



ASHP Resource Guide for Well-Being and Resilience in Residency Training

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FOREWARD

Pharmacy workforce well-being and resilience is a priority for the American Society of Health-System Pharmacists (ASHP). In the ASHP Strategic Plan, under the pillar of “Our Patients and Their Care,” there is a goal that aims to “Improve patient care by enhancing the well-being and resilience of pharmacists (including pharmacy residents), student pharmacists, and pharmacy technicians.” Within that goal, there are five key objectives. One of them states to “Seek opportunities to improve the well-being and resilience of pharmacists participating in postgraduate residency training.” Likewise, ASHP’s Commission on Credentialing (COC) encourages organizations to develop programs and resources that assist pharmacy residents, preceptors, residency program directors (RPDs), and all pharmacy staff in managing resident and staff well-being and resilience. Knowing the importance of well-being and resilience to providing safe, high-quality patient care, the COC incorporated requirements around well-being and resilience into the [ASHP Accreditation Standard for Postgraduate Residency Programs](#). The revised standard requires a systematic and intentional approach in supporting pharmacy resident well-being. This approach includes continuous assessment of resident and staff well-being; fostering a practice environment built upon a foundation of dignity and respect; and program resources that promote spiritual, physical, and mental well-being and development of lifelong resiliency skills.

The goal is to inspire hope, courage of spirit, strength of character and resilience. Residency will be stressful. Thankfully, most residents thrive and go on to lead successful and consequential professional and personal lives. Residents train long difficult hours to become a pharmacist. That attitude of self-sacrifice is the great discovery of their future potential. They give up what is easy and instead immerse themselves in what is difficult. They do this so fewer of these difficulties manifest when they are responsible for the care of others. They exude in their professional life and work the strength derived from these sacrifices.

The COC believes, through its emphasis on the importance of the preceptor roles and positive connections, that RPDs and preceptors should develop strong and supportive relationships with residents. In a similar way, residents are encouraged to develop and foster positive human connections with pharmacy staff, program leaders, and patients that bring meaning and purpose to their work and allow them to flourish in their role as healthcare providers. Developing skills that encourage and sustain social connection is key to building resilience and managing the stress and long hours of training to become pharmacists. It is as important as nutrition, activity, and sleep is for physical, psychological, and emotional health.

The COC agrees with, and supports, the ASHP Council on Education and Workforce Development policy position on clinician well-being and workforce resilience that acknowledges and declares that “the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to burnout; that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations.” The COC agrees with and encourages “individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; development of programs aimed at prevention, recognition, and treatment of burnout, and to support participation in these programs; to encourage education and research on stress, burnout, and well-being; and to collaborate with other professions and stakeholders to identify effective preventive and treatment strategies at an individual, organizational, and system level.”

RATIONALE

Understanding the Risks to Pharmacy Workforce Well-Being and Resilience

Pharmacists, as medication experts, are an essential part of the healthcare workforce and patient care team. More than 300,000 pharmacists nationwide serve patients in diverse settings of care and geographical areas. Like healthcare workers nationwide, the well-being and resilience of the pharmacy workforce is being compromised due to occupational burnout, moral injury, and challenges to mental health.^{1,2} The increased prevalence and incidence of occupational burnout is a threat to patient safety and interprofessional care team dynamics and reduces the resilience of the healthcare system.^{1,2} High stress has also been linked to increased rates of medication errors and healthcare-associated infection.^{1,2}

