motivate teams, and assess and anticipate HR-related needs.

The Human Resource Management II will give the resident more opportunities to have hands-on experience on personnel management and directly work on conflicts management. The resident is expected to act as a manager while working independently in the in-house pharmacies, and this include supervising the work of pharmacy technicians and interns and perform conflict management if there's personnel issue in the store. The resident will deliver at least 1 performance appraisal for a pharmacy intern by the end of the rotation. The resident will also be required to participate in the hiring process (reviewing application, interviewing, etc.) for one new employee. If the opportunity arise, the resident will also have a chance to write a new job description if new pharmacy service is identified. If not, the resident will review and old job description and make recommendations for change.

Rotation Activities:

Activity	Goal
Write or revise a job description for a pharmacy position.	R4.2.1
Participate in recruitment and hiring for a particular pharmacy position.	R4.2.2
Supervise the work of pharmacy technicians and interns while working in the in-house pharmacies.	R4.3.1
Participate in PCHC's Performance Management training.	
Deliver an employee's performance appraisal for a pharmacy intern.	R4.3.2
Review a scenario of a progressive discipline process in the department in the past with the preceptor. If disciplinary action is performed during the time of the rotation, the resident will participate. The extent of how involved the resident would be is determined by preceptor.	R4.3.3
Resolve a conflict between employees. If no conflict is directly observed by the resident, the preceptor will provide the resident with a real-life event. Participate in PCHC's Conflict Resolution and Giving and Receiving Feedback training.	R5.3.3

Expected Progression of Resident Responsibility

Month 1	Resident to familiarize him/herself with basic concepts of job description requirements, the hiring process, employee's appraisal, and conflict management.
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	Resident to demonstrate understanding of management responsibilities required for when the resident works in the in-house pharmacies.
Month 2-3	Resident to sufficiently carry out management responsibilities while working in the pharmacies. Resident to report back any personnel issues to preceptor during weekly Admin Huddle and walk the preceptor through how he/she would handle the situation.
Month 4-5	Resident to complete writing/revising a job description and delivering of an employee's appraisal. Resident to continue supervising staff in the pharmacies and take on a more active role in conflict management.

Formal PharmAcademic Evaluation:

R4.2.1	(Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.
R4.2.2	(Applying) Participate in recruitment and hiring for a particular pharmacy position.
R4.3.1	(Applying) Supervise the work of pharmacy personnel.
R4.3.2	(Creating) Compose and deliver an employee's performance appraisal.
R4.3.3	(Applying) Participate in the organization's progressive discipline process or participate in a progressive discipline case or scenario, if not available.
R5.3.3	(Applying) Use effective conflict management skills.

Elements for Portfolio and PharmAcademic

- Job description written/revised
- Documentation of employee's appraisal
- A reflection for each of the following:
 - A time the resident was exposed to the discipline process for a pharmacy employee
 - A time the resident had to use conflict management skills to resolve a personnel issue
 - A time the resident participated in a hiring process

Leadership I

Preceptor: Frank McGrady, PharmD, BCPS

Position: Director of Pharmacy

Email: fmcgrady@pchc.com

Phone Extension: x1539

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Director of Pharmacy

- The Director of Pharmacy works to develop and communicate departmental mission, vision, and goals, and is responsible for the design, operation, and improvement of PCHC's medication management system. The Director of Pharmacy works with the PCHC leadership team including Vice-President of Operations and Vice-President of Medical Affairs to develop, implement and expand integrated pharmacy services across the organization.

The Leadership I rotation takes place in the first half of the PGY2 residency year. Resident will learn about leadership skills necessary to successfully and effectively. The leadership skill that will be most emphasized on this rotation will be communication. Resident will not only learn about his/her communication style, but also all different types of communication styles and how to work well with individuals with a different style. Resident will have various opportunities to practice such skill and have it evaluated by different preceptors and peers. Resident is also expected to be involved with local and national organizations and create a business plan with the goal of enhancing PCHC's pharmacy service.

Rotation Activities:

Activity	Goal
Deliver a CE presentation on appropriate strategies for appropriate communication, giving and receiving feedback.	R5.2.1
Create a position paper on a controversial topic within pharmacy.	R5.2.2
Attend state level meetings and pharmacy organizations' events with preceptor.	R5.2.3
Identify and implement (if possible) business plan for a new or enhanced pharmacy service.	R5.3.2
Present on the importance of pharmacist active engagement and advocacy in the legislative process at either Husson School of Pharmacy, UNE School of Pharmacy or State Hill Day.	R5.4.4

Expected Progression of Resident Responsibility

Month 1	Resident to go over expectations for deliverables during this rotation with preceptor. Resident to identify business plan. Resident to start attend state level meetings and professional pharmacy organizations meetings with preceptors. Resident will primarily observe and learn the structure and purposes of such meetings during this month.
Month 2	Resident to start working on the proposal for business plan, CE presentation and presentation on pharmacist engagement. Resident to continue attending meetings with preceptor, however is expected to gain more active role with more contribution to discussions.
Month 3-4	Resident to have first draft of all deliverables finished for preceptor to review. Resident to take on a task/assignment resulted from one of the meetings.

Month 5	Resident to have all deliverables submitted. If the business plan can be implemented, the implementation process should be started in or prior to month 5 of rotation. Resident to be able to attend meetings without preceptor if needed and report back to preceptor on key points discussed.
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Formal PharmAcademic Evaluation:

R5.2.1	(Applying) Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.
R5.2.2	(Applying) Demonstrate respect for differences of opinion.
R5.2.3	(Applying) Demonstrate enthusiasm and passion for the profession of pharmacy.
R5.3.2	(Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.
R5.4.4	(Applying) Present to an appropriate audience an explanation of the role and importance of pharmacist active engagement and advocacy in the political and legislative process.

Elements for Portfolio and PharmAcademic

- Communication CE presentation
- Position paper
- Documentation of involvement in local and national pharmacy organizations (reflections, projects completed, meeting minutes, etc.)
- Proposal for business plan
- Presentation on pharmacist engagement and advocacy

Leadership II

Preceptor: Frank McGrady, PharmD, BCPS

Position: Director of Pharmacy

Email: fmcgrady@pchc.com

Phone Extension: x1539

Type: Longitudinal rotation

Time: 4-8 hours/week on average

Pharmacist's role: Director of Pharmacy

- The Director of Pharmacy works to develop and communicate departmental mission, vision, and goals, and is responsible for the design, operation, and improvement of PCHC's medication management system. The Director of Pharmacy works with the PCHC leadership team including Vice-President of Operations and Vice-President of Medical Affairs to develop, implement and expand integrated pharmacy services across the organization.

