





Step 1c: Select Program Goals to Achieve Desired Program Outcomes

PGY1 Community Required Outcomes & Goals – All are required in design

Purpose (Product): Liberty University Community Pharmacy Residency Program will focus on training residency graduates equipped to take a clinical pharmacist position developing advanced patient care services. Residents trained through this program will be prepared to: provide evidence-based, patient-centered patient care and collaborate with other health care providers to optimize patient care, exercise practice management and leadership skills, provide medication and practice-related information, education, and/or training, demonstrate project management skills, manage and improve the medication use process, and utilize medical informatics.			
Outcomes	Goal	Goal Description	
Required			
R1 - Manage and improve the medication use process	R1.1	Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system	✓
	R1.2	Identify, design and implement quality improvement changes to the organizations medication-use system	✓
	R1.3	Prepare and dispense medications following existing standards of practice and the organization's policies and procedures	✓
R2 - Provide evidence based, patient centered care and collaborate with other healthcare professionals to optimize patient care	R2.1	Establish collaborative professional relationships with other healthcare professionals involved in the care of patients	✓
	R2.2	Establish collaborative pharmacist-patient relationships	✓
	R2.3	Collect and analyze patient information to identify medication or non-medication related problems	✓
	R2.4	Design comprehensive evidence-based medication or non-medication health improvement, wellness, and/or disease prevention regimens for patients	✓
	R2.5	Design evidence based monitoring plans for patients	✓
	R2.6	Design patient education for a patient's regimen and monitoring plan	✓
	R2.7	Recommend or communicate regimens and monitoring plans for patients	✓
	R2.8	Implement regimens, monitoring plans and provide patient education for patients	✓
	R2.9	Evaluate patients' progress and redesign regimens and monitoring plans	✓
	R2.10	Communicate ongoing patient information to other healthcare professionals	✓
	R2.11	Document patient care activities appropriately	✓

PGY1 Community Required Outcomes & Goals – continued

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Outcomes Required	Goal	Goal Description	
R3 - Exercise leadership and practice management	R3.1	Exercise leadership and practice management skills	
	R3.2	Exhibit practice leadership in organizational and management activities	
	R3.3	Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service	
R4 - Demonstrate project management skills	R4.1	Conduct a practice-related project using effective project management skills	
R5 - Provide practice-related information, education, and/or training	R5.1	Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists and the public	
	R5.2	Provide concise, applicable, comprehensive, evidence-based and timely responses to requests for drug information from health care providers and from patients	
R6 - Utilize medical informatics	R6.1	Use information technology to make decisions and reduce error	

PGY1 Community Elective Outcomes & Goals – Additional (Optional)

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Outcomes	Goal	Goal Description
Elective		
E1 - Provide public health programs to the community that center on health improvement, wellness and disease prevention	E1.1	Design and deliver education programs to the community that center on health improvement, wellness and disease prevention (<i>Decided to include this Goal under Outcome R2</i>)
	E1.2	Design and deliver intervention programs to the community that center on health improvement, wellness, and disease prevention
E2 - Participate in the planning for and/or management of a medical and public health emergencies	E2.1	Participate in the planning and implementation of plans for medication emergencies
E3 - Conduct pharmacy practice research	E3.1	Design, execute and report results of investigations of pharmacy practice-related issues
	E3.2	Participate in clinical, humanistic and economic outcomes analysis

PGY1 Community Elective Outcomes & Goals – continued

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Outcomes	Goal	Goal Description
Elective		
E4 - Exercise additional leadership and practice management skills	E4.1	Understand the pharmacy procurement system
	E4.2	Understand the use and management of investigational drug products
	E4.3	Understand the principles of a systematic approach to staff development
	E4.4	Resolve conflicts through negotiation
	E4.5	Participate in the management of the organization's human resources
	E4.6	Contribute to the pharmacy's approach to customer service
	E4.7	Balance obligations to oneself, relationships and work in a way that minimizes stress
	E4.8	Participate in the community residency accreditation process
	E4.9	Maintain the appearance of a professional
E5 - Demonstrate knowledge and skills for successful community practice and interface with the managed care or self-insured employer environment	E5.1	Maintain confidentiality of patient and proprietary business information
	E5.2	Understand the interrelationship of the pharmacy benefit management
	E5.3	Understand marketing strategies for establishing the pharmacy as the provider of evidence-based medication therapy management for plan patients

PGY1 Community Elective Outcomes & Goals – continued

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Outcomes	Goal	Goal Description				
Elective						
E6 - Demonstrate skills required to function in an academic setting	E6.1	Understand faculty roles and responsibilities				
	E6.2	Exercise teaching skills essential to pharmacy school faculty				
E7- Create a community pharmacy drug information library	E7.1	Identify a core library for use by community pharmacy patients that includes electronic media				
	E7.2	Identify a core library for use by the pharmacy's health professionals				
E8 - Participate in the organization's formulary management process	E8.1	Participation in the implementation and maintenance of formularies				
E9 -Demonstrate knowledge and skills particular to generalist practice in the home care practice environment	E9.1	Understand the scope of services that might be provided in a typical home care practice				
	E9.2	Determine the suitability for individual patients for home care				
	E9.3	Understand unique aspects of providing evidence-based, patient-centered medication therapy management with interdisciplinary teams in the home care environment				
	E9.4	Understand the unique aspects of preparing and dispensing medications for home care patients				
	E9.5	Understand unique aspects of participating in the management of medical emergencies occurring in the home care environment				
	E9.6	manage the use, maintenance, and troubleshooting of medication administration equipment and medication related equipment and medication-related equipment used in the management of home care patients				
	E9.7	Understand the appropriate relationship between the home care pharmacist and home care suppliers				
	E9.8	Appreciate the complexity of the financial environment of home care				
	E9.9	Conduct ethical information and marketing visits to payers, potential referral sources, and patients of the home care				

Step 2: Establish Program Structure

Critical elements required for structure:

- Adequate pharmacist role models for residents who practice routinely in the area for which they precept.
- Preceptors that have committed to teaching/precepting learning experiences
- Adequate practice model

Step 2a: Weight the Program Outcomes (% of resident's time on each outcome)

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Outcome	Outcome %	Goals	
R1 - Manage Med Use Process	10%	R1.1, R1.2, R1.3	
R2 - Evidence-based Pt Care	45%	R2.1, R2.2, R2.3, R2.4, R2.5, R2.6, R2.7, R2.8, R2.9, R2.10, R2.11, R2.12 (old E1.1)	
R3 - Leadership - Management	25%	R3.1, R3.2, R3.3	
R4- Project Management	10%	R4.1	
R5- Provide practice related info/education	10%	R5.1, R5.2	
R6 - Utilize Medical Informatics	5%	R6.1	

Step 2b: List the different learning experiences to be offered and the type/duration & Step 2c: Assign learning experiences