Stress is also experienced in the clinical learning environment amongst student pharmacists and pharmacy residents. As a highly concentrated year of learning, post-graduate year one (PGY-1) pharmacy practice residency training has been likened to 3 years of clinical practice, and a PGY-2 specialty pharmacy residency has been likened to an additional 2 years of clinical experience. Substantial educational demands, long working hours, lack of autonomy, a high level of work-home interference, and uncertainty about the future are common explanations for the trend.³ A 2017 survey of pharmacy residents found that “the rate of depressive symptoms, as measured by the [PHQ-9](#)” was higher than that of the general population in the U.S.⁴ New pharmacy graduates are challenged with juggling the responsibilities of preparing for and passing licensure exams while adjusting to new workload demands and conditions. Maintaining “work-life integration” is an extremely difficult task when considering pharmacy residents’ high-intensity, fast-paced learning environment combined with situations that themselves can contribute to depressive symptoms. Hung noted that “Pharmacy residents exhibited high levels of perceived stress, especially those who worked more than 60 hours per week. Perceived stress was highly correlated to negative affect levels.”^{3,5} Not all stress experienced by pharmacy residents is bad, however. Stress pushes us to reach higher and try harder. It can be great motivator. Therefore, a balance is needed; stress experienced by pharmacy residents that is not managed well can lead to poor performance, mental health exacerbations, and attrition from residency programs.

Understanding the drivers of occupational burnout allows us to identify and advance solutions to prevent it. One review outlined risk factors and strategies to alleviate risk (Table 1).¹

Risk Factors Associated With Occupational Burnout

(Am J Health-Syst Pharm. 2017; 74:e576-81)

Risk Factor	Example	Strategy to Alleviate Risk
Workload	Job demands exceeding human limits; limited time to rest, recover, and restore	Permitting time at the workplace to recover from a stressful event
Control	Role conflict; absence of direction in the workplace	Clearly defined roles and expectations from organizational leadership
Reward	Inadequate financial, institutional, or social reward in the workplace; lack of recognition	Identify suitable rewards to recognize achievements, provide opportunities to teach or mentor trainees
Community	Inadequate opportunity for quality social interaction at work; inadequate development of teams	Promote participation in professional organizations
Fairness	Perception of equity from an organization or leadership	Transparency in decision-making
Values	Organizational values are incongruous with an individual's personal values or beliefs	Align personal expectations with organizational goals
Job-person incongruity	Personality does not fit or is misaligned with job expectations and coping abilities	Evaluate and align job responsibilities with personal and professional expectations

To augment the information in Table 1., known drivers of occupational burnout in the clinical learning environment were identified in the [National Academy of Medicine Consensus Study: Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being](#) as grading schema, sub-optimal clinical experiences, inadequate preparation and support, supervisor behaviors, peer behaviors, and a lack of autonomy.

ASHP Commitment to Workforce Well-Being and Resilience

ASHP has been a longstanding advocate for raising visibility and addressing issues related to pharmacy workforce well-being. Since 1982, the *American Journal of Health-System Pharmacy (AJHP)* has published articles focused on the psychological and physical effects of pharmacy practice that lead to depression, staffing shortages, reduced work-life balance, and suicide ideations.²

Recognizing the importance of a healthy and thriving workforce to ensuring optimal patient health outcomes and safety, ASHP issued the [Statement on Commitment to Clinician Well-Being and Resilience](#). A strategic goal and objectives related to Well-Being and Resilience were first included in [ASHP's strategic](#)

[plan](#) in 2017. In November 2021, the ASHP Board of Directors refined the goals to include efforts to maintain work environments that are safe and free of hostility.

GOAL 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians

1. *Engage in national initiatives on clinician well-being and resilience.*
2. *Facilitate the development of education aimed at helping pharmacists, student pharmacists, and pharmacy technicians address and effectively cope with the stress and burnout associated with demanding patient care environments.*
3. *Seek opportunities to improve the well-being and resilience of pharmacists participating in postgraduate residency training.*
4. *Foster research that addresses well-being and resilience issues of pharmacists, student pharmacists, and pharmacy technicians.*
5. *Foster efforts that help pharmacies maintain environments that are safe for staff and free from harassment, bullying, and intimidation.*

In 2018, the House of Delegates approved ASHP's first [policy position \(1825\)](#) on clinician well-being and resilience. It affirmed ASHP's commitment to fostering and sustaining the well-being, resilience, and professional engagement of the pharmacy workforce as a vital component of the healthcare system.

