How to Start a Residency Program in Managed Care Pharmacy

What You Need to Know to get Started

CREDITS

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Introduction

A. For Whom Is the Manual Intended?

This manual is designed to provide a starting point for those health plans, pharmacy benefit management companies (PBMs), integrated health care delivery systems, colleges of pharmacy, and other managed care organizations (MCOs) that want to develop a managed care pharmacy residency program, but lack the necessary tools and experience. Given the diversity of managed care models, it is impossible to design a single manual that will fit all organizations and programs. What this manual will attempt to do, however, is provide some insights into developing a managed care residency program irrespective of the practice site or type of organization sponsoring the residency.[1]

B. What is a Residency Program in Managed Care Pharmacy?

Definition

Postgraduate year one (PGY1) of pharmacy residency training is an organized, directed, accredited program that builds upon knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. The first-year residency program enhances general competencies in managing medication-use systems and supports optimal medication therapy outcomes for patients with a broad range of disease states.[2]

A residency should not be confused with an internship or a fellowship. Internships represent training programs designed to meet the licensure requirements of boards of pharmacy, and fellowships concentrate on the development of research skills. A residency is concerned with development of professional practice knowledge, skills, and competency beyond the legal requirements for licensure, which is oriented toward specific aspects of pharmacy practice.[3]

A PGY1 managed care pharmacy residency program establishes criteria for systematic training of pharmacists for the purpose of achieving professional competence in the delivery of patient-centered care and in pharmacy operational services in managed care settings. Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGYI residents in managed care pharmacy are trained to deliver pharmaceutical care utilizing three practice models: 1) individual patient care in which the pharmacist communicates findings and recommendations to patients and those health care providers who provide care directly to the patient; 2) care provided to targeted groups of patients in which the pharmacist designs, conducts, monitors and evaluates the outcomes of organized and structured programs; and 3) population care management in which the pharmacist develops and implements medication-use policy.[2]

Philosophy

The residency in managed care pharmacy is an advanced education and training program responsive to the needs of the professional marketplace and the health needs of society. In view of the drug information explosion, emerging reimbursement trends, changing health care delivery patterns, functional differentiation and specialization in health care, and increased recognition of the need to improve drug therapy management, it is essential that advanced education and training programs exist. Such programs should be designed specifically to optimize health care relative to drug therapy in the managed care environment. Such optimization of health care relative to drug therapy involves state-of-the-art clinical and fiscal management from managed care pharmacy practice sites.

The focus of the residency in managed care pharmacy is on the education and training of a cadre of clinical managers who can serve as creative and innovative leaders in advancing the standards of managed care pharmacy practice. Advancing these standards will serve the drug therapy needs of society in the most efficient and effective manner. Graduates of managed care residency programs are viewed as individuals who will assume major responsibility for advancing and redefining managed care pharmacy practice in an evolving inter-professional system of health care delivery.[3]

Goal

The fundamental goal of the residency in managed care pharmacy is to provide a structured and advanced education and training experience for pharmacists whose ability, motivation, and career aspirations suggest potential for creative and innovative leadership in managed care pharmacy practice.[3]

C. The Need for Residency Training in Managed Care Pharmacy

The growth and expanding influence of managed care in the American health care delivery system has led to the establishment of managed care pharmacy residency programs. PGY1 managed care pharmacy residencies build upon the educational foundation provided through completion of an accredited Doctor of Pharmacy degree program. Given the demands on today's managed care pharmacist, it can be argued that the need for residency training for pharmacists practicing in managed care settings is as great as or greater than for those practicing in other areas. In order for managed care pharmacy residencies to truly have an impact on managed care practice, many programs, each training multiple residents, are needed.

Section I - Starting a Managed Care Pharmacy Residency Program

A. Initial Assessment

A fundamental step in starting a residency program is to determine if the necessary elements for training practitioners are present at the practice site(s). The goal of the initial assessment is to honestly identify deficiencies that need to be addressed prior to starting-up the program (i.e., a gap analysis). The initial assessment of the readiness of the program should be a collaborative effort involving the program's leadership and the key pharmacists who will be the major contributors in the residency program. Although non-pharmacist healthcare practioners may contribute to the training experience, the core training for a resident will come from pharmacist practitioners.