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Outcome	Outcome %	GOAL	Learning Experience #1 <u>Orientation</u> Type/Duration <u>Concentrated</u> Time: 1 st 3 wks of July	Learning Experience #2 <u>Pt Care in Pharmacy</u> Type/Duration <u>longitudinal</u> Time:12 hr/wk	Learning Experience #3 <u>MD Office</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk	Learning Experience #4 <u>Management</u> Type/Duration <u>longitudinal</u> Time: 8 hrs new service/4 other- wk	Learning Experience #5 <u>Project</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk	Learning Experience #6 <u>Teaching at College</u> Type/Duration <u>concentrated</u> Time: 4 OTC course -1 st , 3 therapeutics	Learning Experience #7 <u>Pharmacy Teaching</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk	Learning Experience #8 <u>Distribution/Staff</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk
R1 - Manage Med Use	10%	R1.1, R1.2, R1.3								
R2 - Evidence-based Pt Care	45%	R2.1, R2.2, R2.3, R2.4, R2.5, R2.6, R2.7, R2.8, R2.9, R2.10, R2.11, R2.12		X	X					
R3 –Leadership & Management	25%	R3.1, R3.2, R3.3				X				
R4- Project Management	10%	R4.1					X			
R5- Provide practice related info/education	10%	R5.1, R5.2						X	X	
R6 - Utilize Medical Informatics	5%	R6.1	X							

Step 3 Assign Goals & Objectives to Specific Learning Experiences

OUTCOME	Outcome %	Goal Description	Learning Experience #1	Learning Experience #2	Learning Experience #3	Learning Experience #4	Learning Experience #5	Learning Experience #6	Learning Experience #7	Learning Experience #8	
			<u>Orientation</u> Type/Duration <u>Rotational</u> Time: 1 st 3 wks of July	<u>Pt Care in Pharmacy</u> Type/Duration <u>longitudinal</u> Time:12 hr/wk	<u>MD Office</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk	<u>Management</u> Type/Duration longitudinal Time: 8 hrs new service/4 other- wk	<u>Project</u> Type/Duration longitudinal Time: 4 hr/wk	<u>Teaching at College</u> Type/Duration Rotational Time: 4 OTC course -1 st , 3 therapeutics	<u>Pharmacy Teaching</u> Type/Duration longitudinal Time: 4 hr/wk	<u>Distribution/Staff</u> Type/Duration longitudinal Time: 4 hr/wk	
R1 - Manage & improve the med use process	100%	R1.1 Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system									
		R1.2 Identify, design and implement quality improvement changes to the organizations medication-use system									
		R1.3 Prepare and dispense medications following existing standards of practice and the organization's policies and procedures									

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		Goal I	Goal Description	Learning Experience #1 <u>Orientation</u> Type/Duration <u>Rotational</u> Time: 1 st 3 wks of July	Learning Experience #2 <u>Pt Care in</u> <u>Pharmacy</u> Type/Duration <u>longitudinal</u> Time:12 hr/wk	Learning Experience #3 <u>MD Office</u> Type/Duration <u>Rotational</u> Time: 4 hr/wk	Learning Experience #4 <u>Management</u> Type/Duration longitudinal Time: 8 hrs new service/4 other- wk	Learning Experience #5 <u>Project</u> Type/Duration longitudinal Time: 4 hr/wk	Learning Experience #6 <u>Teaching at</u> <u>College</u> Type/Duration Rotational Time: 4 OTC course -1 st , 3 therapeutics	Learning Experience #7 <u>Pharmacy</u> <u>Teaching</u> Type/Duration longitudinal Time: 4 hr/wk	Learning Experience #8 <u>Distribution/Staff</u> Type/Duration longitudinal Time: 4 hr/wk
R2 - Provide evidence based, patient centered care and collaborate with other healthcare professionals to optimize patient care	35%	R2.1	Establish collaborative professional relationships with other healthcare professionals involved in the care of patients								
		R2.2	Establish collaborative pharmacist-patient relationships								
		R2.3	Collect and analyze patient information to identify medication or non-medication related problems								

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OUTCOME	Outcome %	Goal	Goal Description	Learning Experience #1 <u>Orientation</u> Type/Duration Rotational Time: 1 st 3 wks of July	Learning Experience #2 <u>Pt Care in Pharmacy</u> Type/Duration <u>longitudinal</u> Time:12 hr/wk	Learning Experience #3 <u>MD Office</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk	Learning Experience #4 <u>Management</u> Type/Duration longitudinal Time: 8 hrs new service/4 other- wk	Learning Experience #5 <u>Project</u> Type/Duration longitudinal Time: 4 hr/wk	Learning Experience #6 <u>Teaching at College</u> Type/Duration Rotational Time: 4 OTC course -1 st , 3 therapeutics	Learning Experience #7 <u>Pharmacy Teaching</u> Type/Duration longitudinal Time: 4 hr/wk	Learning Experience #8 <u>Distribution/Staff</u> Type/Duration longitudinal Time: 4 hr/wk
R2 - Provide evidence based, patient centered care and collaborate with other healthcare professionals to optimize patient care	35%	R2.4	Design comprehensive evidence-based medication or non-medication health improvement, wellness, and/or disease prevention regimens for patients								
		R2.5	Design evidence based monitoring plans for patients								
		R2.6	Design patient education for a patient's regimen and monitoring plan								
		R2.7	Recommend or communicate regimens and monitoring plans for pts								

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				<u>Orientation</u> Type/Duration <u>Rotational</u> Time: 1 st 3 wks of July	<u>Pt Care in Pharmacy</u> Type/Duration <u>longitudinal</u> Time:12 hr/wk	<u>MD Office</u> Type/Duration <u>longitudinal</u> Time: 4 hr/wk	<u>Management</u> Type/Duration longitudinal Time: 8 hrs new service/4 other- wk	<u>Project</u> Type/Duration longitudinal Time: 4 hr/wk	<u>Teaching at College</u> Type/Duration Rotational Time: 4 OTC course -1 st , 3 therapeutics	<u>Pharmacy Teaching</u> Type/Duration longitudinal Time: 4 hr/wk	<u>Distribution/Staff</u> Type/Duration longitudinal Time: 4 hr/wk
R2 - Provide evidence based, patient centered care and collaborate with other healthcare professionals to optimize patient care	45%	R2.8	Implement regimens, monitoring plans and provide patient education for patients		X						
		R2.9	Evaluate patients' progress and redesign regimens and monitoring plans		X	X					
		R2.10	Communicate ongoing patient information to other healthcare professionals		X	X					
		R2.11	Document patient care activities appropriately		X	X					
		R2.12	Design/Deliver Education on Health Improvement		X	X					

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R3 - Exercise leadership and practice management	25 %	R3.1	Exercise leadership and practice management skills				X				
		R3.2	Exhibit practice leadership in organizational and management activities				X				
		R3.3	Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service				X				
R4- Demonstrate project management skills		R4.1	Conduct a practice-related project using effective project management skills					X			

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R5- Provide practice-related information, education, and/or training	10 %	R5.1	Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists and the public								
		R5.2	Provide concise, applicable, comprehensive, evidence-based and timely responses to requests for drug information from health care providers and from patients								
R6 - Utilize medical informatics	5 %	R6.1	Use information technology to make decisions & reduce error								

Step 4: Define Each Learning Experience

The team used a worksheet as displayed on the following page to define each learning experience. An example of one of their worksheets for the Outcome R3 – Leadership and Management is provided.