ASHP began its most recent major effort aimed at addressing excessive stress and burnout in pharmacy personnel in January 2022. With funding from the Health Resources and Services Administration (HRSA), ASHP implemented the [Well-Being Ambassador Program](#) (WBA). The ASHP WBA is a curriculum-based, virtual learning community that aims to empower local action to mitigate occupational burnout and create cultures of well-being in healthcare organizations. The curriculum addresses core principles associated with burnout in the healthcare workforce, individual resilience strategies, redesigned work system approaches, and cultures to sustain healthcare professional well-being and resilience. It aims to support workforce training efforts that build resiliency among the pharmacy healthcare and public safety workforce (including pharmacy residents).

ASHP is also supporting advancements in pharmacy-specific research on well-being and resilience. For example, ASHP recently partnered with the Pharmacy Technician Certification Board and Duke University Health to study the prevalence of burnout in pharmacy technicians and identify resources to support this important and growing segment of ASHP's membership. In addition, ASHP partnered with the Ohio State University to (1) describe the mental/physical well-being and lifestyle behaviors of health-system pharmacists, pharmacy technicians, pharmacy residents, and student pharmacists during the COVID-19 pandemic; (2) determine the relationships among mental/physical well-being, lifestyle behaviors and perceptions of workplace wellness support; and (3) explore the relationships among reported medication errors, mental/physical well-being and healthy lifestyle behaviors.

ASHP is an original sponsor of the [National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience](#). This group is comprised of more than 200 organizations committed to reversing trends in clinician burnout. ASHP is the only sponsoring pharmacy organization in this interprofessional effort. Since hosting its first meeting in 2017, the collaborative has published [various articles](#) and commentary on clinician burnout. It has developed [resources](#), a [knowledge hub](#), and most recently a [national plan](#) to drive collective action to strengthen health workforce individual well-being and restore

the health of the nation following the COVID-19 pandemic. This collaboration empowered ASHP to take targeted action to support the pharmacy workforce, in particular those working in hospitals and health systems.

ASHP provides resources, tools, and community connections to help our members manage work related stress at [Workforce Well-Being and Resilience - ASHP](#). These resources include member stories, podcasts, toolkits, easy-to-read infographics, and a link to the [National Suicide Prevention Hotline](#). In addition to the ASHP well-being and resilience certificate and the Well-Being Ambassador program, there is a [Well-Being and Resilience Series](#) available on ASHP's eLearning platform. Each of these offer a self-guided curriculum that addresses core principles associated with well-being and resilience in the healthcare workforce. They provide support in developing individual resilience strategies, tools to redesign work system approaches, and content related to cultures that sustain healthcare professional well-being and resilience. ASHP also releases "Well-being Wednesday" [podcasts](#) episodes centered around individual and organizational well-being and resilience strategies. These tools can be utilized by all involved in the residency program - the residents, preceptors, and residency program directors. Additional targeted resources are provided below.

- [Incorporating Resident Wellbeing into Your Residency Program \(Podcast\)](#)
- [Building Resilience in Residency Training It Takes a Village](#)
- [Creating a Culture of Resident Well-Being](#)
- [Fueling Your Fire Identifying and Managing Preceptor Burnout](#)
- [Well-being and Resiliency in Pharmacy Practice and Training](#)
- [Integrating Well-Being and Resiliency into a Pharmacy Residency Program: Nebraska Medicine Case Study](#)

The [ASHP State Affiliate Toolkit Well-Being and Resilience](#) outlines specific, actionable steps to further address burnout, depression, anxiety, and excessive stress in the pharmacy workforce and in residency programs. The Toolkit provides educational material tools and sample documents to promote a resilient and thriving pharmacy workforce for individual state affiliate members and the external organizations where they practice.

By way of the efforts described, ASHP's short-term and long-term well-being and resilience commitments prioritize the care of our members for whom we serve, which consequently tackles the threat that excessive stress and occupational burnout poses to patient safety, public health, and the resilience of our healthcare infrastructure.