The Leadership II rotation gives the resident an opportunity to further practice the communication skills learned during Leadership I. At this time, the resident is also expected to be involved in many community activities and to participate in local public health initiatives. The resident's leadership skills will continue to be evaluated as he/she gains more responsibilities in other rotations throughout the year.

Rotation Activities:

Activity	Goal
Participate in a local public health initiative in the greater Bangor area.	R6.1.2
Attend state level meetings and pharmacy organizations' events with preceptor or independently.	R5.2.3
Given reading materials, lead topic discussion of ethical principles embodied in the American Pharmacist Association Code of Ethics for Pharmacists.	R5.2.5
Perform one 340B audit for an assigned contract pharmacy. Create a remediation plan for any area of non-compliance.	R5.6.1

Expected Progression of Resident Responsibility

Month 1	Resident to identify public health initiatives he/she would like to be involved in and why. Resident to continue attending professional organization meetings with preceptor and identify a leadership role in a committee that the resident is interested in.
Month 2	Resident to finalize on timelines for public health initiatives to be completed on this rotation. Resident to start with leadership role within a professional organization committee.
Month 3-4	Resident to start working on the initiatives identified. Resident to continue working projects assigned to the leadership role identified.
Month 5	Resident to report back to preceptor on outcomes of projects done on the rotation and write a reflection/evaluation for each project.

Formal PharmAcademic Evaluation:

R6.1.2	(Creating) Participate in the implementation of a public health initiative with community partner(s).
R5.2.3	(Applying) Demonstrate enthusiasm and passion for the profession of pharmacy.

R5.2.5	(Applying) Evidence integrity in professional relationships and actions.
R5.6.1	(Applying) Perform management functions for a designated area or program within pharmacy services (e.g., prior authorization team, IV room, internal audit function, distribution system, dispensing pharmacy, patient care services).

Elements for Portfolio and PharmAcademic

- Reflections/Evaluations for all projects completed on this rotation
- A deliverable product was created as a result of resident involvement in pharmacy organization, if any
- The 340B audit performed, including findings and follow-up plans

Research Project I

Preceptor: Meagan Rusby, PharmD
Position: Pharmacy Clinical Manager
Email: mrusby@pchc.com
Phone: x1764

Type: Longitudinal rotation
Time: 4-8 hours/week

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

The Research Project I rotation is designed to provide guidance and give resident adequate time to work on his/her research project. Based on QI project identified during orientation, the resident will be expected to get the project implemented as soon as possible while still following the appropriate procedures in order to have the implementation completed and outcomes data available for evaluation by the end of the residency year.

Rotation Activities:

Activity	Goal
Evaluate the pharmacy's current inventory control process and make any needed recommendation for improvement.	R1.2.2
Create a plan or protocol for the QI project on the pharmacy's current inventory process based on evaluation.	R5.5.2
Collect and evaluate data needed to perform the QI project.	R5.5.3
Implement the QI project.	R5.5.4
Half way through the rotation, assess any needs to change for the QI project and implement such changes if needed.	R5.5.5
Create or revise protocol that involve interdisciplinary teams related to medication-use process.	R5.4.1
Reflect on potential barriers to adhere to the above protocol.	R5.4.2

Expected Progression of Resident Responsibility

Month 1	Plan or protocol for QI project completed, reviewed and approved by preceptor. Start to collect data needed for the implementation of the QI project. Identify protocol that needs to be created or revised to improve the medication-use process.
Month 2	Implement the QI project.
Month 3	Half way through the rotation, assess any needs to change for the QI project and implement such changes if needed. Protocol finalized and submitted for preceptor to review and approve.
Month 4-5	Collect mid-point data. Prepare for MidYear poster. Poster must be finalized 1 week before MidYear.

Formal PharmAcademic Evaluation:

R5.5.2	(Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.
R5.5.3	(Evaluating) Collect and evaluate data for a practice quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.
R5.5.4	(Applying) Implement a quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.
R5.5.5	(Evaluating) Assess changes, or need to make changes, based on the project.
R1.2.2	(Evaluating) Based on an assessment of the adequacy of the pharmacy's current system for inventory control, make any needed recommendations for improvement.
R5.4.1	(Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.
R5.4.2	(Analyzing) When developing a program with multiple stakeholders and/or when confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.

Elements for Portfolio and PharmAcademic

- Final version of plan or protocol for QI project, include any potential barriers to adhere to the protocol for the QI project
- Written assessment for any needs to change for the QI project at the rotation's mid-point
- MidYear poster
- New or revised protocol created related to the medication-use process

Research Project II

Preceptor: Meagan Rusby, PharmD
Position: Pharmacy Clinical Manager
Email: mrusby@pchc.com
Phone: x1764

Type: Longitudinal rotation
Time: 4-8 hours/week

Pharmacist's role: Primary Care Pharmacist

- Primary care pharmacists at PCHC initiate and develop comprehensive medication management services for chronic disease states within the primary care setting. They serve as a key member of the interdisciplinary patient care team, collaborating with patients, family members, and health care professionals to provide a model of care that ensures the delivery of quality, efficient, and cost effective healthcare.

The Research Project II rotation is a continuation of the Research Project I rotation, which is designed to give the resident designated time to work on his/her QI project. Resident is required to do monthly check-ins with preceptor to report on the project progress and request any need guidance. The project is expected to be completed with all data analyzed by April. Presentation on project findings will be scheduled to be in April and a complete manuscript must be submitted to preceptor and be included in portfolio by the end of May.

Rotation Activities:

Activity	Goal
Continue to implement the QI project.	R5.5.4
Create a manuscript for the QI project.	R5.5.6
Create and deliver a presentation on the QI project implemented at a local pharmacy event.	R5.3.1

Expected Progression of Resident Responsibility

Month 1-3	Implementation of project. Resident to schedule monthly check-ins with preceptor.
Month 4	Present project findings at a local pharmacy event.
Month 5	Manuscript finalized and submitted.

Formal PharmAcademic Evaluation:

R5.5.4	(Applying) Implement a quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.
R5.5.6	(Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).
R5.3.1	(Applying) Communicates effectively orally and in writing.