B. Establishing the Program Mission and Purpose Statements

Each residency program must establish its mission. Residency programs will have missions based upon several factors depending on the scope of the sponsoring organization. Determining program mission is essential to the success of the residency. A residency which lacks an effective and understandable mission statement has no clear philosophy around which to build the program.[4]

The mission must be accepted by all involved parties within the managed care organization and, further, all must be committed to it. Each party comes to a residency program with a unique perspective of residency training. Philosophical differences must be discussed and debated and compromises reached prior to program implementation.

The purpose statement is a succinct, straightforward explanation of the type of practice for which residents are to be prepared. Typically, there will be three parts. The first part describes the "where" of the residency program – the training environment and site characteristics. It should be a description of the organization in which the training will occur. The second part of the purpose statement is the "how" description. It describes the program's focus, and the learning environments in which residents will be trained. It should provide an overview of the actual training experiences and outcomes that residents should expect during the residency year. Finally, the third part is the "what" of the program's purpose. This part describes the pharmacy practice areas that residents, upon successful completion of the residency training, will be qualified to enter. It should answer the question "What jobs will this residency prepare residents for?"

C. Planning - "Issues to Consider"

After establishing the program mission, several questions need to be answered regarding resources, setting, and scope of the program, including but not limited to the following:

- Based upon available resources, what is realistic? (For example: Does the MCO own a hospital? Does the MCO own its own pharmacies? Does the MCO have an existing relationship with a college of pharmacy?)
- Does the MCO have the capability to provide the resident with the opportunity to work directly with individual patients in either an ambulatory or institutional setting? “Directly” in this sense means face-to-face and/or telephonically, so that interactive, two-way communication can occur, and so that the resident can gain experience in the design and implementation of patient-centered therapeutic regimens, and in the identification and resolution of medication-related problems.
- Does the MCO have the capability to provide the resident with the opportunity to work indirectly with individual patients in collaboration with other healthcare professionals in either an ambulatory or institutional setting? “Indirectly” in this sense means working with and/or through other care providers to design and implement therapeutic regimens, and to identify and resolve medication-related problems.
- What will be the level and types of interactions between the resident and other pharmacists and health care professionals? The accreditation standard requires that the resident gain experience and competencies working as a member within multidisciplinary teams.
- What portion of the residency will consist of administrative/management experiences (e.g., formulary management, vendor contracting)?
- Is the resident expected to have the skills necessary to conduct at least basic research (e.g., research design, statistics) at the completion of the program?
- Will the resident have opportunities to develop teaching skills in either formal settings, such as didactic/experiential courses, or informal settings, such as in-service programs, to both patients and other healthcare professionals?
- What will be the learning experiences in which the resident will learn about medication safety issues, quality assessment and improvement, and the established standards that impact managed care organizations (e.g., National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and AMCP/American Society of Health-System Pharmacists (ASHP) best practices)?
- Will there be required and/or elective course work? Will the residency program also award a degree?
- Should the program be independent within one organization or collaborative with others?

1. Offering an Independent Program or Partnering?

The players involved in a managed care residency can vary greatly. One perspective is that a partnership between a managed care organization and a college of pharmacy provides synergy in the design and conduct of residency training programs, but such an arrangement is not essential to the success of a program. Advantages of such a partnership include:

- Opportunities for more varied experiences for residents.
- Expertise in the recruitment and selection of individuals for postgraduate study.
- Educational (i.e., course work) and teaching opportunities for residents.
- Experience in the design and conduct of research.

One potential pitfall for a practice/college partnership is the possibility that the residency could become too academically focused. Residencies, by definition, are postgraduate programs designed to develop practice skills.

