

## “Building a Bolder Residency Program”

### Reviewing the Proposed PGY1 Accreditation Standard

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ASHP

The speaker has no conflict of interest to disclose.

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## Learning Objectives for Session

1. Review the proposed PGY1 standard updates for residency accreditation
2. Describe different approaches to conducting residency interviews
3. Identify strategies to successfully prepare for an initial ASHP accreditation survey.
4. Discuss pearls of providing effective feedback to pharmacy residents.
5. Identify areas of opportunity in which to incorporate pharmacy residents in the improving NPSG and HCAHPS scores.
6. Develop a plan on including specific activities in daily pharmacy resident workflows, including medication reconciliation and patient education.
7. Identify new aspects of preceptor development programs that may be applicable to your setting

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## Overview

- Review of the proposed PGY1 accreditation standard
- “Old” versus “New”
- Review of the proposed PGY1 Pharmacy Residency Required Competency Areas
- “Old versus New”
- Questions/ Answers/ Comments

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### A new Standard

- Existing PGY1 Accreditation Standard approved and in use since 2005
- Normal “lifespan” of a Standard is ≈ 6-8 years
- Growth of residency programs in recent years
- Streamline the Standard. Simplify and make more user-friendly. Reduce complexity of wording.
- Reduce documentation burden
- Bring up-to-date and reflect current/future trends

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### Major Changes Proposed

- “Standards” replaces “Principles” terminology
- Principles I and III combined into Standard 1
- Six standards instead of seven principles
- One purpose statement for all PGY1 programs
- “Customized plans” integrated into the assessment process and new terminology is “Development Plan”
- Preceptor-in-training role added

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### Major Changes Proposed - 2

- Preceptor qualifications expanded
- CPPA and URAC added as acceptable accrediting organizations

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**Principles vs. Standards**

- Qualifications of resident
- Obligations of program to resident
- Obligations of the resident to the program
- Requirements for design and conduct of program
- Qualifications of the RPD and preceptors
- Selection and requirements of residents
- Responsibilities of program to resident
- Design and conduct of the residency program
- Requirements of the RPD and preceptors

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**Principles vs. Standards**

- Minimum requirements of the site conducting the residency program
- Qualifications of the pharmacy
- Requirements of the site conducting the residency program
- Pharmacy services

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**Standard 1**  
**Selection and Requirements of Residents**

- Residency selection processes
- Use of the Residency Matching Program
- Applicant qualifications
- Licensure requirements
- Residents must manage their activities [appropriately] and must make use of feedback

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**Standard 2**  
**Program Responsibilities to the Resident**

- Program length
- Resident service obligations, duty hours
- Program requirements: acceptance letter, adequate staff complement to ensure appropriate supervision and preceptorship, space to work, access to technology, travel support
- Policies required
- Award of certificate
- Compliance with Accreditation Regulations

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**Standard 3**  
**Design and Conduct of the Residency Program**

One purpose statement for all PGY1 programs:  
“PGY1 pharmacy residency programs build on PharmD education and outcomes to develop a skilled pharmacist practitioner who is prepared to be a patient-centered generalist pharmacist accountable for the care of patients with complex conditions in comparable healthcare environments, or to pursue postgraduate year two training.”

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**Standard 3**  
**Design and Conduct of the Residency Program - 2**

- Program description that aligns with purpose
- Competency areas (rather than outcomes), Educational Goals and Objectives defined
  - Patient care services
  - Medication use processes
  - Professionalism, leadership, and practice management
  - Education-related activities
- Electives are available for use

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**Standard 3**

**Design and Conduct of the Residency Program - 3**

- Resident Learning (New section and term)
  - Structure
  - Learning experiences
    - Preceptor roles
    - Expectation of resident progression outlined
    - Learning activities must be defined to allow feedback and skill-building
  - Orientation
    - Program
    - Learning experiences

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**Standard 3**

**Design and Conduct of the Residency Program - 4**

- Evaluation (now includes customization)
  - Initial assessment
  - Development plans
  - Formative assessment
  - Summative assessment
- Continuous residency program improvement
  - On-going program assessment
  - Preceptor skills assessment and development
  - Resident tracking to measure purpose fulfillment

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**Standard 4**

**Requirements of the RPD and Preceptors - 1**

- Requirements of the residency program director
- Requirements of preceptors
- New: 4 of 7 contributions to pharmacy practice expanded to 4 of 8 with the addition of the following: “contributions to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness program, etc.”