Elements for Portfolio and PharmAcademic

- Project findings presentation
- Project manuscript

ASHP Required Competency Areas, Goals, and Objectives for PGY2 Community-Based Pharmacy Administration and Leadership Residencies

Competency Area R1: Clinical and Operational Management

Goal R1.1: Identify patient care service opportunities.

Objective	Description	Criteria
R1.1.1	(Evaluating) Based on one's assessment of the scope of the pharmacy's current services, identify any service opportunities.	<ul style="list-style-type: none"> • Demonstrates understanding of the scope of pharmacy services that an organization should provide. • Appropriately addresses organizational goals and identifies metrics related to those goals. • Develop a vision for the pharmacy enterprise. • Recommend changes or additions to address the assessed service opportunities.

Goal R1.2: Participate in the development and coordination of medication-use policy improvement initiatives.

Objective	Description	Criteria
R 1.2.1	(Understanding) Develop an understanding of the formulary systems.	<ul style="list-style-type: none"> • Demonstrates understanding of how formularies are established, approved, revised, and maintained. • Demonstrates understanding of the roles on committees and effectively addresses formulary issues. • Explains strategies used by pharmaceutical manufacturers and sales representatives to influence drug formularies. • Summarizes procedures regarding exceptions to the formulary. • Mitigates the impact of a drug shortage(s) and communicates changes. • Executes strategies for assuring successful implementation and adherence to formulary policies (e.g., therapeutic substitution, guideline development).

Objective	Description	Criteria
R 1.2.2	(Evaluating) Based on an assessment of the adequacy of the pharmacy's current system for inventory control, make any needed recommendations for improvement.	<ul style="list-style-type: none"> • Demonstrates understanding of the principles of inventory control, including cycle counts, audits, physical inventory, turnover rate, handling return of merchandise, drug recalls, and days-on-hand. • Compares and contrasts various software programs and technologies used to support inventory control systems. • Describes characteristics of an effective drug recall policy and procedure for pharmaceuticals and drug samples. • Determines impact of the pharmaceutical return process. • Explains strategies for ensuring the integrity of the supply chain. • Summarizes how the counterfeiting of medications is achieved and strategies for preventing counterfeited medications in the U.S. drug supply. • Explains the meaning of the term "pedigree" as it relates to medications. • Explains processes by which medications in U.S. appear on the black market. • Assesses effectiveness of current methods for detecting drug diversion in organizations.

		<ul style="list-style-type: none"> • Determines management strategies for drug shortages
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Objective	Description	Criteria
R 1.2.3	(Evaluating) Based on an assessment of the pharmacy's policies and procedures for the disposal of medications, make any needed recommendations for improvement (i.e. regulatory, financial, environmental impact).	<ul style="list-style-type: none"> • Demonstrates understanding of regulations involved in the disposal of medications. • Evaluates handling of hazardous drugs and makes recommendations to meet current standards. • Evaluates handling of controlled substances and determines if modifications are needed to improve the security of controlled substances. • Assess compliance and impact of the pharmaceutical waste stream.

Goal R1.3: Participate in assuring pharmacy compliance with internal and external compliance requirements, including legal, regulatory, safety, and accreditation requirements.

Objective	Description	Criteria
R 1.3.1	(Applying) Participate in a departmental assessment to assure compliance with applicable legal, regulatory, safety, and accreditation requirements.	<ul style="list-style-type: none"> • Identifies all of the legal, regulatory, safety, and accreditation requirements affecting pharmacy. • Explains the requirements for conduct of an ASHP-accredited pharmacy residency. • Examines how the department's regulatory management systems integrate with the organization's overall management for achieving compliance.

Objective	Description	Criteria
R 1.3.2	(Evaluating) Develop effective strategies for reporting internal and external quality data.	<ul style="list-style-type: none"> • Explains the pharmacy's role in assuring compliance. • Evaluates factors that impact the quality of performance. • Compares sources of quality standards. • Explains the meaning of commonly used quality indicators. • Explains sources of internal and external data and criteria for measuring compliance. • Knows the quality standards pertinent to pharmacy. • Determines the current state of compliance with the quality standards. • Review and discuss literature and known solutions on effective compliance strategies. • Recommends improvement initiative to address quality or compliance concern. • Share pharmacy's viewpoint with internal and external customers when appropriate to discussion.

Goal R1.4: Understand and evaluate the medication distribution process.

Objective	Description	Criteria
R 1.4.1	(Understanding) Understand pharmacy's medication use systems.	<ul style="list-style-type: none"> • Demonstrates understanding of the principles underlying a safe medication distribution system. • Summarizes the principles for management and control of: <ul style="list-style-type: none"> - unit-dose medications. - sterile product preparation. - chemotherapy and other hazardous substances. - controlled substances. - investigational drugs. - medication samples. - take-home medications. - medication repackaging. - drug compounding. - self-administered medications. - home infusions. - non-formulary medications. - pumps. - emergency medication supplies. - pharmaceutical waste. - Specialty medication. - Community/Retail medication.

Objective	Description	Criteria
R 1.4.2	(Evaluating) Evaluate pharmacy's medication use systems to assure practice is safe and effective.	<ul style="list-style-type: none"> • Demonstrates understanding of advantages and disadvantages of various medication distribution systems. • Demonstrates understanding of how principles for management and control of medications may differ among various settings (e.g., inpatient care units, ambulatory clinics, procedural areas, operative suite, retail/outpatient/specialty pharmacy, mail order). • Demonstrates understanding of medication distribution activities that can effectively be performed by pharmacy technicians. • Demonstrates understanding of medication storage requirements and who should have authorized access to medications. • Demonstrates understanding of strategies used within the organization for routine review and management of non-formulary medication use.

Objective	Description	Criteria
R 1.4.3	(Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.	<ul style="list-style-type: none"> • Recommends or implements an improvement based on the assessment of the medication use system).

Goal R1.5: Design a plan and manage the daily safe and effective use of technology and automated systems.