2. Accreditation

The Academy encourages all managed care residency programs to seek accreditation. Accreditation is granted by ASHP in partnership with AMCP under the *Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs.*[5] Click **here** to view the accreditation standard. Accreditation is received from the ASHP Commission on Credentialing. Pursuit of formal accreditation is no easy undertaking. Some reasons for seeking accreditation include:

- The willingness of a program to submit to outside peer review speaks highly of the organization's commitment to excellence in residency training. The accreditation process is a continuous quality improvement process with input from AMCP and ASHP peer reviewers. The accreditation process involves periodic written evaluations and site surveys.
- The ASHP Resident Matching Program for selecting residency candidates is available.
- Health professionals within your health system will view the program with greater credibility knowing that formal accreditation is involved.[6]
- ResiTrak™ a web-based tool to assist in the management of residency programs. ResiTrak™ is available to programs in the accreditation process.

D. Resources

1. AMCP/ASHP

Two valuable resources available for developing a residency program are the AMCP Pharmacy Affairs staff and the ASHP Accreditation Services Division staff. As you begin planning, you should contact a staff member to discuss requirements of the *Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs.* Click **here** to view the accreditation standard.

The staffs of AMCP and ASHP welcome your questions and are committed to helping create successful new residency programs.

2. Consultants

Consultants can be another available resource. Individuals who have participated in the start-up of residency programs and have served on the ASHP Commission on Credentialing are well suited for this role.

3. Networking

Program directors of established residency programs are great sources of information and many are willing to share documents that will be helpful in starting a residency program. The residency program's own pharmacists who have completed a residency or practiced in a setting where residency training was conducted will have insights and suggestions into the residency planning process.

4. Residency Learning System (RLS)

The Residency Learning System (RLS) is a systems-based process for designing instruction. The purpose of both the system and the model is to help pharmacy residency programs conduct effective and efficient training. The RLS is the adaptation of the traditional instructional systems design process to the unique needs of pharmacy residency training. The model consists of a set of four fully developed components. In addition to goal statements and educational objectives, and instruction by preceptors and assessment, it includes a decision system for determining the focus of training and integrating instruction and assessment processes to match the training focus.

It is *strongly* recommended that new Residency Program Directors (and others if possible) attend an RLS training session *prior to beginning* the initial assessment and program planning for a new residency program. The RLS model provides an important framework for designing the new program and for the conduct of the program, once started.

The residency program director and preceptors should regard the *RLS Model* as a reference to be used as they make program design choices using the model's decision system. While the model represents a full menu of possibilities, informed use of the decision process allows programs to tailor their program focus to the uniqueness of their sites while benefiting from the synergistic effects of employing a systems approach.

Application of the *RLS Model* in your residency training program will require time to perfect, not so much because it is complex, but because it requires significant change in the ways pharmacists traditionally think about and perform training. The ASHP Commission on Credentialing recommends that residency program directors and preceptors make use of all four RLS resources: overview of the RLS model, the preceptor's guide to the RLS model, the resident's guide to the RLS model, and the RLS workshop.[6] For additional information, click **here**.

E. Program Design and Format

Identifying and receiving input from all stakeholders is essential in the program's early development. It may be that these individuals are exclusively those who originated the program, but it may also include others whose support of the residency is essential to the program's success. For example, if a given rotation might be considered critical to meeting the mission of the program, identification of and support from the individuals who will precept these rotations will be essential.

In order for a managed care pharmacy residency program to be successful, there must be strong support within the sponsoring organizations. MCOs, colleges, professional organizations, pharmaceutical manufacturers and other programs must share a commitment to the residency in preparing the next generation of managed care pharmacy leaders.

This shared commitment is especially important at senior levels within each sponsoring organization. Deans, managers, vice presidents, and CEOs must not only understand what the residency is but the contribution it makes to pharmacy services and to the organization in general. This high-level support becomes even more critical during times of fiscal "belt tightening," when programs/salary lines that are thought to be nonessential are eliminated or downsized.

1. Pharmacy Director and Residency Preceptors

Traditionally, accreditation organizations look for the identification of a single individual who holds the title of Residency Program Director. Clearly, there needs to be one individual singularly accountable for the program. The Pharmacy Director may wish to assume this responsibility or may appoint another individual. The Residency Program Director may also serve as a preceptor.

Four characteristics are essential to be a good managed care pharmacy Residency Program Director:

- An understanding of and a commitment to the educational obligations of the organizations involved.
- A belief that residency training is an essential component in the development of future leaders in managed care pharmacy.
- A dedication to the mentoring of pharmacists interested in managed care pharmacy practice.
- A vision of what practice can and should be in the future.