Well-Being and Resilience Resources for Individuals and Organizations

In addition to resources available through ASHP, there are a number of national recommendations and best practices for mitigating occupational burnout and supporting well-being and resilience through organizational efforts. While many are focused on the medical or nursing professions, recommendations can be extrapolated to the pharmacy profession and pharmacy residencies. For example, in the Mayo Clinic Proceedings publication, "[Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout](#)," the recommendations listed are broad enough for any profession to consider implementing. They are: 1. Acknowledge and assess the problem; 2. Harness the power of leadership; 3. Develop and implement targeted interventions; 4. Cultivate community at work; 5. Use rewards and incentives wisely; 6. Align values and strengthen culture; 7.

Promote flexibility and work-life integration; 8. Provide resources to promote resilience and self-care; and 9. Facilitate and fund organizational science.

Additional valuable and reputable resources that will guide individual and organizational efforts around well-being and resilience are listed below.

NAM Action Collaborative on Clinician Well-Being Resources

- [National Academy of Medicine National Compendium for Healthcare Worker Well-Being](#)
- [National Academy of Medicine Consensus Study: Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being](#)
- [National Academy of Medicine National Plan for Health Workforce Well-Being](#)
- [National Academy of Medicine Resource Toolkit for Clinician Well-Being Case Studies](#)

Governmental Resources

- [U.S. Surgeon General Advisory on Health Worker Burnout](#)
[U.S. Surgeon General Framework for Workplace Mental Health and Well-Being](#)
- [Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies by the Substance Abuse and Mental Health Services Administration](#)

Professional Organization Resources

- [All In: Well-Being First for Healthcare](#)
- [Institute for Healthcare Improvement Framework for Improving Joy in Work](#)
- [American Hospital Association Strengthening the Healthcare Workforce: Strategies for Now, Near and Far](#)
- [Our Duty of Care: A Global Call to Action to Protect the Mental Health of Health and Care Workers: A report from the World Innovation Summit for Health, in collaboration with the World Health Organization](#)
- [Workplace Change Collaborative](#)

INCREASING WELL-BEING AND RESILIENCE IN PHARMACY RESIDENCY PROGRAMS

To ensure alignment with ASHP’s strategies to improve overall resident well-being, we conducted interviews with RPDs and Preceptors, who are directly involved in implementing and managing residency programs and their initiatives. We also interviewed residents currently completing their program requirements and recent graduates to understand the resident experience and gather recommendations. The strategies and activities are a summary of those interviews and where applicable, residency standards will be cross-walked to justify the recommended approaches.

We strongly encourage all participants in the residency program to familiarize themselves with the recommendations provided here to ensure their individual wellbeing. Taking control of one’s stress levels and well-being is essential to maintain a healthy and balanced lifestyle. It is important to recognize when professional help is needed for mental health (i.e. anxiety or depression) and when self-interventions are necessary for elevated stress levels and occupational burnout.

Identifying the Importance of Well-Being and Resilience Initiatives in the Clinical Learning Environment

Systematic support combined with individual stress management in the clinical learning environment will not only benefit the residency program and its participants, it will instill lifelong resiliency skills. In pharmacy residency programs, well-being and resilience is important for pharmacy residents, Residency Program Directors (RPDs), and preceptors. Recognizing the impact of high stress and taking steps to address it has demonstrated improvements in pharmacy residency programs. Numerous programs have implemented activities and solutions that have resulted in positive effects on resident well-being and resilience. While further research is needed to analyze and review the evidence of progress, resident surveys and testimonials already demonstrate the success of these initiatives.

Several residency programs, such as, Kaiser Permanente Colorado, Nebraska Medicine, and the University of Virginia Health System, are leading the charge to incorporate holistic approaches to well-being. Their initiatives include continuously assessing and providing resources for their spiritual, physical, and mental well-being and resilience.