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Outcome	Outcome %	GOALS	<p>Learning Experience # 4 : Management Type/Duration: Longitudinal Time: 1.5 days per week (8 hours new business plan/4 other management activities)</p>
			<p>Description: The management learning experience is a longitudinal experience that spans the residency year. The resident will spend approximately 1.5 days per week working on various management aspects within the pharmacy, including significant emphasis on contributing the development, implementation, and evaluation of a new service or enhancements to an existing service. The resident will participate in the global planning activities with John Banks, the pharmacy owner and will serve on a committee for the state pharmacy association.</p>
			<p>Learning Activities (list):</p> <ul style="list-style-type: none"> • Read assigned articles on health policy issues. • Serve on a committee for the state pharmacy association and attend one state and one national pharmacy association meeting. • Participate in monthly management team meetings and lead two staff meetings. • Read assigned articles on supervisory principles and by 2nd quarter, assume responsibility for technical staff during assigned service hours. • Review policies and procedures manuals for regulatory compliance and make appropriate updates. • Identify and advocate for a new pharmacy service program or an enhancement to an existing program within the pharmacy. • Create a business plan for the service identified above and identify appropriate marketing, fee structures, and evaluation methods for this service. • Perform a financial analysis of the pharmacy’s diabetes service to determine appropriate payment mechanisms and fees. • Visit two pharmacies providing diabetes services to learn about their service design and provision.
			<p>Preceptor interaction (describe) Preceptor – Colletta Santos</p> <ul style="list-style-type: none"> • Daily interaction in the pharmacy • Weekly meeting on Friday morning from 9-10 am
			<p>Assessment strategy (describe) ResiTrak will be used for documentation of formal evaluations. For formative evaluations, resident will perform the activity appropriate to the snapshot with the preceptor. Resident will then independently complete the snapshot and discuss with the preceptor. This discussion will provide feedback both on their performance of the activity and the accuracy of the self-assessment.</p> <ul style="list-style-type: none"> • Snapshot Obj. R3.1.5 will be completed during week 6 of the first quarter. • Snapshot Obj. R3.1.1 will be completed during week 6 of the third quarter.
			<p>GOALS: R3.1, R3.2, R3.3</p>
R3- Leadership/Management	25%		

Step 5: Design Program Assessment Strategy, Design Assessment Strategy for Each Learning Experience, and Design Evaluation Tools

Liberty University Community Pharmacy Residency Program Program Assessment Strategy Details

Preceptor Evaluation of Resident's Attainment of Goals and Objectives

- Quarterly summative evaluation forms will be prepared for each learning experience with those goals designated for formal evaluation entered in the first section of the quarterly summative evaluation form and those to be taught but not evaluated unless there is a problem entered into the second section of the form. Goal R3.1 will be taught and monitored but not formally evaluated unless necessary. All other program goals will be formally evaluated.
- The orientation learning experience quarterly summative evaluation form will be prepared in advance of resident arrival -- no later than July 1.
- Quarterly summative evaluation forms for the remaining five learning experiences for the first quarter will be prepared after meeting with the resident and making any fine-tuning to the program's goals to meet the resident's special needs.
- Second quarter quarterly summative evaluation forms for the five learning experiences will be prepared after the 1st quarter evaluation meeting and will incorporate any needed changes to the resident's program. Same for 3rd and 4th quarter forms.
- Preceptors may choose to use snapshots as they determine them to be of use. Snapshots that are used may be attached to quarterly summative evaluations if the preceptor judges that they will be of help to the resident or to other preceptors in illustrating achievement or non achievement of criteria.
- Each preceptor will complete his/her quarterly summative evaluation form no later than three days before the end of the quarter and will assure that the program director, all other preceptors, and the resident receive a copy of the completed form no later than one full day before the scheduled quarterly evaluation meeting.
- Check ratings for each goal should be accompanied by narrative commentary following the specific objectives associated with that goal that explain the resident's performance related to the criteria for competent performance of that goal. Listing of learning activities engaged in to accomplish the objective (i.e., "managed five patients with diabetes") will not meet the criteria of acceptable narrative commentary.
- The preceptor will sign and date the quarterly summative evaluation form at the time of completing it.

Resident's Self-Evaluation of Attainment of Goals and Objectives

- Each learning experience preceptor will determine for his or her learning experience a minimum of one snapshot to be completed by the resident.

- Determination of which snapshots to be used for the first quarter will be determined following the resident’s entry into the program and decisions for customization of the resident’s program are made. Subsequent decisions on which snapshots will be used will be made following each quarterly evaluation meeting in order to assist resident focus on areas of particular learning challenge.
- Each preceptor will establish a schedule for the quarter indicating when each of the snapshots is to be completed and given to the preceptor for review followed immediately by a discussion between the preceptor and resident comparing the resident’s evaluation of criteria achievement with that of the preceptor.
- The resident will sign and date each snapshot at the time of completion.
- The preceptor will be required to have directly observed himself or herself the process or product being rated by the resident. The preceptor may choose also to fill out the snapshot in order to have written instruments to compare. If not, the preceptor’s comments during follow-on discussion must still focus on the criteria and the rating the preceptor would have assigned had he or she filled out the checklist.
- The preceptor will maintain a file of snapshots completed.
- The resident will complete the same quarterly summative evaluation form for each of the learning experiences as completed by the preceptor. The forms will be completed independent of discussion with the preceptor. The resident will complete the forms no later than three days before the end of the quarter and assure that the program director and all preceptors receive a copy of the completed form no later than one full day before the scheduled quarterly evaluation meeting.
- Check ratings for each goal should be accompanied by narrative commentary following the specific objectives associated with that goal that explain the resident’s performance related to the criteria for competent performance of that goal. Listing of learning activities engaged in to accomplish the objective (i.e., “managed five patients with diabetes”) will not meet the criteria for acceptable narrative commentary.
- The resident will sign and date the quarterly summative evaluation form at the time of completing it.

Resident’s Evaluation of the Preceptor and Learning Experience

- The program director will supply the resident with one copy of the form for preceptor and learning experience evaluation for each of the quarter’s learning experiences at the beginning of each quarter. This will be the form supplied in *The RLS Model for Community Practice Residencies*.
- The resident will complete an evaluation form for each learning experience. The resident will complete forms no later than three days before the end of the quarter and assure that the program director receives a copy of the completed form no later than one full day before the scheduled quarterly evaluation meeting.
- The program director will determine further use of the information provided regarding individual preceptor performance and the quality of the learning experience.