The selection of residency preceptors is also a critically important task. These individuals will serve as role models, as well as teachers, for the residents. They should be experts in the area in which they are expected to instruct/facilitate the resident. It is imperative that the preceptor understand and support the primary focus of the resident. The resident is not there simply to augment the organization’s staff.

2. Other Key Players/Developing the Residency Program Support

- **Medical Services/Medical Director**

Because the delivery of health care in the managed care environment is collaborative and multidisciplinary, it is imperative that the Medical Director and medical staff of the organization(s) sponsoring a managed care pharmacy residency support and participate in the development and implementation of the program.

- **Administrative and Other Support Services**

High-level administrative support of the managed care residency is extremely important, particularly in the event a change occurs in program administration. In the dynamic environment of managed care, staffing changes occur frequently. In order to ensure continuity of the residency program, managers and staff must be cognizant and supportive of the program, even under new leadership. This shared commitment is especially important at senior levels within each sponsoring organization.

3. Program Format, Confidentiality, Rotations and Sites

- **Format**

The program's structure and format are based upon its mission and purpose. Rotations and sites are program dependent. It is recommended, however, that residents' experiences be diversified as much as possible. Programs with in-house pharmacies, for example, should fully utilize the diversity of available services within the health center(s). If the residency is PBM-based, residents should interact with members of the network, and not spend all their time in a single location.

- **Confidentiality**

Confidentiality is also an important ethical and legal consideration. The resident, especially one working with prescription claims and contract data, will have access to a great deal of confidential data (e.g., personal health information, pricing, contracts). Access to this information by the resident and, in some cases, a faculty member at the college of pharmacy may be an issue. Programs typically elect to formally address the issue of confidentiality through a written agreement.

- **Rotations and Sites**

Sponsors should be creative with rotations and sites. Managed care pharmacy practice is complicated and interwoven. Take advantage of it! Creativity in selection of rotations and sites can also be helpful in ways you may not have thought of. That being said, however, the PGY1 managed care standard, goal statements and educational objectives are rigorous, with seven required Outcomes, so make sure that the program design covers all the bases.

The types of residency learning experiences will vary from one organization to another. Experiences may be scheduled for a block of time, such as a rotation for a

month or six weeks, and may be associated with a particular specialty or aspect of pharmacy practice. Other experiences may be longitudinal, in that, they are ongoing and recur throughout the residency year. Longitudinal rotations afford residents with learning experiences, such as designing, implementing, and monitoring drug therapy over a long period of time. Certain experiences may not be associated with one particular service or patient care area. Examples of subjects addressed in these types of learning experiences include drug use evaluations, quality improvement techniques, effective patient communications, and presentation skills.[7]

4. Learning Objectives

Every learning experience should be associated with a set of educational objectives. Developing objectives may sound like an overwhelming task. However, a complete set of educational goals, and associated objectives and instructional objectives is provided in the *Required and Elective Educational Outcomes, Educational Goals, Educational Objectives, and Instructional Objectives for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs*.[8] Click **here** to view the outcomes, goals and objectives.

5. Evaluation

Frequent, ongoing evaluation is the hallmark of a good residency program. The Standard specifies that residents be evaluated in all their learning experiences. Residents are also expected to evaluate themselves, their preceptors, and the strengths and weaknesses of each aspect of the program. Forms for conducting these evaluations exist and evaluation tools have been developed as part of the RLS and ResiTrak™. Evaluations of both the Resident and the Preceptor are discussed in greater detail in Section II D. (Also see **Appendix E** and **Appendix F**)

6. Selecting/Training Preceptors

The selection of residency preceptors is a critically important task, so choose them wisely. These individuals will serve as role models and teachers for the residents. They should understand the difference between a student pharmacist (intern/extern), a resident and other staff. They should share the residency leadership's commitment to residency training and should be experts in the area in which they are expected to instruct. In addition, residency preceptors must possess a desire to teach, and the interpersonal and communication skills necessary to develop future pharmacy practitioners. Most importantly, a formal training program should be set up in-house to ensure that preceptors receive identical training and know the goals and the mission of the residency program. The RLS model facilitates effective preceptor selection and development.