Objective	Description	Criteria
R 1.5.1	(Analyzing) Analyze pharmacy information technology workflow to assure safe and efficient patient care.	<ul style="list-style-type: none"> Assesses daily pharmacy technology workflow. Compares current policies and procedures for a particular piece of technology or automated system against current best practices and make recommendations for needed improvement. Explains mechanisms, techniques and strategies of clinical decision support for pharmacists that can improve the safety and cost-effectiveness of patient care. Determines new sources of medication error that may follow technology implementation. Explains pharmacy management responsibilities relating to information systems and technology. Explains the importance of ensuring that information systems and data sources are integrated across the organization to facilitate appropriate medication use. Explains advances and limitations in technology, hardware and software available to pharmacists and other health care professionals in the pursuit of improving patient care. Determines if improvements are effective for the purpose they are designed to address. Explains how pharmacy automation and technology fits within the organization. Evaluate critical factors for assessing the functions, benefits, and constraints relative to safety and effectiveness of available technology and automation systems. Explains the relative effectiveness of the following automated systems in terms of their ability to reduce medication errors: centralized pharmacy dispensing robotics, centralized carousel dispensing technology, unit based automated dispensing cabinets, CPOE, bar code medication administration (BCMA), and "smart" IV infusion pump technology. Explains the characteristics of an effective program of alerts for a medication order entry system. Explains developing technology to assist in the delivery and monitoring of patient care in a virtual world.

Objective	Description	Criteria
R 1.5.2	(Creating) Design and implement an improvement related to the use of information technology and automated systems.	<ul style="list-style-type: none"> Completes an accurate evaluation of the current use of technology and automated systems. Evaluates emerging technology and automation systems for the tasks of the medication-use system. Identifies the resources that would be needed to design, build, validate, and implement a specific piece of new technology or automation system. Effectively implements and assesses the impact of the technological improvement. Considers the pharmacy department and institution's strategic plan and operational statement. Identifies key stake holders to develop and improve technology.

		<ul style="list-style-type: none"> • Determines goals and metrics of success, including key milestones. • Effectively assesses the technological options and the impact on pharmacy, using appropriate indications of productivity, safety, and quality metrics. • Effectively addresses the human factors and change management challenges of recommendation. • Incorporates the importance of developing a long-term pharmacy information technology and automation plan, that fits with the organization's plan. • Includes appropriate components of a project plan for the implementation of new technology and automation systems.
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Goal R1.6: Participates in population health management activities.

Objective	Description	Criteria
R1.6.1	(Creating) Create a proposal for a population health management service.	<ul style="list-style-type: none"> • Demonstrates accurate understanding of population health management and its associated data analysis. • Engages appropriately with community partners to develop strategies to address population-based needs, which extend beyond the organizations scope of services. • Develops a new or enhanced population health management service proposal.

Competency Area R2: Quality, Safety and Process Improvement

Goal R2.1: Apply methods for measuring and improving internal and external customer satisfaction with pharmacy services.

Objective	Description	Criteria
R2.1.1	(Applying) Participate in an assessment of customer satisfaction with a specific aspect of pharmacy services.	<ul style="list-style-type: none"> • Demonstrates understanding of the concept of "service mentality" and its role in the pharmacy environment. • Demonstrates understanding of the principles of survey research. • Participate in the development of an effective survey tool. • Utilize proper methodology for analysis of survey data. • States sources of research literature on customer satisfaction, applicable to the health care environment. • Demonstrates understanding of metrics nationally (e.g., STARS, HCAHPS, CGCAHPS, other performance metrics). • Recommends, or implements and demonstrates improvement (a change based on the assessment).

Goal R2.2: Participate in coordination of a safety oversight program.

Objective	Description	Criteria
R2.2.1	(Applying) Participates in medication safety oversight programs.	<ul style="list-style-type: none"> • Effectively addresses medication safety issues. • Effectively participates in systematic processes of root causes. • Effectively participates in a failure mode and effects analysis.

		<ul style="list-style-type: none"> Effectively participates in compiling, analyzing and communicating data and reports related to adverse drug events.
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Objective	Description	Criteria
R2.2.2	(Evaluating) Lead a root cause analysis, gap analysis, or other safety assessments based on a significant patient safety event.	<ul style="list-style-type: none"> Accurately identifies and measures a problem. Develops an effective action plan. Identifies an appropriate solution. Effectively implements the action plan. Effectively evaluates the results of the action plan.

Objective	Description	Criteria
R2.2.3	(Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.	<ul style="list-style-type: none"> Ensures quality improvement plan integrates appropriately with the organization's quality initiatives and effectively uses the organization's process for improving quality. Demonstrates understanding of current quality improvement methodologies and tools, including the applicability of each. Effectively participates in the development of a proposal for improvement of a specific area of pharmacy services, including identification of an area for improvement, addresses key stakeholders and assesses different options in the integration of the service. Outlines metrics to measure, to determine success. Evaluates metrics and analyzes results to improve the quality and/or productivity of the pharmacy.

Competency Area R3: Finance and Budgeting

Goal R3.1: Utilize productivity measurement in operational decision-making.

Objective	Description	Criteria
R3.1.1	(Analyzing) When given a productivity report, draw appropriate conclusions.	<ul style="list-style-type: none"> Locates and uses productivity reports appropriately and is able to describe and utilize the elements included correctly. Assesses information, key metrics and statistics, and explains potential conclusions. Confirms conclusions by investigating other resources to ensure making appropriate assessments. Effectively utilizes an internal and external benchmarking and productivity system to make management decisions. Compares and contrasts of internal and external benchmarking correctly. Distinguishes and provides examples of meaningful pharmacy benchmarking metrics. Applies benchmarking metrics appropriately to pharmacy patient care services. Utilizes effectively an internal and external benchmarking and productivity system to make management decisions.

Goal R3.2: Monitor and manage operating and capital budgets.

Objective	Description	Criteria
R3.2.1	(Analyzing) Participates in the operating budget process for a selected aspect of the pharmacy's activities.	<ul style="list-style-type: none"> • Includes appropriate contents in an operating budget. • Appropriately exercises the pharmacy department's responsibilities in the budget process. • Demonstrates understanding of the organization's budget cycle. • Uses an appropriate process for establishing an operating budget. • States sources of information for constructing an operating budget. • Outlines a strategy for presenting a budget to senior administration. • Demonstrates understanding of the organization's process for making new personnel requests.

Objective	Description	Criteria
R3.2.2	(Analyzing) Participate in a capital budget process for a selected aspect of the pharmacy's activities.	<ul style="list-style-type: none"> • Demonstrates understanding of appropriate contents in a capital budget. • Applies effective strategies for securing major and minor capital resources. • Demonstrates understanding of the role of return on investment (ROI) analysis in obtaining new capital requests. • Understand the relationship of the operating budget and capital budget, including depreciation expenses based on clinical equipment replacement processes.