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**Standard 4**  
**Requirements of the RPD and Preceptors - 2**

- Preceptor-in-training role outlined for those that do not meet the qualifications for preceptor
  - Must be assigned to an advisor who is a qualified preceptor
  - Must have a documented preceptor development plan
  - Must meet the qualifications for preceptor within three years

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**Standard 5**  
**Requirements of the Site Conducting the Residency Program**

- External appraisal requirement expanded
- Commitment to excellence
- Sponsoring organizations
- Multiple-site residency programs

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**Standard 6**  
**Pharmacy Services - 1**

- Chief pharmacist requirement
- Pharmacy integration into health-care delivery system at practice site
- Short and long term goals of the pharmacy
- Characteristics of well-managed pharmacy
- Compliance with applicable laws, codes, statutes, regulations, practice standards, guidelines
- Safe and effective medication distribution systems

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**Standard 6**  
**Pharmacy Services - 2**

- Systems for ensuring the accountability for the use of safe medication use system technologies – NEW and as applicable to the practice setting:
  - Electronic medication records
  - CPOE with decision support linked to pharmacy system
  - Perpetual inventory system
  - Bar coded packaging
  - Automated dispensing
  - Bar code dose checking and distribution monitoring system
  - “smart” IV pump technology
  - Unit-based dispensing cabinets
  - Bar code medication administration

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**Standard 6**  
**Pharmacy Services - 3**

- Patient care services
- Personnel, facilities and other resources needed to carry out a broad scope of pharmacy services

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**Competency Areas**

- “Competency Areas” replaces Outcomes
- Objectives have been streamlined – reduced in number and length
- Objectives mostly higher level to build on PharmD training (rather than repeat)
- No instructional objectives – only criteria
- Informatics infused into other areas
- Emphasis on personal, rather than formal, leadership

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### Outcomes vs. Competencies

- Manage and improve the medication use process
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills
- Provide medication and practice-related education
- Utilize medical informatics
- Patient Care
- Quality Improvement
- Leadership and Management
- Teaching and Education

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### Outcomes vs. Competencies

Current Standard	Draft Standard
6 Outcomes required	4 Competency Areas required
23 Goals	9 Goals
66 Objectives	26 Objectives

Draft Standard goal language generally at analysis, application, creation, evaluation levels. MUCH less understanding level language than in existing Standard.

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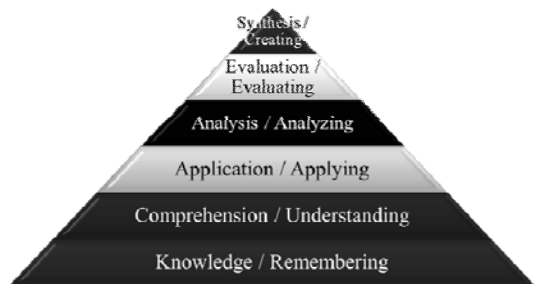
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### New Bloom's Taxonomy



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**Building a Bolder Residency Program**  
**Starting a New Program: Lessons Learned**  
**Elizabeth Greenhalgh, PharmD, BCPS and Barb Kasper, PharmD, BCACP**

**Providing Effective Feedback**

- Types of feedback
  - Formative
  - Summative
  - Self-evaluation

**Preparing for Accreditation**

- Documentation
  - Evaluations
  - Duty hours tracking
  - Customized plans
- Rotation goals and objectives alignment
  - Streamlining of goals/objectives
  - Consolidation of projects into one learning experience
- Preventative and wellness programs
- Pearls for a Successful Survey
  - Start preparing early for your survey
  - Contact your surveyors with questions as the survey approaches
  - Re-evaluate the structure of the program on an on-going basis
  - Utilize the pre-survey questionnaire to identify weaknesses
  - Don't forget that the survey will include pharmacy policies and procedures
  - Get preceptors involved in the planning process
  - Consider a template for learning experience descriptions
  - Develop a thorough and specific residency manual
  - Helpful references: [www.ashp.org/menu/Accreditation/ResidencyAccreditation](http://www.ashp.org/menu/Accreditation/ResidencyAccreditation),  
Residency Learning System training