7. Funding Issues

Depending on the funding source, the resident's stipend and benefits may come from a single source or multiple sources. Managed care residency programs may be financed entirely by the MCO; others may be jointly funded by the MCO and college of pharmacy, while still others may be funded by another source.

Whatever the source, it is vital from a recruiting perspective, to have reliable financing sources from year to year. It is suggested that if the source of residency funding for stipend and benefits is extramural (e.g., a pharmaceutical manufacturer), a multiple-year commitment be sought. From a planning and recruitment perspective, a one-year commitment is not workable. A three-year commitment is preferred, although two years is acceptable.

What does it actually cost to start a managed care residency? It might be helpful to look at the costs associated with typical accredited residency programs. These can be divided into two categories: (a) resident salary and benefits, and (b) program administration.

a. Resident Salary/Benefits:

Salary (usually about one half the salary of pharmacists in the local market)
Benefits (excluding travel funds)
Travel Funds
Educational Allowance

b. Other Administrative Expenses Include:

Accreditation Fees paid to ASHP
Faculty and Director Stipends
Recruiting/Promotional Expenses (e.g., costs associated with the AMCP Educational Conference Residency Showcase or the ASHP Mid-Year Clinical Meeting Residency Showcase and marketing materials)
Miscellaneous Expenses (includes residency candidate meals, preceptor training expenses, etc.)

Medicare and Medicaid still allow for pass-through graduate medical education costs in the overall cost formula for the institution. Pharmacy residencies that are accredited qualify under Paramedical Training Programs. These pass-through dollars can be significant. At many institutions these dollars actually offset most of the costs of having a residency. If an institution does not have medical residents, then the finance staff may not be familiar with how to maximize these reimbursement dollars. AMCP and ASHP can help the pharmacy director obtain more detailed information. Note: Managed care residency programs typically do not qualify for pass-through funding.

F. Recruiting

Preparing for recruiting a resident should begin early in the planning process. It would be discouraging to go this far and not have anyone enter the program. AMCP and ASHP are effective in getting the message out about pre-candidate or candidate programs (those programs that have their applications submitted to ASHP for accreditation, but have not yet been accredited). AMCP lists managed care pharmacy residency programs on its website, click **here** to view the listing. AMCP will assist new programs with registration for the Managed Care Pharmacy Residency Showcase held

at the AMCP Educational Conference each October. ASHP will assist in getting the program into the *Residency Directory* (which is reviewed closely by pharmacy students) and registered for the Residency Showcase at their Midyear Clinical Meeting.

Local colleges of pharmacy are excellent sources for candidates. Eliminating relocation issues faced by the candidate reduces the complexity of making a final choice. Many colleges have a career day or a residency showcase day.

It is important to inform candidates that formal accreditation proceedings are under way with AMCP/ASHP. This will convey a strong sense of the commitment the organization has to the new program. It is also valuable to describe efforts that have been put forth in bringing the program to its current status. Describing the program layout and the possible rotations will give candidates an idea of how it is organized and whether it will provide a meaningful training experience. This information will allay concerns the resident candidate may have about graduating from an unaccredited program. Be sure the candidate understands that once accreditation is gained, it becomes retroactive to the date the application was filed with ASHP, and then be sure to make formal application during the tenure of that first resident.

Resident Matching Program:

All pharmacy residencies that are ASHP-accredited, have preliminary accreditation, or are in a candidate or pre-candidate status, must offer all positions through the ASHP Resident Matching Program (the “Match”).

"Candidate" status is granted to a program that has applied to ASHP for accreditation and is awaiting the official site survey. "Preliminary" accreditation may be granted to a program by ASHP, upon a recommendation by a site survey team. Residency programs that intend to apply for ASHP accreditation ("pre-candidate" status) are also able to participate in the Match. Such programs must have indicated to ASHP that they intend to apply for accreditation and wish to participate in the Match in order to meet the ASHP accreditation application requirements.

Additional details about the Match may be found on the National Matching Services Inc. website: **www.natmatch.com.**

G. Choosing a Resident

Approximately 12-18 months are necessary for planning and development prior to accepting the first resident.