Objective	Description	Criteria
R3.2.3	(Analyzing) Participate in the monitoring of financial performance and explanation of variances.	<ul style="list-style-type: none"> • Demonstrates understanding of how pharmacy's financial goals are developed by the organization. • Demonstrates understanding of the pharmacy's financial performance goals. • Demonstrates understanding of financial performance auditing systems. • Demonstrates understanding of pharmacy budget monitoring reports, data they contain, and their relationship to each other. • Effectively uses strategies for routine monitoring of the financial performance of a pharmacy department. • Demonstrates understanding of the importance of budget variance reporting and taking actions to correct variances.

Goal R3.3: Demonstrate understanding of the pharmacy revenue cycle and the implications for pharmacy.

Objective	Description	Criteria
R3.3.1	(Understanding) Explain the pharmacy revenue cycle and its impact on pharmacy practice.	<ul style="list-style-type: none"> • Explains the concept of payment denials and claims reconciliation and its link to pharmacy revenue cycle management. • Explains the concepts and processes of claim adjudications, retail Rx audit recovery programs, and DIR fees. • Explains the concept of payor mix and its link to pharmacy revenue cycle management. • Explains the concept of coding and its link to pharmacy revenue cycle management. • Explains the concept of price setting, the chargemaster, and its link to pharmacy revenue cycle management. • Describes the difference between gross revenues and net revenues. • Explains various strategies for maximizing revenue capture and recovery.

		<ul style="list-style-type: none"> • Describes pharmacy reimbursement, including evolving reimbursement models and implications for pharmacy.
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Goal R3.4: Develop strategies to ensure access to medication and implement cost reduction strategies.

Objective	Description	Criteria
R3.4.1	(Understanding) Demonstrates understanding of societal forces that influence rising costs for medications and the provision of pharmacy services.	<ul style="list-style-type: none"> • Understands legislative influences on costs (e.g. 340B, eligibility, program requirements). • Explain how to address disparities and ensure access to medications. • States sources of information on various patient assistance programs, including eligibility and program requirements. • Explains strategies for cost-justifying the existence of a pharmacy-run patient drug assistance program within a health-system. • Demonstrates understanding of the different components of a medications assistance program (e.g., manufacturer assistance, benefits investigations, prior authorizations, copay assistance).

Objective	Description	Criteria
R3.4.2	(Understanding) Review the process of negotiating contracts with vendors.	<ul style="list-style-type: none"> • Demonstrates understanding of the relationships between the manufacturers of medications, group purchasing organizations (GPOs), wholesalers, and pharmacy departments. • Demonstrates understanding of laws and rules related to discriminatory pricing and regulations/laws (e.g., anti-kick-back, anti-trust). • Demonstrates understanding of language in legal agreements (e.g., indemnification). • Demonstrates understanding of the concept of bundling relative to contracting. • Demonstrates understanding of the concept of, chargebacks, market share, rebates, channeling, contract rebates, cost minus, and classes of trade. • Demonstrates understanding of the typical bidding process for the purchase of pharmaceuticals. • Demonstrates understanding of the importance of effective contract analysis, impact on the organization, as well as skills related to optimization of wholesale distribution agreements. • Demonstrates understanding of methods that group purchasing organizations use to evaluate multi-source drugs and vendor bid responses.

Objective	Description	Criteria
R3.4.3	(Creating) Design and implement a cost reduction or inventory management initiative.	<ul style="list-style-type: none"> • Demonstrates understanding of the pharmacy department's role in resource utilization throughout the organization. • Summarizes the literature on the value of clinical pharmacists in managing the total cost of care. • Uses a proactive approach to monitoring drug expense. • Effectively uses strategies for minimizing the cost of pharmaceutical waste. • Identifies operational and medication-use cost reduction opportunities in the pharmacy department.

Goal R3.5: Understand advanced care delivery and payment models.

Objective	Description	Criteria
R3.5.1	(Understanding) Demonstrate understanding of advanced payment models and complex care delivery systems.	<ul style="list-style-type: none"> Understands and is able to differentiate between advanced payment models for: <ul style="list-style-type: none"> Accountable Care Organizations Integrated Delivery Network Traditional health systems Demonstrates understanding of the spectrum of payment models from Fee for Service, bundled payments, pay for performance, value-based purchasing; both shared savings/risk based and capitation reimbursement/payment mechanisms.

Objective	Description	Criteria
R3.5.2	(Analyzing) Participates in the pharmacy's role within advanced payment models.	<ul style="list-style-type: none"> Participates in the development or improvement of pharmacy-based services at the system level. Participates in meetings with payers including health insurance plans to review organizational cost and quality performance data. Leverages current pharmacy systems to address target performance measures of cost and quality. Assesses patient care and health from a comprehensive perspective instead of from a medication-only perspective. Identifies areas for quality improvement or cost savings in the delivery of primary care and medication services. Develops systems to improve provision of health care and prescription medications across the continuum of care.

Objective	Description	Criteria
R3.5.3	(Analyzing) Participate in third-party contract management activities.	<ul style="list-style-type: none"> Explains correctly the organization's structure and approach to managing third-party payer relationships and contracts. Describes appropriately the different types of third-party payer contracts used in community pharmacy practice, including payers, wholesalers, manufacturers, and pharmacy services administration organizations (PSAOs). Differentiates accurately the different types of third-party payer reimbursement mechanisms, including drug pricing, rebates, dispensing fees, and quality-based incentives and fees. Demonstrates understanding of the concept of contract exclusions and prohibitions. Assesses a new or existing third-party contract and makes appropriate recommendations for current or future contracting negotiations.

Competency Area R4: Human Resource Management

Goal R4.1: Contribute to an overall plan for the organization and staffing of the pharmacy.

Objective	Description	Criteria
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R4.1.1	(Evaluating) Determine and recommend the staff requirements that match an area of the department's scope of services.	<ul style="list-style-type: none"> Analyzes hours and days of operation when making decisions about staffing needs. Demonstrates understanding of the effect of state regulations on staffing decisions. Considers the implications (legal, operational, political) of staffing below and above the minimum in each service area of the pharmacy. Evaluate and demonstrates understanding of the elements of a staffing plan. Apply the principles and application of productivity measurement. Considers human resources management policies and employee benefits when making decisions about staffing needs. Uses appropriate methods to analyze variances between budgeted and actual personnel utilization. Recommend staffing changes to optimizes departmental staffing that remains within budget and is based on productivity statistics.
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Goal R4.2: Conduct recruitment and hiring activities.