Quarterly Evaluation Meetings

- The program director will schedule 4 quarterly meetings and arrange meeting rooms.
- The program director will remind all preceptors and residents one week prior to the quarterly evaluation meeting of date, time, and place of meeting.
- Adjustments to training focus identified at quarterly meetings will be reflected in the resident's schedule and in the next quarter's summative evaluation forms. The new schedule and forms will be completed within one week following the quarterly evaluation meeting.

Liberty University Community Pharmacy Residency Program
Program Assessment Strategy Summary

EVALUATION CATEGORY	TOOLS	INDIVIDUAL COMPLETING	SUBMISSION DATE	SUBMIT TO	NOTES
Preceptor Evaluation of Resident's Attainment of Goals & Objectives	Quarterly summative evaluation forms for each learning experience	Preceptor for each learning experience	September 29 December 30 March 30 June 29	Program Director All other preceptors Resident	<ul style="list-style-type: none"> ▪ Orientation form submitted by resident prior to arrival. ▪ 1st quarter forms prepared after customization ▪ Remaining quarter forms prepared following quarterly meetings
	Selected snapshots (optional)	Preceptor for each learning experience	Accompany quarterly eval. form submission (optional)		Selection and use at total discretion of preceptor
Resident's Self-Evaluation of Attainment of Goals and Objectives	Selected snapshots (min. of 1 per learning experience)	Resident	Schedule provided by preceptor for each learning experience	Preceptor for relevant learning experience	Preceptor does not fill out corresponding snapshots, but observes performance by resident.
	Quarterly summative eval. forms for each learning experience	Resident	September 29 December 30 March 30 June 29	Program Director All preceptors	
Resident's Evaluation of the Preceptor and Learning Experience	Preceptor and learning experience eval. form for each learning experience	Resident	September 29 December 30 March 30 June 29	Program Director	

Liberty University Community Pharmacy Residency Program
Management Learning Experience
Assessment Strategy – 1st Quarter
Quarterly Summative Evaluation Form – See attached

A. Goals and objectives for formal evaluation:

Goal R3.1 Exhibit essential personal skills of a practice leader.

- Objective R3.1.1
- Objective R3.1.2
- Objective R3.1.3
- Objective R3.1.4
- Objective R3.1.5
- Objective R3.1.6

Goal R3.2: Exhibit practice leadership in organizational and management activities.

- Objective R3.2.1
- Objective R3.2.2
- Objective R3.2.3
- Objective R3.2.4
- Objective R3.2.5
- Objective R3.2.6
- Objective R3.2.7

Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.

- Objective R3.3.1
- Objective R3.3.2
- Objective R3.3.2
- Objective R3.3.3
- Objective R3.3.4
- Objective R3.3.5
- Objective R3.3.6
- Objective R3.3.7
- Objective R3.3.8

B. Goals to be taught and monitored:

None

Snapshot(s) for Resident Self-Evaluation:
Objective R3.1.1, Objective R3.1.5

QUARTERLY SUMMATIVE EVALUATION

MANAGEMENT

Resident: _____

Date Completed: _____

Preceptor: Colletta Santos

Time Period of Learning Experience: 1st quarter

- *This form documents resident attainment of educational goal areas formally taught and scheduled in the program's assessment strategy for assessment during this learning experience. Evaluation of goal mastery is based on preceptor judgment of resident performance on the associated educational objectives listed below each goal. When used for resident-self assessments, the judgments rendered will be the resident's judgment of his or her performance.*
- *The Standard requires that each of the required goals and associated objectives must be evaluated at least once during the residency program. Programs are encouraged to evaluate any elective educational goals and associated objectives selected for the program, but are not required to do so by the Standard.*
- *This form provides for three categories of goals for evaluation. 1) Standard-required educational goals that have been designated to be taught and evaluated during this learning experience. 2) Elective program goals designated to be taught and evaluated during this learning experience. 3) Required or elective goals designated for teaching but not evaluation during this learning experience. If required goals are placed in this section of the evaluation form, they must be scheduled for evaluation in some other learning experience during the residency.*
- *The preceptor will provide a narrative commentary for each educational goal that is based on current resident performance level and reflects the aggregate resident activity during the learning experience. NI, SP, or ACH entered opposite the goal statement in the rating column for categories 1 and 2 indicates the level of resident achievement at the end of the learning experience.*

Key: NI = Needs Improvement

SP = Satisfactory Progress

ACH = Achieved

Category 1: Goals Required by the Standard and Formally Taught and Evaluated in This Learning Experience

GOALS AND ASSOCIATED OBJECTIVES	NARRATIVE COMMENTARY	Q1	Q2	Q3	Q4
<p>Goal R3.1: Exhibit essential personal skills of a practice leader.</p> <p>OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.</p> <p>OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.</p> <p>OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations.</p> <p>OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.</p> <p>OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care</p> <p>OBJ R3.1.6: (Comprehension) Explain the role and importance of pharmacist active engagement in the political and legislative process.</p>					
<p>Goal R3.2: Exhibit practice leadership in organizational and management activities.</p> <p>OBJ R3.2.1: (Synthesis) Participate in the pharmacy's planning processes.</p> <p>OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into</p>					

<p>daily practice.</p> <p>OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.</p> <p>OBJ R3.2.5: (Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.</p> <p>OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.</p>					
<p>Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.</p> <p>OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.</p> <p>OBJ R3.3.2: (Synthesis) Develop a business plan for a new service or an enhanced service, if applicable.</p> <p>OBJ R3.3.3: (Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service.</p> <p>OBJ R3.3.4: (Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.</p>					

<p>OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.</p> <p>OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.</p> <p>OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.</p> <p>OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.</p>					
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Category 2: Goals Formally Taught but Not Scheduled for Formal Evaluation During This Learning Experience

GOALS AND ASSOCIATED OBJECTIVES	NEEDS ATTENTION
None	

COMMENTS: _____

Preceptor Signature

Resident Signature

Program Director Signature

Date: _____

Step 6: Design Customized Training Plan for Each Resident

Process used to create resident's customized training plan:

1. The resident completes the data sheet on interests, career goals, and prior experience and provides self-evaluation against residency goal areas using the program's self-evaluation form.
2. The residency program director and/or preceptors complete a baseline evaluation of the resident's performance at the end of the orientation period (or other designated timeframe) using the same evaluation form as the resident.
3. The residency program director and/or preceptors analyze the resident's initial self-evaluation against the preceptor's baseline evaluation to determine congruencies and differences.
4. The residency program director and/or preceptors, with input from the resident develops and documents the initial customized plan as a variation of the program plan. The plan may include alterations (additions or deletions) of goals and objectives, changes in structure (required and elective learning experiences and/or their lengths or sequencing), changes in preceptorship, and/or changes in the assessment strategy.