**Building a Bolder Residency Program  
Starting a New Program: Lessons Learned  
Pearls of Effective Feedback**

Assessment Strategy	Description	Examples	Example Comments for Discussion	Pearls
Formative	Continuous, ongoing feedback	Snapshot evaluation, assessment of daily patient encounters/documentation in medical record, journal club/case presentation, soft skills, etc.	<p>Goal R5.1 Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health-care professionals, and the public:</p> <p>1. Resident Sally did a good job presenting the updated cholesterol guidelines at the provider in-service last month. The providers found the information helpful.</p> <p>2. Resident Sally presented the updated cholesterol guidelines at the provider in-service yesterday. She spoke clearly and confidently. I would recommend preparing a more concise handout for the providers to reference in their daily practice.</p>	<p>1. Timely 2. Criteria-based 3. Constructive</p>
Summative	Evaluation of learner's performance as it pertains to assigned goals/objectives of learning experience	Resident summative self-evaluation, preceptor's summative evaluation of resident, preceptor evaluation, learning experience evaluation	<p>professional relationships with the members of the health care team:</p> <p>1. Resident Sally's recommendations were increasingly well-received by the medicine team.</p> <p>2. By the end of the learning experience, resident Sally made recommendations to the medicine team in a confident and professional manner. The team grew to trust her judgement and rely on her expertise in drug therapy. I would encourage her to establish a positive relationship with future interdisciplinary teams earlier, by approaching recommendations in a manner that is of a more inviting tone.</p>	<p>1. Timely 2. Criteria-based 3. Constructive 4. Verbal discussion 5. Detailed</p>
Self-Evaluation	Learner evaluates his/her own performance	Snapshot evaluation, summative self-evaluation	<p>Goal R2.6 Design evidence-based therapeutic regimens:</p> <p>1. Resident Sally, tell me how you think you did on this learning experience managing diabetic patients?</p> <p>2. Resident Sally, tell me about your motivational interviewing techniques used to discuss starting insulin therapy with patient A this morning?</p>	<p>1. Timely 2. Explicitly ask learner to self-evaluate 3. Practice regularly</p>

**Building a BOLDER Residency Program**

**Putting your residents to work: incorporating NPSG's and HCAHPS scores improvements into residency workflows**

Hina Patel, Pharm.D., BCPS  
Rolla T. Sweis, Pharm.D., M.A., BCPS

The speakers have no conflicts of interest to disclose

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**Learning Objectives**

Identify areas of opportunity in which to incorporate pharmacy residents in the improving NPSG and HCAHPS scores.

Develop a plan on including specific activities in daily pharmacy resident workflows, including medication reconciliation and patient education.

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**National Patient Safety Goals**

- **NPSG.03.05.01:** Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
  - Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education includes the following:
    - The importance of follow-up monitoring
    - Compliance
    - Drug-food interactions
    - The potential for adverse drug reactions and interactions

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### National Patient Safety Goals

- **NPSG.03.06.01:** Maintain and communicate accurate patient medication information.
  - Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting.
  - Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies.
  - Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital

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### HCAHPS

Hospital Consumer Assessment of Healthcare Providers and Systems

- **Communication about medication**
  - During this hospital stay, were you given any medicine that you had not taken before?
  - Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
  - Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- **Pain management**
  - During this hospital stay, did you need medicine for pain?
  - During this hospital stay, how often was your pain well controlled?
  - During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
- **Discharge information**
  - When I left the hospital, I clearly understood the purpose for taking each of my medications.

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### Put your residents to work

- Determine the flow of patients through the organization
- Insert the pharmacy resident from beginning to end (admission to discharge)
- Focus on medication reconciliation and patient education
- Goal to have each resident covered patient have an accurate admission and discharge medication list and patient comprehension of discharge regimen

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### Lessons learned

- Resident understanding of workflows and balancing time
- Volume of patients and determining which patients are higher priority or higher risk
- Being smart: which patients to target (i.e. complicated medication lists, comprehension difficulties, home discharge)
- Potential impact on reducing readmissions or medication related events: collecting and analyzing data long term, achieving support from organization leadership

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### Where to start?

- Examine current pharmacy resident patient care
- Begin resident comprehension of processes during orientation
- Start with patients the pharmacy resident already covers:
  - admission medication reconciliation
  - Inpatient anticoagulation and pain management
  - discharge medication reconciliation and patient education
- Include workflow with usual pharmacist and student workflows

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### Where to start?

- Inpatient patient satisfaction: working with our partners to improve care
- Transitioning medication reconciliation and patient education to the non-hospital setting (i.e. ambulatory care, palliative care, psychiatry, rehabilitation services)
- Positive behaviors and customer service values: support organizational mission

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### Self-Assessment Question

When determining how to incorporate pharmacy residents into patient care initiatives, which of the following is an initial concept to consider?

1. How to compensate the pharmacy resident for the patient care responsibility
2. Determine the pharmacy resident's patient care workflow to determine where the initiative can easily be fit in
3. Measure the impact of the pharmacy resident's efforts on patient readmissions
4. Survey the pharmacist staff to gauge satisfaction with the pharmacy residency

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### Self-Assessment Question

Which of the following can be a barrier to incorporating pharmacy residents into efforts to improve HCAHPS scores and compliance with NPSGs?