Objective	Description	Criteria
R4.2.1	(Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.	<ul style="list-style-type: none"> Follows the organization's format for writing job descriptions. Effectively determines the duties of a specific position. Writes a job description, or revises an existing one, that meets the organization's requirements. States sources of prototype pharmacy job descriptions.

Objective	Description	Criteria
R4.2.2	(Applying) Participate in recruitment and hiring for a particular pharmacy position.	<ul style="list-style-type: none"> Demonstrates understanding of factors to consider when deciding to hire internally versus externally. Demonstrates understanding of differences in the advertising approach for a position to be filled internally versus externally. Demonstrates understanding of appropriate information in an advertisement for a pharmacy position, effective strategies for marketing the position, and follows the organization's policy regarding equal employment opportunity and affirmative action. Evaluates job candidates for interviews. Effectively uses behavioral interviewing techniques. Follows laws governing interviewing and hiring. Conducts hiring interviews that elicits information helpful for making a hiring decision. Follows the organization's and department's policies and procedures for screening and interviewing applicants. Collaborates in determining how many candidates to interview. Collaborates in determining how many times to interview an applicant. Demonstrates understanding of with whom candidates should interview. Appropriately determines what should be discussed and not discussed in an interview. Demonstrates understanding of actions to pursue when none of the candidates interviewed is acceptable.

		<ul style="list-style-type: none"> • Demonstrates understanding of how many references to require and how to check references. • Draws appropriate conclusions about an interviewee's potential fit for a position. • Demonstrates understanding of factors to consider when determining the individual's qualifications for a position.
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Goal R4.3: Participate in the departmental performance management system.

Objective	Description	Criteria
R4.3.1	(Applying) Supervise the work of pharmacy personnel.	<ul style="list-style-type: none"> • Demonstrates understanding of different roles and responsibilities. • Develops and communicates the goals of the unit or department and strategies for achieving them. • Establishes suitable goals, action plans, and timelines. • Develops and clearly explains performance expectations. • Effectively provides ongoing guidance and support to the employee. • Observes performance and provide timely and objective feedback. • Models the role for direction and development. • Evaluates work load and work patterns and reassigns as needed.

Objective	Description	Criteria
R4.3.2	(Creating) Compose and deliver an employee's performance appraisal.	<ul style="list-style-type: none"> • Defines appropriate goals in performance appraisals. • Uses effective ways to measure work against objective and subjective performance standards. • States the performance standards for a specific position and evaluates employee performance. • Uses effective methods for documenting and communicating performance standards and evaluation of performance to employees. • Gives effective feedback in the conduct of performance appraisals.

Objective	Description	Criteria
R4.3.3	(Applying) Participate in the organization's progressive discipline process or participate in a progressive discipline case or scenario, if not available.	<ul style="list-style-type: none"> • Demonstrates understanding of the components of the progressive discipline process. • Demonstrates understanding of the benefits of the progressive discipline process to the employer and the employee. • Participate in a progressive discipline process (or scenario if situation not available).

Goal R4.4: Understand how to design and implement plans for maximizing employee engagement and enhancing employee satisfaction and retention.

Objective	Description	Criteria
R4.4.1	(Understanding) Explain supportive	<ul style="list-style-type: none"> • States sources of published research on employee satisfaction and retention.

evidence and the organization's strategy regarding employee satisfaction and engagement and effective tactics for recognizing and rewarding employees.	<ul style="list-style-type: none"> • Explains the difference between the terms "employee satisfaction" and "employee engagement". • Discusses different types of rewards. • Reviews and discusses literature on motivation of employees. • Explains effective strategies for recognizing and rewarding employees. • Explains how employee wellbeing and resilience skills are related to engagement and retention.
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Goal R4.5: Understand labor and contract management principles.

Objective	Description	Criteria
R4.5.1	(Understanding) Explain laws affecting various aspects of human resources management and the role of unions in organizations, and their impact on human resources management.	<ul style="list-style-type: none"> • Explains laws affecting wages, family leave, disabilities, the Civil Rights Act, and equal employment opportunity. • Understand the role unions play within an organization and the interaction between a union and an organization. • Describe how collective bargaining agreements are created, updated, and maintained.

Competency Area R5: Leadership

Goal R5.1: Demonstrate the personal leadership qualities and commitments necessary to advance the profession of pharmacy.

Objective	Description	Criteria
R5.1.1	(Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.	<ul style="list-style-type: none"> • Demonstrates understanding of the process by which professionals pursue expertise. • Appropriately selects and uses formal self-assessment tools and demonstrates understanding of the components of an effective self-assessment process. • Uses an effective process for staying current with, arranging, and storing pertinent practice-related literature. • Identifies literature pertinent to one's area of practice. • Identifies sources of information outside of pharmacy that contain ideas and/or information that may be effectively applied to one's practice. • Summarizes positive and negative attributes of various journals and online resources pertinent to pharmacy administration. • Effectively addresses work-life balance issues and personal well-being. • Creates a personal vision statement that reflects commitment to the advancement of the profession of pharmacy. • Includes appropriate contents in a personal vision statement. • For one's own personal vision statement, define actions that would be required of one to attain the vision.

		<ul style="list-style-type: none"> • Ensure one's own vision statement is consistent with the vision of the organization.
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Goal R5.2: Demonstrate personal, interpersonal, and professional skills.

Objective	Description	Criteria
R5.2.1	(Applying) Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.	<ul style="list-style-type: none"> • Adjusts one's communications according to the level of health literacy of the patient. • Effectively manages situations in which communications are challenging, including the use of active listening. • Effectively applies skills in cultural competence. • Effectively uses communication strategies that are appropriate for patients who are non-English speakers or who are impaired. • Appropriately modifies communication strategies to accommodate an individual's personal characteristics. • Appropriately adjusts one's communications for the specific category of health professional (e.g., nurses, physicians, respiratory therapist, etc.).

Objective	Description	Criteria
R5.2.2	(Applying) Demonstrate respect for differences of opinion.	<ul style="list-style-type: none"> • Includes people with differing opinions in organizational and departmental planning. • Explains the importance of being open to differences of opinion. • Effectively uses strategies for listening to people who have different opinions.

Objective	Description	Criteria
R5.2.3	(Applying) Demonstrate enthusiasm and passion for the profession of pharmacy.	<ul style="list-style-type: none"> • Exude enthusiasm in discussions and interest in profession and learning. • Participate in professional opportunities that allow passion turned into action (e.g. lobbying, state and national committees, pharmacy student education and development, etc.). • Engages in positive discussions with external customers on the opportunities and strength of pharmacy. • Establishes sustained active participation in relevant professional associations. • Establishes an effective professional network. • Advocates for the pharmacy profession by effectively communicating its value to others.