Process used to update the training plan:

1. The residency program director and/or preceptors analyze overall resident performance (formative and summative evaluations, projects, presentations, etc) for areas needing improvement or that have been achieved.
2. The residency program director and/or preceptors determine the effectiveness of the first quarter customized plan.
3. The residency program director and/or preceptors with input from the resident, determine and document the second quarter plan. This may include alterations in the goals and objectives, activities, learning experiences, structure, and/or assessment strategy.

The program asks each resident to complete the “Entering Resident Interest and Preference Information” questionnaire prior to the start of the residency year. This information plus a self-evaluation form completed by Sam and the same form completed by his primary preceptor after the orientation period is used to create the customized training plan. What follows is Sam Smith's completed interest form followed by the first quarter customized training plan devised for Sam.

Entering Resident Interest and Preference Information

Name Sam Smith

Date May 12, 20XX

The following questions are intended for the incoming resident to conduct a self-assessment prior to beginning his or her residency year. The responses assist in planning experiences for the resident in the upcoming year. Please answer the questions in a narrative form and return it to Dan McCabe, Liberty University Community Pharmacy Residency Program by May 15, 20XX.

1. State your career goals, both short term (5 years) and long term (10-15 years).
5 years – develop direct patient care practice
10 years – respected community pharmacy provider of patient care, educator
2. Describe your current practice interests.
asthma, marketing pharmacy services, serving the underserved (immigrants)
3. What are your strengths? This should include direct patient care skills as well as personal strengths.
Organized, hard worker, easy going
Work well with others
Easy to understand patient needs
4. List areas of weakness that you would like to improve on during the residency.
Develop care plans for patient; communication skills
5. Given your listed career goals, interests, strengths, and weaknesses, list at least three (3) goals that you wish to accomplish during your residency.
 1. *Work on patient care skills*
 2. *Develop preceptor skills, teaching skills*
 3. *Enhance marketing skills*
6. Describe activities/experiences that have contributed to your skills in the following areas:
 - *Written communication – 2 DI rotations; wrote article for a community site newsletter*
 - *Verbal communication – Class presentations, committee work*

- Public speaking – *Organization involvement in school*
- Time management – *Organization involvement in school*
- Supervisory skills - *None*

7. What areas of residency training (read and refer to the ASHP standard found in the ASHP Residency Directory or on the ASHP web-site at www.ashp.org) would you like to concentrate on during the residency program? (List in order of importance).

1. *Direct patient care: Develop a patient care service for patients with asthma*
2. *Practice Management: Develop a business plan for a patient care service and learn how to evaluate services for patient care outcomes and appropriate payment structures.*

8. Describe the frequency and type of preceptor interaction you feel to be ideal. Where do you see the preceptor fitting into your professional development and maturity?

Important for me to grow
There when I need him/her – available
Allows me to work on my own though too
Feedback to help me get it right

9. What is your personal strategy for life-long continuing education?

Read journals
Attend meetings

10. What role will professional organizations have in your career?

Huge, networking is important

Sam Smith, Pharm.D. *Residency Training Plan*

July 25, 20xx

Background

We developed this initial training plan for Sam Smith using information he provided in the “Entering Resident Interest and Preference Information” data gathering instrument, a personal interview, Sam’s completed self-evaluation and the evaluation of his primary preceptor based on observations during the orientation period. We will review the plan and update it quarterly.

Career Goals: Sam would like to pursue a position focused on developing patient care services with responsibilities for precepting students. He has a long term goal of assuming a leadership role in community practice-focused patient care.

Strengths: Completed two drug information rotations in Pharm.D. program (one in industry and one at the university). Wrote several newsletter articles, and MUEs. Also, has substantial experience working on teams and committees in student organizations and service organizations.

Weaknesses: preceptor skills, supervision skills, care plans, communications skills

Interests: asthma, marketing, working with underserved populations, teaching

Initial Training Plan

1. Sam’s interests can be met by the program’s goals. At this time, we will not add any additional goals or objectives to Sam’s training plan.
2. To meet Sam’s interests in working with underserved populations, he will create a quarterly newsletter in Spanish to serve the pharmacy’s Spanish speaking patients.
3. Special emphasis will be put on enhancing Sam’s current level of marketing skills. This will include arranging for him to spend time with marketing faculty at the university.
4. Because of Sam’s drug information experience, he will spend 1 day in the drug information center as part of his orientation instead of one week.

The year’s schedule of learning activities and his goals and objectives are in Sam’s resident portfolio.

Dan McCabe, Program Director

Sam Smith, Resident.

Second Quarter Plan

September 30, 20XX

1. Sam completed the residency orientation successfully.
2. Sam's evaluations indicate satisfactory progress in service, teaching, and patient care skill development evidenced in his work in the pharmacy's program for the care of patients with diabetes. Preceptors indicated that Sam is great to work with, but needs to improve his time management – trying to do too much has caused Sam to miss some deadlines. We had only planned to evaluate Objective R3.1.5 (Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care) under Goal R3.1 once but will continue to formally evaluate this objective in the Management Learning Experience.
3. His management preceptor judges his skill in generating ideas for new, marketable services and his ability to accurately project their cost for delivery to be fully accomplished. These objectives will be dropped from further evaluation as Sam has achieved them.
4. Sam's first quarter newsletter is a bit behind due to his time management problems. The target deadline is October 31.
5. Sam is scheduled to attend a marketing seminar on November 10. He has contacted a faculty member with expertise in marketing to set up an appointment.
6. Additional priorities for second quarter include submitting his project abstract for presentation and conducting two detailing visits to local physicians.

Dan McCabe, Program Director

Sam Smith, Resident

Third Quarter Plan:

Dan McCabe, Program Director

Sam Smith, Resident

Step 7: Precept the Learning Experiences

Liberty University Community Pharmacy Residency Program Plan for Resident and Onsite Staff Orientation

Resident Orientation to the Pharmacy

- The program director will be responsible for this.
- It will be completed during the orientation concentrated learning experience scheduled for the first three weeks of July.
- The checklist of things to cover will be the same as for any other pharmacist employee with modifications necessary because of employment status as a resident.

Resident Orientation To Use Of The RLS

- The program director will send the resident a hard copy of *The Resident's Guide to Learning Through the RLS for Community Practice Residencies* to arrive by May 31 with the request to study the guide prior to the program start date.

1. At end of week two of orientation, the program director will have a discussion with the resident to go over the following:
 - What is the RLS and what exactly does it mean?
 - How does our program use the RLS day-by-day in the training we provide?
 - What are the resident's goals and objectives for this year?
 - What are resident responsibilities in our program as a result of using this system?

In this same discussion the program director will inform the resident that he or she is currently experiencing use of the RLS during the first three weeks of the residency as he or she works on the goal areas assigned to the orientation concentrated learning experience. As the resident moves into the longitudinal learning experiences, this same process will be employed in these experiences. The preceptors will be fulfilling their responsibilities under the system. The resident is expected to fulfill his or her responsibilities. At the end of the first quarter, the program director will meet again with the resident to answer the resident's further questions about the RLS.