One study, entitled “Roadmap to Resilience: Incorporating a Wellness Program into the Pharmacy Residency Curriculum,” demonstrated that 90% of participants felt that the program met their needs and promoted self-development according to qualitative data (surveys and reflection highlights).⁶ Furthermore, Kaiser Permanente’s “ResiPal” program demonstrated that 72% of residents strongly agreed/agreed that having a mentor who helped them transition into and out of the program increased their comfort and decreased stress.⁷ A pharmacy resident from Nebraska Medicine shared, “My residency program has supported me all the way and the well-being activities are an integral part of the pharmacy department. Everyone involved takes a genuine interest in the success of the resident. It often feels more like a large family than a job or training program.”⁷ As more pharmacy residency programs incorporate interventions to support well-being and resilience, more data can be collected to measure the overall impact of these initiatives on pharmacy residents and, consequently, on patient outcomes.

ASHP Residency Standards Addressing Well-Being and Resilience

ASHP’s [revised standards](#) addressing well-being and resilience in residency programs will be implemented July 2023, along with this crosswalk and guidance highlighting the changes. Revisions related to well-being are addressed in sections on [duty hour requirements](#), orientation to the residency, resident development plans, and pharmacy leadership. The update emphasizes that residents need support during training to ensure their psychological, emotional, and physical well-being. The standards also encourage pharmacy leaders to educate preceptors about mental illness and to implement strategies that can mitigate excessive stress for themselves and their learners. It will require ASHP-accredited residency programs to incorporate an assessment of residents’ well-being and resilience into initial and quarterly development plans. Finally, the revisions charge pharmacy leaders with overseeing the hiring, development, and support of an inclusive pharmacy workforce that is positioned to improve the health and well-being of patients.

Strategies for Promoting Individual Well-Being and Resilience

Individual resilience is a competency capable of being developed and strengthened. As practicing pharmacists or pharmacist residents, prioritizing self-care and developing strategies to promote well-being and resilience is crucial to maintain mental and physical health, perform at one's best, and reduce the risks to mental health. By doing so, pharmacists and learners can provide better care for patients and serve as a positive example for others to follow, promoting a culture of self-care within or outside of the workplace.

Monitoring stress levels and leveraging self-care techniques are competencies for building resilience and coping skills.⁸ The [American Hospital Association Stress Meter](#) is a resource aimed at supporting continuous self-assessment of stress and allows one to check in on their mental well-being. Once stress levels are assessed, there are numerous self-care activities that will support individual well-being and resilience.

Establishing personal goals for well-being and resilience are vital in a pharmacy residency to maintain a healthy and sustainable lifestyle amidst the demands and stress of the profession. A proactive approach to enhancing resilience, completing individual development plans based on personal characteristics, fostering teamwork, embracing authenticity and transparency, can lead to improved well-being and better ability to handle work challenges.

Implementation Support

Dimensions of well-being are social, emotional, spiritual, physical, financial, occupational, and environmental. The [Wheel of Health](#) resource from Duke Health & Well-Being Programs provides a visual of the interconnection between an individual, their well-being dimensions, and the community that surrounds them. It also provides an [assessment tool](#) to assess current well-being and identify resources. Some additional activities in support of well-being are listed below; however, this is not a highly exhaustive list. Individual well-being varies from person to person. It requires individuals to reflect on and determine what activities are most restorative and invigorating.

Individual Well-Being Activities

- Practice meditation, cognitive behavioral therapy, reframing/rethinking
- Practice gratitude and self-compassion
- Practice time management
- Enjoy hobbies
- Follow a nutritious diet and fitness plan
- Support sleep health and develop good sleep hygiene
- Make the most of existing organizational support such as employee assistance programs and health plan initiatives

If you or someone you know is struggling with mental health issues such as anxiety or depression, it is important to reach out to a mental health care professional.⁹ A stratified approach to assessing stress and determining appropriate actions is outlined below.