Objective	Description	Criteria
R5.2.4	(Applying) Demonstrate ability to manage, prioritize, and execute on assigned responsibilities and tasks.	<ul style="list-style-type: none"> • Effectively uses verbal techniques that enhance listening to others. • Uses time management skills effectively. • Effectively avoids procrastination. • Accurately describe and assess the use of various leadership styles and emotional intelligence in oneself and others. • Effectively lead committees, including the conduct of meetings. • Makes effective management decisions that align with the organization's goals and priorities. • Demonstrate effective delegation strategies.

		<ul style="list-style-type: none"> • Manage around others timelines
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Objective	Description	Criteria
R5.2.5	(Applying) Evidence integrity in professional relationships and actions.	<ul style="list-style-type: none"> • Demonstrates understanding of ethical dilemmas that may confront the pharmacy leader. • Demonstrates understanding of processes of ethical reasoning. • Demonstrates understanding of ethical principles embodied in the American Pharmacists Association Code of Ethics for Pharmacists. • Effectively uses ethical reasoning (e.g., consequentialist or non-consequentialist) in arriving at a particular ethical decision.

Goal R5.3: Demonstrate business skills required to advance the practice of pharmacy.

Objective	Description	Criteria
R5.3.1	(Applying) Communicates effectively orally and in writing.	<ul style="list-style-type: none"> • When speaking, speaks clearly and distinctly in grammatically correct English. • When writing, uses correct English grammar, punctuation, spelling, and style. • Communicates at the level of complexity appropriate for the intended audience. • Communicates effectively with a wide range of audiences.

Objective	Description	Criteria
R5.3.2	(Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.	<ul style="list-style-type: none"> • Accurately identifies unmet customer (i.e., patient, physicians, and other health care providers) needs. • Uses the organization's desired format for a proposal for a new or enhanced pharmacy service. • Demonstrates understanding of the components of a new service (e.g., disease state management program). • Demonstrates understanding of the role of other healthcare providers in meeting the needs of patients involved in a new service (e.g., disease state management programs). • Identifies the stakeholders for a specific proposal. • Uses modeling to predict the financial outcome(s) of implementing a proposed new or enhanced service on meeting unmet customer needs. • Accurately predicts system and human resource needs for developing and implementing a new or enhanced service. • Accurately predicts the outcome(s) for patients of implementing a new or enhanced service. • Effectively uses pharmacy databases when developing a new service (e.g., disease state management programs). • Demonstrates understanding of why and how potential shifts in market share should be factored into decisions on the marketability of a service. • Justifies new services using return on investment (ROI) analyses. • Effectively prepares an ROI template. • Effectively uses the steps in calculating a ROI. • Calculates a break-even point. • Effectively determines net present value (NPV). • Effectively determines the internal rate of return (IRR).

Objective	Description	Criteria
R5.3.3	(Applying) Use effective conflict management skills.	<ul style="list-style-type: none"> • Demonstrates understanding of how negotiation skills are employed in human resource management situations. • Effectively uses negotiation techniques in contract negotiations. • Employ established tools for conflict management including crucial conversations, crisis management, active listening skills, emotional intelligence, facilitation, and reflection. • Participate in conflict management situation maintaining respect and confidence of parties involved.

Goal R5.4: Demonstrate political skills and organizational credibility.

Objective	Description	Criteria
R5.4.1	(Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.	<ul style="list-style-type: none"> • Demonstrates understanding of the potential contributions to the achievement of a safe and effective medication-use system. • Represent the pharmacy perspective on an interdisciplinary team, participating in the redesign of a selected aspect of the organization's medication-use system.

Objective	Description	Criteria
R5.4.2	(Analyzing) When developing a program with multiple stakeholders and/or when confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.	<ul style="list-style-type: none"> • Demonstrates understanding of the organizational structure including the function of each of its departments and key individuals. • Engage key stakeholders at all levels of the organization to ensure alignment and to establish a sustainable accountability structure. • Effectively uses networking skills in barrier removal. • Identifies key stakeholders of a given project. • Uses effective skills in persuasion when appropriate. • Demonstrates understanding of the types of persuasive arguments that are potentially effective with external customers, pharmacists, health care providers, health-system executives, and decision-makers. • Identifies formal and informal medical staff leaders and how they can help achieve a goal.

Objective	Description	Criteria
R5.4.3	(Applying) Determine senior administrator (e.g., CEO, COO, CFO, president, vice	<ul style="list-style-type: none"> • Identifies sources of information that can be used to determine administrator expectations. • Uses effective relationship-building strategies to maximize success in working with senior leadership.

	president) expectations of the pharmacy's leaders.	
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Objective	Description	Criteria
R5.4.4	(Applying) Present to an appropriate audience an explanation of the role and importance of pharmacist active engagement and advocacy in the political and legislative process.	<ul style="list-style-type: none"> • Demonstrates understanding of current national, regional, and local health care policy issues. • Advocate for the organization as it relates to the organization's strategic vision. • Mentor others to engage in the legislative process. • Actively advocates for professional challenges in legislative arenas.

Goal R5.5: Demonstrate ability to conduct a quality improvement or research project.

Objective	Description	Criteria
R5.5.1	(Analyzing) Identify and/or demonstrate understanding of a specific project topic related to a quality improvement, healthcare pharmacy administration, or a topic for advancing the pharmacy profession.	<ul style="list-style-type: none"> • Appropriately identifies or understands problems and opportunities for improvement or research projects. • Conducts a comprehensive literature search and draws appropriate conclusions. • Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame. • Uses best practices or evidence-based principles to identify opportunities for improvements. • Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective	Description	Criteria
R5.5.2	(Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.	<ul style="list-style-type: none"> • Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s). • Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately. • Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders. • Applies evidence-based and/or basic pharmacoeconomic principles, if needed. • Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.

		<ul style="list-style-type: none"> Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project. Acts in accordance with the ethics of research on human subjects, if applicable. Implements the project as specified in its design. Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.
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Objective	Description	Criteria
R5.5.3	(Evaluating) Collect and evaluate data for a practice quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.	<ul style="list-style-type: none"> Collects the appropriate types of data as required by project design. Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable. Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis. Develops and follows an appropriate research or project timeline. Correctly identifies need for additional modifications or changes to the project. Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate. Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable. Considers the impact of the limitations of the project or research design on the interpretation of results. Accurately and appropriately develops plans to address opportunities for additional changes.