2. Preceptors for the resident's first quarter learning experiences will orient the resident to their learning experiences as specified in the RLS and conduct the learning experience as set forth in the RLS and according to those program decisions made by the residency program team.
3. The first day after the first quarter's evaluation meeting the program director will meet again with the resident to answer any remaining questions about use of the RLS

and rectify any misunderstandings. The resident will be encouraged to share his or her experiences with the various preceptors in relationship to use of the system. The discussion will be conducted to enable the resident to use the RLS properly. If the resident is having obvious difficulty, the program director will supply further coaching. The program director will take note of possible preceptor difficulties with proper use of the RLS. Where it appears warranted, the program director will plan coaching for the preceptor.

Step 8: Monitor Resident Progress

- The Residency Advisory Committee (RAC) is composed of the residency program director, 4 preceptors from the training site, and the resident's research advisor from the college.
- The RAC will meet quarterly (or more often if needed) to discuss resident progress and overall program effectiveness and planning.
- The residency program director will schedule the time/place and provide reminders.
- Each quarter, the resident and the residency program director will review all evaluations completed for that quarter for each resident. A summary of each resident's overall progress will be presented by the advisor, and will include an overview of goals in each evaluation category (NI, SP, and ACH). At that time, the individual plan will be reviewed and appropriate changes to the individual plan will be made, if needed.
- At least quarterly, the RAC will focus on opportunities to improve resident performance and provide continuity between learning experiences.
- The agenda for each RAC meeting will also include the progress on the following: the resident project; presentation topics, schedule, and progress; project progress; performance on the service component; and progress on miscellaneous other issues.
- Discussions will also identify the needs of preceptors, time requirements/commitments, and any modifications needed.
- The resident's individual plan will be reviewed and suggestions may be offered, if needed.
- If suggestions to resident's individual plans are offered during RAC meetings, the residency program director will meet with the resident to discuss and plan for implementation, if needed.

Step 8: Monitor Resident Progress

Liberty University Community Pharmacy Residency Program
Form for Tracking the Progress of the Resident

Last date this form updated: _____

Goals and Objectives	Q1	Q2	Q3	Q4	Notes
Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.					
Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.					
Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.					
Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.					
Goal R2.2: Establish collaborative pharmacist-patient relationships.					
Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.					

Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.					
Goals and Objectives	Q1	Q2	Q3	Q4	Notes
Goal R2.6: Design patient education for a patient's regimen and monitoring plan.					
Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.					
Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.					
Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.					
Goal R2.10: Communicate ongoing patient information to other healthcare professionals.					
Goal R2.11: Document patient care activities appropriately.					
Goal R2.12: Design and deliver intervention programs to the community that center on health improvement, wellness and disease prevention.					
Goal R3.1: Exhibit essential personal skills of a practice leader					
Goal R3.2: Exhibit practice leadership in organizational and management activities.					
Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service					

Goal R4.1: Conduct a practice-related project using effective project management skills.					
Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.					
Goals and Objectives	Q1	Q2	Q3	Q4	Notes
Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.					
Goal R6.1: Use information technology to make decisions and reduce error.					

Step 9: Conduct Quality Improvement Activities on the Program

- Overall responsibility for quality improvement is with the residency program director and the Residency Advisory Committee (RAC)
- RAC conducts quarterly meetings to review resident progress and discuss program improvements.
- Last month of program two meetings to review resident progress. Reflect on the quarterly meeting summaries and individualization that occurred. Purpose to assess whether the program outcomes were achieved and if changes should be made in rotation requirements, preceptors, and general program requirements.
 1. Between the RPD and resident
 2. All preceptors

APPENDIX F

Summative Evaluation Form

NAME OF LEARNING EXPERIENCE

Resident: _____

Date Completed: _____

Preceptor: _____

Time Period of Learning Experience: _____

- *This form documents resident attainment of educational goal areas formally taught and scheduled in the program's assessment strategy for assessment during this learning experience. Evaluation of goal mastery is based on preceptor judgment of resident performance on the associated educational objectives listed below each goal. When used for resident-self assessments, the judgments rendered will be the resident's judgment of his or her performance.*
- *The Standard requires that each of the required goals and associated objectives must be evaluated at least once during the residency program. Programs are encouraged to evaluate any elective educational goals and associated objectives selected for the program, but are not required to do so by the Standard.*
- *This form provides for three categories of goals for evaluation. 1) Standard-required educational goals that have been designated to be taught and evaluated during this learning experience. 2) Elective program goals designated to be taught and evaluated during this learning experience. 3) Required or elective goals designated for teaching but not evaluation during this learning experience. If required goals are placed in this section of the evaluation form, they must be scheduled for evaluation in some other learning experience during the residency.*
- *The preceptor will provide a narrative commentary for each educational goal that is based on current resident performance level and reflects the aggregate resident activity during the learning experience. NI, SP, or ACH entered opposite the goal statement in the rating column for categories 1 and 2 indicates the level of resident achievement at the end of the learning experience.*

Key: NI = Needs Improvement

SP = Satisfactory Progress

ACH = Achieved

Category 1: Goals Required by the Standard and Formally Taught and Evaluated in This Learning Experience

EDUCATIONAL GOALS AND ASSOCIATED OBJECTIVES	NARRATIVE COMMENTARY	RATING

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Category 2: Goals Formally Taught but Not Scheduled for Formal Evaluation During This Learning Experience

GOALS AND ASSOCIATED OBJECTIVES	NEEDS ATTENTION

COMMENTS: _____

Preceptor Signature

Resident Signature

Program Director Signature

Date: _____

Appendix G

Top Ten RLS Snapshots

There are 52 criteria-based checklists for the educational objectives falling under the six required PGY1 educational outcomes and at least 50 more covering the elective outcomes. How am I supposed to know which are the right ones to use? These tools are most effective when they are used as feedback with suggestions to help a resident “get better” at something. The general areas where residents need or want to “get better” can be divided into medication therapy management, communication, and professionalism. Here are ten criteria-based snapshots from the PGY1 Community Pharmacy educational goals and objectives that can be applied to a variety of experiences where written, specific feedback can be used to help improve the resident’s performance.

Medication Therapy Management

1. Initiative on Medication Therapy Problems
(OBJ R1.1.1) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.
2. Medication Therapy Problems
(OBJ R2.3.3) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy...
3. Specify Therapeutic Goals
(OBJ R2.4.1) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.
4. Design a Regimen
(OBJ R2.4.2) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

5. Design a Monitoring Plan
(OBJ R2.5.1) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or nonmedication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.
6. Assess the Patient's Progress
(OBJ R2.9.1) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.

Communication

7. Communication
(OBJ R2.7.1) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals.
8. Documentation
(OBJ R2.11.2) Use effective and efficient communication practices when documenting a patient -care activity.