Mild Distress: Utilize self-interventions and the activities noted above when one experience/notices:

- Mild distress or temporary symptoms
 - Forgetfulness
 - Trouble concentrating
 - Decrease in performance
 - Lack in motivation
 - Negative thinking

Moderate-to-Severe Distress: Utilize self-interventions and consider notifying supervisors/mental health care professionals when one experiences/notices:

- Moderate-to-severe distress or lasting symptoms
 - Intensified version of symptoms mentioned above

Severe Distress: Contact a mental health care professional when one experiences/notices:

- Severe physical and/or cognitive impairment
- Personality change
- Feeling overwhelmed with anxiety or depressive thoughts
- Erratic functioning or is a possible danger to themselves or others
- Is unable to control one's action enough to perform duties

If one is in immediate distress or crisis, we advise calling the 24/7 [988 Suicide and Crisis Hotline](#).

Organizational Strategies to Support Learner Well-Being and Resilience

Establish Strategic Goals and Objectives for Well-Being and Resilience

Establishing strategic goals and objectives affirms and aligns organizational commitments towards its priorities. For example, establishing goals and objectives related to well-being and resilience will support the institutionalization of it as an organizational value whereby activities will be prioritized and resourced and implementation efforts will be understood and accepted by impacted stakeholders.

Implementation Support

- The [National Collaborative for Improving the Clinical Learning Environment Pathways to Excellence: Expectations for an optimal interprofessional clinical learning environment to achieve safe and high-quality patient care](#) report outlines pathways for discussion and implementation. It contains a chapter focused on well-being and acknowledges that the clinical learning environment needs to ensure the physical, mental, and emotional well-being of the clinical care team. Many of the recommendations in this report are foundational for inspiring strategic goals and objectives.
- The [National Academy of Medicine Perspectives on Clinician Well-Being and Resilience](#) has a curated collection on the topic of "Stress and Wellness in Health Professions Education" Series available to inform strategic goals and objectives for well-being and resilience in the clinical learning environment.
- The [National Academy of Medicine's "Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being"](#) report highlights evidence-based practices and promising

strategies that have been successfully implemented in various healthcare settings and shown to improve clinician well-being and reduce burnout.

- The [ASHP Duty Hour Requirements for Pharmacy Residents](#) offers a statement on well-being and resilience aimed at supporting an optimal clinical experience and education for pharmacy residents.

Utilize Self-Reflection and Assessment Tools

Assessment is an important initial and ongoing step to supporting well-being and resilience in the clinical learning environment. This includes opportunities for individual self-reflection and the use of validated instruments to assess the work environment. The use of assessment tools can also identify and monitor local risk factors that are creating barriers to well-being and resilience.

Applicable Residency Accreditation Standards

- 3.3.d.1 Prior to each development plan update, the resident will document an updated self-assessment that includes:
 - 3.3.d.1.e Current assessment of their well-being and resilience.
- 3.3: Residents’ development plans are high level summaries of a resident’s performance and progress throughout the program. Development plans also support resident’s practice interests, career development, and resident well-being and resilience and may include progress towards completion of program requirements if not tracked elsewhere. Development plans include:
 - Resident documented self-reflection and self-evaluation: The self-reflection component includes, but is not limited to, documented reflection by the resident on career goals, practice interests, and well-being and resilience. The self-evaluation component includes self-evaluation on the resident’s skill level related to the program’s competency areas.

Implementation Support

- The Continuing Professional Development (CPD) cycle encourages the use of self-reflection as a starting point for developing a learning and development plan. The Accreditation Council for Pharmacy Education has a [resource page](#) dedicated to CPD.
- Self-reflection tools such as [StrengthsFinder™](#), [Myers-Brigg](#) and [Grit scale](#) chart residents’ ability to maintain focus, interest, and perseverance toward long-term personal and professional goals.
- The Institute for Healthcare Improvement [“What Matters to You” Conversation Guide](#) can be used to facilitate a discussion between RPDs and residents in establishing connection and goals for the year. Additional questions to ask throughout the year may include:
 - i. What has been your greatest challenge and how did (or how will) you meet that challenge?
 - ii. What has been your greatest accomplishment?
 - iii. Identify one aspect of the residency you enjoyed the most.
 - iv. Identify one aspect of the residency that needs improvement and provide suggestions on how it can be improved.