Traditionally, pharmacy residencies begin on July 1. Appropriate timing of the start date is important so that it does not negatively impact recruiting. Additionally, a July 1 annual start date better facilitates the resident's opportunity to pursue employment or other postgraduate study after completing the residency.

Residency qualification requirements are a matter of personal preference, however they should include a combination of the general guidelines used by most residencies.

- B.S. in pharmacy or Pharm.D. from an ACPE-accredited school or college of pharmacy
- Minimum academic standards - (G.P.A., etc.)
- Licensure in the state or district of resident program.
- Letters of recommendation
- Personal statement of career goals
- An interview process

A deadline for receipt of all materials must also be established. The program must select an appropriate end date in order to allow for sufficient time to conduct interviews prior to the deadline for listing preferences in the Resident Matching Program or other selection process.

1. The First Resident

The program's first resident sets a tone for the residency. What pharmacy staff, physicians and others think of the residency is shaped to a large extent by the impression left by this individual. Consequently, selecting the right person is essential to ensuring the program's long-term success.

2. Staff Involvement

It is important that the residency leadership explain the role of the resident. In an in-house pharmacy setting, it is vital that staff understand that a resident is not a "relief pharmacist" and that their goals and responsibilities differ. Staff orientation to the residency is best accomplished by integrating the resident into departmental meetings, or through an organized and well structured orientation program. Staff must understand that a residency is an educational program, not simply a varied work experience.

In addition, don't forget to solicit input from those who will interact with the resident (preceptors and others). Their suggestions and ideas can help ensure the success of the program and increase their support of the program.

3. Residency Position Description

Developing a specific position description for the resident is a necessity. An example of a resident's position description is included at **Appendix A**.

4. Residency Training Manual

A "road map" of the residency program is the training manual you develop for your residents. This document is usually in a three-ring binder format. It is helpful to obtain manuals from other programs and use their best features in creating one customized for your program. The program expectations and policies should be included in the training manual. Anything pertinent to the program is appropriate. During the first day of a new resident's orientation this training manual will be used for the initial walk through the overall program. See **Appendix B**.

Section II – The Managed Care Pharmacy Residency Program

A. Program Design

Every residency program must have a core program that will ensure that residents achieve an appropriate mix and level of experiences during their residency. There are seven required outcomes established in the Accreditation Standard, and each accredited residency program must incorporate all of the outcomes (and their associated Goals & Objectives) into the program. In addition to these required learning experiences (rotations), optional or elective rotations should be developed that will meet the joint needs of the residency program and the resident.

Programs should develop what will be their “standard” year-long residency training plan, which forms the structural basis for residency training. Steps 1 through 5 of the RLS Decision Process provide excellent guidance for the development of these core plans and documents. At the beginning of the residency year, and for each entering resident, the core program must be adjusted (customized) for each resident’s incoming experiences, competencies, and areas of interest. This documented “customized plan” must then be reassessed (and documented) at least quarterly, preferably in full collaboration with the resident and applicable preceptors.

The background and interests of residents will vary from person to person and from year to year. The customized plan and schedule should include required learning experiences with some flexibility built in to allow for the resident's input and consideration of their strengths and weaknesses. The resident’s customized plan and training schedule are truly "works in progress." This is especially true during the first year of a new residency. Nevertheless, it is important to have a basic plan of what the resident will be doing at any given time. A copy of a sample schedule is included in **Appendix C**.

A written description is required for each learning experience or rotation. Typically this is developed by the preceptor for that experience in collaboration with the program director, and with other preceptors as necessary. The preceptor must review the description of the learning experience with the resident prior to the start of each rotation. The discussion/documentation must include the goals and objectives to be covered during the experience, and the activities that the resident will perform to gain knowledge and experience in the targeted areas. The preceptor should also review the evaluation strategies and documents that will be used. A sample learning experience description is included in **Appendix D**. It is important to note that the activities listed are those that the resident will be performing to learn the educational goals and objectives assigned to the learning experience. The goals and objectives are what the resident is expected to learn, and the activities list describes how they will be taught.