Professionalism

9. Time Management
(OBJ R3.1.5) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care.
10. Professional Development
(OBJ R3.1.1) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.

SNAPSHOT

Objective: *(OBJ R1.1.1) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.*

Assessment Activity: *Cumulative direct observation of practice*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ No _____ Date form completed: _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

EVALUATION CRITERIA		A	NA	COMMENTS	NA/NO
1	Actively works to identify the potential for significant medication-related problems				
2	Correctly identifies the problem to be solved				
3	Takes initiative and seeks information to solve the problem				
4	Accurately identifies appropriate sources of information needed to solve the problem				
5	Explores logical alternative approaches to solving the problem				

6	Chooses most appropriate plan for solving the problem				
7	Initiates alternative plan if the problem is not solved				
8	Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained				

Further Comments: _____

SNAPSHOT

Objective: (OBJ R2.3.3) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy...

Assessment Activity: Audit of patient's medical chart, resident's patient information base, or pharmacy department's patient information base

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ No _____ Date form completed: _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

EVALUATION CRITERIA		A	NA	COMMENTS	NA/NO
1	All medications used with no medical indication are identified				
2	All medical conditions for which there is not a medication prescribed are identified				
3	All medications inappropriately prescribed for a particular medical condition are identified				
4	All missing immunizations are identified				
5	Everything inappropriate in the current medication therapy regimen (dose, dosage form, schedule, duration, route of administration, method of administration) is				

	identified				
6	All therapeutic duplications are identified				
7	All medications in the regimen to which the patient is allergic are identified				
8	Any presence or potential for adverse drug events is identified				
9	Any presence or potential for clinically significant drug interactions is identified				
10	Any interference with medical therapy by social, recreational, nonprescription or nontraditional medication use is identified				
11	Any instance of the patient not receiving full benefit of prescribed medication therapy is identified (e.g., system failure, clinical failure)				
12	All problems arising from the financial impact of medication therapy on the patient are identified				
13	Any lack of patient (or caregiver) understanding of his/her medication therapy is identified				
14	Any lack of patient adherence to medication regimen is identified				
15	Nothing is identified as a problem that is not a problem				
16	<p>If medication-use problems are found, chart documentation exhibits the following characteristics:</p> <ul style="list-style-type: none"> ○ Written in time to be useful ○ Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise 				

Further Comments: _____

SNAPSHOT

Objective: *(OBJ R2.4.1) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.*

Assessment Activity: *Audit of patient's medical chart, resident's patient information base, or pharmacy department's patient information base*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ Date form completed: _____
 No _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

EVALUATION CRITERIA		A	NA	COMMENTS	NA/NO
1	Goals reflect consideration of all relevant patient-specific information including culture and preferences				
2	Goals reflect consideration of the goals of other interdisciplinary members				
3	Goals reflect consideration of the patient's disease state(s)				
4	Goals reflect consideration of medication-specific information				
5	Goals reflect consideration of best medicine				

6	Goals reflect consideration of ethical issues involved in the patient's care				
7	Goals reflect consideration of quality-of-life issues specific to the patient				
8	Goals reflect integration of all the above factors influencing the setting of goals				
9	Goals are realistic				
10	Goals are measurable				
11	Chart documentation exhibits the following characteristics: <ul style="list-style-type: none"> ○ Written in time to be useful ○ Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise. 				

Further Comments: _____

SNAPSHOT

Objective: (OBJ R2.4.2) *Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.*

Assessment Activity: *Audit of patient's medical chart, resident's patient information base, or pharmacy department's patient information base*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ No _____ Date form completed: _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

EVALUATION CRITERIA		A	NA	COMMENTS	NA/NO
1	Regimen reflects the therapeutic goals established for the patient				
2	Regimen reflects the patient's and caregiver's specific needs				
3	Regimen reflects consideration of compliance				
4	Regimen is appropriate to the disease states being treated				
5	Regimen reflects consideration of any pertinent				

	pharmacogenomic or pharmacogenetics				
6	Regimen reflects consideration of best evidence				
7	Regimen reflects consideration of pertinent ethical issues				
8	Regimen reflects consideration of pharmacoeconomic components (patient, medical, and systems resources)				
9	Regimen reflects consideration of culture and/or language differences				
10	Regimen adheres to the health system's medication-use policies				
11	Chart documentation exhibits the following characteristics: <ul style="list-style-type: none"> ○ Written in time to be useful ○ Follows the health system's policies and procedures, including that entries are signed, dates, timed, legible, and concise ○ Recommended plan is clearly presented 				

Further Comments: _____

SNAPSHOT

Objective: *(OBJ R2.5.1) Design a patient-centered, evidenced-based monitoring plan for a patient’s medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.*

Assessment Activity: *Audit of patient’s medical chart, resident’s patient information base, or pharmacy department’s patient information base*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ Date form completed: _____
 No _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

	EVALUATION CRITERIA	A	NA	COMMENTS	NA/NO
1	Parameters are appropriate measures of therapeutic goal achievement				
2	Plan reflects consideration of best evidence				
3	Selects the most reliable source for each parameter measurement				
4	Value ranges selected are appropriate for the patient				
5	Parameters measure efficacy				

6	Parameters measure potential adverse drug events				
7	Parameters are cost-effective				
8	Measurement of the parameters specified is obtainable				
9	Plan reflects consideration of compliance				
10	If plan is for an ambulatory patient, plan includes strategy for assuring patient returns for needed follow-up visit(s)				
11	When applicable, plan reflects preferences and needs of the patient				
12	Chart documentation exhibits the following characteristics: <ul style="list-style-type: none"> ○ Written in time to be useful ○ Follows the health system's policies and procedures, including that entries are signed, dates, timed, legible, and concise ○ Recommended plan is clearly presented 				

Further Comments: _____

SNAPSHOT

Objective: *(OBJ R2.9.1) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.*

Assessment Activity: *Audit of patient's medical chart, resident's patient information base, or pharmacy department's patient information base for resident's interpretation of monitoring data for a specific patient*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ No _____ Date form completed: _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

EVALUATION CRITERIA		A	NA	COMMENTS	NA/NO
1	Accounts for all patient data specified in the monitoring plan				
2	Interprets each monitoring parameter measurement accurately				
3	Accounts for the patient's current status				
4	Properly judges the reliability of data (e.g., timing or site collection, differences in test sites)				
5	Where monitoring data are incomplete, makes sound judgments in determining if there are sufficient data upon which to base a conclusion				

6	Conclusions drawn reflect consideration of any significant trends in laboratory values or clinical endpoints				
7	Conclusions drawn reflect consideration of the safety and effectiveness of the current medication therapy				
8	Conclusions drawn reflect consideration of any ineffectiveness in patient counseling				
9	Overall conclusions about reasons for patient's progress or lack of progress toward each stated goal is appropriate				
10	Chart documentation exhibits the following characteristics: <ul style="list-style-type: none"> ○ Warrants documentation ○ Written in time to be useful ○ Follows the health system's policies and procedures, including that the entries are signed, dated, timed, legible, and concise. 				