1. High volume of patients without a system to prioritize needs
2. Enthusiastic pharmacy residents
3. Pre-existing workflows that allow additional manpower
4. Regular feedback to pharmacy residents on their performance

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### References

- The Joint Commission. National Patient Safety Goals Effective January 1, 2014. [http://www.jointcommission.org/assets/1/6/HAP\\_NPSG\\_Chapter\\_2014.pdf](http://www.jointcommission.org/assets/1/6/HAP_NPSG_Chapter_2014.pdf); Accessed 08/04/2014.
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## Keeping your preceptors sharp: implementation of a successful preceptor development program

Jennifer Ellison, PharmD, BCPS

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## Learning Objective

- Identify new aspects of preceptor development programs that may be applicable to your setting.

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## ASD PGY1 Pharmacy Residency Standards

- 4.3: RPDs will devise and implement a plan for assessing and improving the quality of preceptor instruction including, but not limited to, consideration of the residents' documented evaluations of preceptor performance.

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## ASD PGY1 Pharmacy Residency Standards

- 5.9: Preceptors must have a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following:
  - Documented record of improvements in and contributions to pharmacy practice.
  - Appointments to appropriate drug policy and other committees of the department/organization.
  - Formal recognition by peers as a model practitioner
  - Sustained record of contributing to the total body of knowledge
  - Serving regularly as a reviewer of contributed papers or manuscripts
  - Demonstrated leadership through active participation in professional organizations
  - Demonstrated effectiveness in teaching

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## ASD PGY1 Pharmacy Residency Standards

- 5.10 Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving
  - Instructing
  - Modeling
  - Coaching
  - Facilitating

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## What Is A Preceptor Plan?

- Assessment plan of preceptors
  - Initial assessment of preceptors
  - Ongoing assessment
- Development plan

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### **Initial Assessment**

- Completion of preceptor checklist
- Completion of preceptor needs and skills self-assessment
- Completion of Academic and Professional Record

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### **Ongoing Assessment**

- Resident evaluations of preceptors
- Direct observation by RPD, management, and other preceptors
  - Consider including precepting activities in annual job evaluation
- Preceptor Needs and Skills Self –Assessment
  - Completed annually by preceptor

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### **Development Plan**

- Group development
- Individual development

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### **Group Development**

- Monthly topic discussions at preceptor meetings
- Webinars on teaching
  - ICHP, ASHP, PPAG, etc.
- Leadership/teaching courses offered by organizational development

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### **Ideas For Preceptor Meeting Topic Discussions**

- Hands-on activities
  - Peer review of past evaluations
  - Peer review of learning experience descriptions
  - Role play

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### **Ideas For Preceptor Meeting Topic Discussions**

- Guest speakers
  - Physicians
  - Nurses/APNs
  - Past residents from your program
- Precepting article journal clubs

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## Individual Development

- Conferences
  - RLSWorkshop
  - National Pharmacy Preceptors' Conference
  - ICHP, ASHP midyear
- Preceptor mentors
  - Great for potential or new preceptors

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## Preceptor Incentives

- Residency Preceptor Benefit Program
  - Offers reimbursement for educational activities for preceptors
  - Can use this as an incentive to complete 4/7 ASHP preceptor requirements

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## References

1. American Society of Health-Systems Pharmacists. ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. Available at <http://www.ashp.org/DocLibrary/Accreditation/ASD-PGY1-Standard.aspx>. Accessed August 1, 2014.

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## Building a BOLDER Residency Program

### Self-Assessment Questions

1. How many Standards are included in the proposed 2014 ASHP PGY1 Accreditation Standard?
  - a. 4
  - b. 5
  - c. 6
  - d. 7
  - e. None of the above
  
2. The most important factor in determining your interview structure is:
  - a. The number of candidates you chose to interview
  - b. Whether you use Skype, Facetime or traditional phone calls
  - c. Determining what you want to assess and choosing people and activities to appropriately evaluate those qualities
  - d. Where to take candidates for lunch
  
3. Which of the following are hands-on activities that can be used to facilitate preceptor development at preceptor meetings?
  - a. Peer review of past evaluations from ResiTrak®
  - b. Role play activities
  - c. Lectures provided by RPD
  - d. Peer review of learning experience descriptions
  - e. A, B, and D
  
4. Which of the following is an effective strategy to prepare for an initial ASHP Accreditation site survey?
  - a. Submit Pre-Accreditation paperwork based on original program design.
  - b. Utilize the ASHP Pre-Survey Questionnaire to design and update program structure.
  - c. Begin compiling Pre-Accreditation paperwork near the submission deadline.
  - d. Avoid contacting survey team with questions.
  
5. Which of the following styles of feedback are most effective for learners?
  - a. Feedback occurs after the completion of the learning experience.
  - b. Feedback does not involve self-assessment.
  - c. Feedback is criteria-based, constructive, and timely.
  - d. Feedback involves the evaluation of many goals and objectives.