- v. Is the RPD/program meeting your expectations? (If yes, how? If no, how can the RPD/program better serve you?)
- There are several [validated measurement tools](#) and [pragmatic approaches for measurement](#) for organizations to use for evaluating the prevalence of occupational burnout and risk factors preventing the well-being and resilience of individual health workers.

Provide Supportive Training and Resources

With guidance from the accreditation standards and incorporation of assessment tools, pharmacy residency programs can provide the best possible training and support to its residents. Personalized support and training will help residents achieve their goals while staying healthy and resilient. The outcome will be a successful program where residents receive exceptional training and support that helps them grow and succeed in their careers.

Despite the challenges posed by the demands of the pharmacy residency program, programs should prioritize the well-being of its residents through time-balanced training that follows the duty hour requirements. This approach allows residents to have adequate time for self-care and ensures they can maintain their health and well-being while also learning, growing, and excelling in their careers.

Applicable Residency Accreditation Standards

- According to ASHP [duty hour requirements for pharmacy residencies](#), duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.
 - Excludes reading, studying, academic preparation time, and hours that are not scheduled by the residency program director or a preceptor.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents must have at a minimum of 8 hours between scheduled duty periods.
- Programs must have a method in place to track compliance for duty hour requirements.
 - The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)
- 2.12 The residency program provides adequate resources to residents including:
 - 2.12.a An area in which to work, that is safe and conducive to concentrating without frequent interruptions.
- 3.2.b At the beginning of each learning experience, preceptors orient residents to the experience.
- 3.1.a.4: The initial learning experience scheduled for residents includes orientation to the residency program and practice environment. Orientation to the residency program includes, at minimum, orienting residents to the strategies for maintaining [well-being and resilience and providing available resources](#).
- 5.1.c Personnel: Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by:
 - 5.1.c.5 Providing resources for assessing and supporting staff well-being and resilience.

Implementation Support

- Consider education on [imposter syndrome](#) to boost confidence.
- Consider offering regular dedicated project and/or administrative time to enable progress on longitudinal projects and allow “deep work” time.
- Training and development is also important for RPDs and preceptors for their well-being and resilience and in order to support learner well-being and resilience. Consider becoming trained in [Mental Health First Aid](#), a program that develops competencies for identifying and responding to mental illness and substance use disorders, learning about [Stress First Aid](#), or becoming proficient with [Critical Incident Stress Management](#).

Foster Professional Growth and Resilience

Pharmacy residents should focus on leadership development to boost long-term professional resilience. This will equip them with skills to handle challenges, build relationships, make decisions, and contribute to their personal and career growth. Professional growth and resilience can be fostered through discussions using provocative topics such as, [TedTalks™](#), [Letters to a Young Pharmacist](#), and [Letters from Pharmacy Residents](#).

Mentoring and group bonding activities are important in residency programs as they provide residents with guidance, support, and a sense of community. Mentoring helps residents navigate the challenges of the program, while group bonding activities foster teamwork and open communication among residents. These activities promote well-being and resilience by providing residents with the necessary resources and support.

The well-being of learners, RPDs, and preceptors, depends on cultivating and sustaining a diverse and inclusive clinical learning environment. Recommendations and resources outlined in the [ASHP Diversity Resource Guide for Diversity in Residency Training and the Pharmacy Workforce](#) is a vital supplement to this resource guide.