Further Comments: _____

SNAPSHOT

Objective: *(OBJ R2.7.1) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals.*

Assessment Activity: *Audit of patient's medical chart, resident's patient information base, or pharmacy department's patient information base where recommendation to the caregiver is done in writing; direct observation of communication process to a specific patient*

Resident: _____

Preceptor: _____

Adequate performance for this learning experience? Yes _____
 No _____

Date form completed: _____

Key: **A = Adequate**

NA = Not Adequate

NA/NO = Not applicable or not observed

	EVALUATION CRITERIA	A	NA	COMMENTS	NA/NO
1	Recommendation is persuasive				
2	Presentation of recommendation accords patient's right to refuse treatment				
3	If patient refuses treatment, resident exhibits responsible professional behavior				
4	Creates an atmosphere of collaboration				

5	Skillfully defuses negative reactions				
6	Communication conveys expertise				
7	Communication is assertive, but not aggressive				
8	Where the patient has been directly involved in the design of the plans, communication appropriately reflects previous collaboration				
9	Chart documentation exhibits the following characteristics: <ul style="list-style-type: none"> • Written in time to be useful • Follows the health system's policies and procedures, including that the entries are signed, dated, timed, legible, and concise. • Recommended plans are clearly presented 				

Further Comments: _____

SNAPSHOT

Objective: (OBJ R2.11.2) Use effective and efficient communication practices when documenting a patient -care activity.

Assessment Activity: : Review of resident documentation of his or her direct patient care activities and of reports of medication-related problems for a specific period of time

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ No _____ Date form completed: _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

	EVALUATION CRITERIA	A	NA	COMMENTS	NA/NO
1	Chart documentation exhibits the following characteristics: <ul style="list-style-type: none"> ○ Warrants documentation ○ Written in time to be useful ○ Follows the health system’s policies and procedures, including that entries are signed, dated, timed, legible, and concise ○ Content includes pertinent subjective and objective data ○ Assessment reflects accurate interpretation of the objective and subjective data ○ Recommended plans are clearly presented and 				

	relate to the conclusion				
2	Reports of medication-related problems (e.g., ADRs, medication errors, drug interactions) adhere to the health system's policies and procedures				

Further Comments: _____

SNAPSHOT

Objective: *(OBJ R3.1.5) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care.*

Assessment Activity: *Cumulative direct observation of practice; interviews with other staff regarding choice of daily activities*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ No _____ Date form completed: _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

EVALUATION CRITERIA		A	NA	COMMENTS	NA/NO
1	Daily activities consistently show a propriety placed on the delivery of patient-centered care				
2	Arranges work activities so that the patient-centered care needs of the patients are met				

Further Comments: _____

SNAPSHOT

Objective: *(OBJ R3.1.1) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.*

Assessment Activity: *Cumulative direct observation of practice*

Resident: _____ Preceptor: _____

Adequate performance for this learning experience? Yes _____ Date form completed: _____
 No _____

Key: **A = Adequate** **NA = Not Adequate** **NA/NO = Not applicable or not observed**

	EVALUATION CRITERIA	A	NA	COMMENTS	NA/NO
1	Makes accurate, criteria-based assessments of own ability to perform practice tasks				
2	Routinely seeks applicable new learning when performance does not meet expectations				
3	Sets realistic expectations of performance				
4	Regularly integrated new learnings into subsequent performances of a task until expectations are met				
5	Documentation of the ability to perform a practice task is concise and readily interpretable by a peer				
6	Evidences the assumption of responsibility for work quality				

Further Comments: _____

APPENDIX H

PRECEPTOR AND LEARNING EXPERIENCE EVALUATION FORM

Resident:	Preceptor:
Learning Experience:	
Evaluation Period: _____ through _____	

Please check one of the following for each category.

1 - ALWAYS 2 - FREQUENTLY 3 - SOMETIMES 4 - NEVER

Part 1 - Evaluation of the Preceptor		1	2	3	4
1.	The preceptor was a pharmacy practice role model.				
2.	The preceptor gave me feedback on a regular basis.				
3.	The preceptor's feedback helped me improve my performance.				
4.	The preceptor was available when I needed him or her.				
5.	When possible, the preceptor arranged the necessary learning opportunities to meet my objectives.				
6.	The preceptor displayed enthusiasm for teaching.				
7.	The preceptor gave clear explanations.				
8.	The preceptor asked questions that caused me to do my own thinking.				
9.	The preceptor answered my questions clearly.				
10.	The preceptor modeled for me, coached my performance, or facilitated my independent work as appropriate.				
11.	The preceptor displayed interest in me as a resident.				
12.	The preceptor displayed dedication to teaching.				
Comments:					
Please check one of the following for each category.					

1 - CONSISTENTLY TRUE 2 - PARTIALLY TRUE 3 - FALSE

Part II: Evaluation of the Learning Experience		1	2	3
1.	I understood the objectives for this learning experience prior to beginning.			
2.	The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.			
3.	Resources I needed were available to me.			
4.	I feel that the preceptor's assessment of my performance on the objectives was fair.			
5.	I was encouraged to further develop my ability to self-assess during this learning experience.			
6.	This learning experience provided me opportunities to provide patient-centered care in a			

	responsible way to my patients.			
What were the strengths of this learning experience?				
What were the weaknesses of this learning experience?				
What suggestions can you make to improve this learning experience?				

Resident's Signature/Date

Forward completed evaluation to Residency Program Coordinator

Preceptor's Signature/Date

APPENDIX I

Entering Resident Interest and Preference Information

Name _____

Date _____

The following questions are intended for the incoming resident to conduct a self-assessment prior to beginning his or her residency year. The responses assist in planning experiences for the resident in the upcoming year. Please answer the questions in a narrative form and return it to _____ by _____.

1. State your career goals, both short term (5 years) and long term (10-15 years).

2. Describe your current practice interests.

3. What are your strengths? This should include direct patient care skills as well as personal strengths.

4. List areas of weakness that you would like to improve on during the residency.

5. Given your listed career goals, interests, strengths, and weaknesses, list at least three (3) goals that you wish to accomplish during your residency.

6. Describe activities / experiences that have contributed to your skills in the following areas:
 - Written communication

- Verbal communication
- Public speaking
- Time management
- Supervisory skills

7. What areas of residency training (read and refer to the APhA/ASHP standard found in the ASHP Residency Directory or on the ASHP web-site at www.ashp.org or the APhA web-site at www.aphanet.org) would you like to concentrate on during the residency program? (List in order of importance).

9. Describe the frequency and type of preceptor interaction you feel to be ideal. Where do you see the preceptor fitting into your professional development and maturity?

10. What is your personal strategy for life-long continuing education?

11. What role will professional organizations have in your career?