Objective	Description	Criteria
R5.5.4	(Applying) Implement a quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.	<ul style="list-style-type: none"> Plan is based on appropriate data. Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience. Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders. Gains necessary commitment and approval for implementation. Follows established timeline and milestones. Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties. Outcome of change is evaluated accurately and fully.

Objective	Description	Criteria
R5.5.5	(Evaluating) Assess changes, or need to make changes, based on the project.	<ul style="list-style-type: none"> Evaluate data and/or outcome of project accurately and fully. Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.

		<ul style="list-style-type: none"> • Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable. • Correctly identifies need for additional modifications or changes based on outcome. • Accurately assesses the impact of the project, including its sustainability, if applicable. • Accurately and appropriately develops plans to address opportunities for additional changes.
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Objective	Description	Criteria
R5.5.6	(Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).	<ul style="list-style-type: none"> • Outcome of change is reported accurately to appropriate stakeholder(s) and policy-making bodies according to departmental or organizational processes. • Report includes implications for changes to or improvement in pharmacy practice. • Report uses an accepted manuscript style suitable for publication in professional literature. • Oral presentations to appropriate audiences within the department and organization, or to external audiences, use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Goal R5.6: Lead a designated area or program within pharmacy services.

Objective	Description	Criteria
R5.6.1	(Applying) Perform management functions for a designated area or program within pharmacy services (e.g., prior authorization team, IV room, internal audit function, distribution system, dispensing pharmacy, patient care services).	<ul style="list-style-type: none"> • Demonstrates understanding of the principle of span of control and how it affects the achievement of the pharmacy mission. • Demonstrates understanding of the principles of empowerment and delegation and how they affect the achievement of goals in organizations. • Uses appropriate available data in making management decisions. • Use appropriate management skills to function effectively as a manager of a designated pharmacy service area.

Competency Area R6: Community Partnerships

Goal R6.1: Develop impactful community partnerships.

Objective	Description	Criteria
R6.1.1	(Understanding) Understand how the organization creates	<ul style="list-style-type: none"> • Explains how the organization evaluates community partnerships for collaboration opportunities that align with the mission, vision, and strategic plan of the organization.

	community partnerships to impact public health.	<ul style="list-style-type: none"> • Identifies appropriately a community partner or partners to collaborate with your organization. • Explains how the organization makes an appropriate decision(s) about next steps for continuing or modifying existing collaborations.
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Objective	Description	Criteria
R6.1.2	(Creating) Participate in the implementation of a public health initiative with community partner(s).	<ul style="list-style-type: none"> • Completes a needs assessment to identify an appropriate public health initiative in which the organization will participate. • Collaborates and leads effectively and appropriately with the community partner to implement the public health initiative. • Manages effectively a public health initiative or event. • Evaluates appropriately the impact of the public health initiative.

Resident Checklist for Completed Tasks
Penobscot Community Health Care
PGY2 Community-Based Pharmacy Administration and Leadership Residency
Annual Residency Requirements

Orientation Rotation	Date Completed
Professional Involvement and Service Activities form	
All topic discussion materials created	
Proposals for QI project and business plan	
Professional Development Plan/1 st quarterly Resident Development Plan	
Gap analysis	

Clinical and Operational Management I	Date Completed
Reflections from topic discussions on medication disposal, controlled substance management, and policy review	
Proposal for population health project	
All topic discussion materials	

Clinical and Operational Management II	Date Completed
Proposal for change within the pharmacy	
Written evaluation of the outcome of the project	

Quality, Safety and Process Improvement I	Date Completed
Reflections from each PCC meeting attended with assessment of incident trends as they relate to current pharmacy workflows	

Quality, Safety and Process Improvement II	Date Completed
Customer Service Survey and written evaluation of survey outcomes	
De-identified root cause analyses	
Completed policy and written evaluation of the effectiveness and impact of the policy	

Finance and Budgeting I	Date Completed
All topic discussion materials	
All budget variance analysis	
Resident's contribution to the developing of the Pharmacy Department's budget for the following fiscal year	
Proposal for how to improve star rating report at one in-house pharmacy	

Finance and Budgeting II	Date Completed
All topic discussion materials	
Proposal for cost reduction initiative	
Evaluation of cost reduction initiative, including limitations and required future actions if needed	

Human Resource Management I	Date Completed
Proposal for staffing level	
All topic discussion materials	
At least 1 reflection for a time a law/regulation needed to be used to resolve a human resource issue	

Human Resource Management II	Date Completed
Job description written/revised	
Documentation of employee's appraisal	
A reflection for each of the following: <ul style="list-style-type: none"> • A time the resident was exposed to the discipline process for a pharmacy employee • A time the resident had to use conflict management skills to resolve a personnel issue • A time the resident participated in a hiring process 	

Leadership I	Date Completed
Communication CE presentation	
Position paper	
Documentation of involvement in local and national pharmacy organizations (reflections, projects completed, meeting minutes, etc.)	
Proposal for business plan	
Presentation on pharmacist engagement and advocacy	

Leadership II	Date Completed
Reflections/Evaluations for all projects completed on this rotation	
A deliverable product was created as a result of resident involvement in pharmacy organization, if any	
The 340B audit performed, including findings and follow-up plans	

Research Project I	Date Completed
Final version of plan or protocol for QI project, include any potential barriers to adhere to the protocol for the QI project	
Written assessment for any needs to change for the QI project at the rotation's mid-point	

MidYear poster	
New or revised protocol created related to the medication-use process	

Research Project II	Date Completed
Project findings presentation	
Project manuscript	

Residency Standards	Date Completed
Completion of all PGY1 requirements prior to starting the PGY2 portion	
Quarterly Resident Development Plan	
Closing Interview	
End of year self-reflection	
Completion of all PharmAcademic obligations	
520 hours as independent pharmacist in the community pharmacies	
Assessment of "Achieved" for at least 75% the required objectives of the residency program	
No objective is marked as "Needs Improvement"	
Attend all meetings required by the RPD	

Resident:

Residency Director:

Date Completed:

This form documents resident completion of required residency tasks. The resident is responsible for documenting all completed tasks within the residency year on this form. Once completed, the resident and RPD will review and sign the form. A scanned in copy will be attached to the resident's evaluation materials on PharmAcademic.