Implementation Support

- Implementation of [mentorship programs](#) can be rewarding for short- and long-term career guidance. Residents are encouraged to create mentorship relationships within their health-systems. They could also benefit from the ASHP [Guided Mentorship Program](#) if looking for additional mentoring. Residents are advised to develop relationships with more than one mentor for advice on an array of professional topics, such as those stated below.
 - Navigating licensure process
 - Relocation assistance
 - Assist with rotation selection
 - Research project
 - Job search following residency
 - Preparation for ASHP midyear clinical conference
- Consider using [appreciative inquiry](#) as a systematic approach to identify opportunities to continuously improve the well-being and resilience of the residency program learning environment.

SUMMARY

The Well-Being and Resilience Resource Guide (WBRRG), as the title implies, was developed to guide residency programs in the initial phases of implementing well-being and resilience programs. The methods, and strategies provided do not constitute an exhaustive list; nor is it expected that programs adopt and implement the activities mentioned. The ASHP Accreditation Services Office and the ASHP COC are committed to the success of programs in implementing this initiative and will therefore update the WBRRG annually, with the latest and resources, as applicable. The updates will also include deeper analyses of resident, staff, and patient outcomes as more programs adopt WBR initiatives. ASHP remains steadfast in ensuring that the pharmacy profession has effective resources, tools, and critical support as we focus on creating cultures of change within academic institutions and practices.

For additional information on ASHP's commitment to Well-Being and Resilience please visit the ASHP Well-Being and Resilience domain [Workforce Well-Being and Resilience - ASHP](#).

DEFINITIONS

Anxiety: an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness, or a rapid heartbeat.

Burnout: a “syndrome characterized by high emotional exhaustion, high depersonalization (e.g., cynicism), and a low sense of personal accomplishment”

Depression: extreme sadness or despair that lasts more than days. It interferes with the activities of daily life and can cause physical symptoms such as pain, weight loss or gain, sleeping pattern disruptions, or lack of energy.

Depersonalization: “a psychological syndrome characterized by loss identify and feelings of unreality and strangeness about one’s own behavior”

Diversity: the representation and relative size of different racial and ethnic groups within a population, where Well-Being and Resilience is maximized when all groups are represented in an area and have equal shares of the population

Emotional Exhaustion: “when stress begins to accumulate from negative or challenging events in life that just keep coming, you can find yourself in a state of feeling emotionally worn out and drained”

Grit: “personality trait characterized by perseverance and passion for achieving long-term goals. Grit entails working strenuously to overcome challenges and maintaining effort and interest over time despite failures, adversities, and plateaus in progress”

Health Equity: “state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially defined circumstance”

Inclusion: active, intentional, and ongoing engagement with Well-Being and Resilience, including intentional policies and practices that promote the full participation and sense of belonging of every employee, customer, or client

Low Sense of Accomplishment: difficulty having “a proud feeling of having done something difficult and worthwhile”

Moral Distress: occurs when an individual faces a dilemma of knowing their ethical responsibility (e.g., the appropriate care for their patients) but are unable to act upon it due to circumstances beyond their control (Morley et al., 2017). **Moral injury** is related and occurs when individuals are repeatedly engaging with, failing to prevent, or witnessing such dilemmas

Occupational Burnout: “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Feelings of depleted energy or exhaustion increased mental distance from one’s job of negativity of cynicism about one’s job, and reduced professional efficacy”

Positive Mental Health: a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community

Positive Work and Learning Environments: safe, healthy, support the well-being of health workers and learners, and foster ethical and meaningful training and practice

Professional Well-Being: “a function of being satisfied with one’s job, finding meaning in work, feeling engaged at work, having a high-quality working life, and finding professional fulfillment in work”

Psychological Safety: a climate of trust and respect in which people are comfortable expressing and being themselves and share the belief that teammates will not embarrass, reject, or punish a colleague for speaking up

Resilience: “the ability of an individual, organization, community, or system to withstand, adapt, recover, rebound, or grow from adversity, stress, or trauma”

Stigma: “negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual”

Workplace Stress: “harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Workplace stress can lead to poor health or even injury”

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