B. Required Learning Experiences ("Rotations")

Many hospital residencies are heavily focused on clinical activities involving the pharmacotherapy for individual patients, and to a lesser extent on administration, population care management, and drug policy development (e.g. benefit design, formulary management, and associated educational activities). Managed care residencies, however, are frequently conducted in learning environments that are not in licensed pharmacies, nor in facilities that are patient care centers. The PGY1 managed care accreditation standard, and outcomes, goals and objectives were developed with this in mind. Residencies accredited under the managed care standard are often conducted within health plans or PBMs where there is not routine, face-to-face contact with individual patients. The standard and outcomes, goals and objectives recognize this, and have been written to provide flexibility, and to address the predominant patient care methods used within MCOs. The clinical components of the managed care standard require that residents gain experience designing, conducting, and evaluating population care processes such as disease state management and medication therapy management programs. Residents must work with individual patients, and with the entire drug regimen of these patients, but face-to-face interactions are not required. The initial assessment of the organization's capabilities to comply with the training requirements of an accredited pharmacy residency program is therefore critically important. Consultation and advice from resources previously identified may be extremely helpful here.

1. Patient Care Training (the "Clinical Component")

The rationale for having a separate PGY1 managed care accreditation standard is to provide a robust framework to train new pharmacists in how patient-centered care is provided within various managed care organizations. One of the seven required outcomes of the accreditation standard is that the resident become proficient in the "design and implement(ation of) clinical programs to enhance the efficacy of patient care."[8] The learning requirements are specified in detail under Outcome R2 in the outcomes, goals & objectives document.

The specific patient care activities of residents may vary greatly, depending upon the organization's specific structures and processes of care. MCOs and PBMs may or may not have direct access to patient interfaces (e.g. face-to-face, telephonic) and/or to patient-centered workflows involving access to data including medication profiles, disease states, etc. Nonetheless, the resident must complete the goals and objectives in Outcome R2 in a series of well-designed, organized learning experiences.

Managed care organizations desiring to develop an accredited residency program need to critically and creatively evaluate their existing activities and workflows against Goals R2.3 and R2.4, using the associated flowcharts as workflow maps, and determine whether or not a cohesive patient-centered training experience that exists within the MCO's ongoing activities can be assembled from those components. This goal area is designed to fit well with the typical functions provided by MCOs and

PBMs, such as disease-state management or Medication Therapy Management programs, case management services, and adherence/persistence programs.

If the MCO determines that it cannot effectively provide a cohesive and complete set of learning experiences that will comply with the requirements of Goals R2.3-2.4, the organization may need to contract or partner with facilities or other health care organizations in order to fulfill these training requirements. However, these "external rotations" should be carefully coordinated with the patient care processes that do exist within the MCO, and not simply be an unrelated "carve-out".

Opportunities for "individual patient care" learning experiences in other environments include, but are not limited to, the following:

a. Patient-Centered Care Learning Experiences:

A thorough knowledge of comprehensive patient care delivery processes and associated therapeutics is vital to working with any managed care pharmacy organization. Central to any health care discipline is the patient. The managed care pharmacy residency should allow for and include substantial patient-centered care opportunities. Some types of patient-centered care rotations include:

- **Ambulatory Care**

Ambulatory care rotations are generally established along traditional medical subspecialty lines, such as urgent care, family practice, day surgery, etc. Ambulatory care has the advantage of allowing the resident to care for patients who have chronic diseases, as well as those with acute illnesses.

- **Ambulatory Dispensing**

This may be accomplished in a longitudinal fashion, through a specific shift assignment weekly, or through a formal rotation. It is important that the resident not be used as a source of cheap labor. The ambulatory assignment must be structured so that the experience is meaningful to the resident, pharmacy and patient. Whether or not the MCO owns its own pharmacies, a rotation designed to provide the resident with exposure to ambulatory dispensing is valuable. The pressures and constraints of a high-volume pharmacy should be experienced first hand. Also, there is an opportunity for the resident to engage the staff in patient counseling and other indirect patient care activities. (See the ASHP/APhA Accreditation Standard for PGY1 community pharmacy residency programs, and the associated outcomes, goals, and objectives for ideas about the content of this rotation.)

- **Acute Care**

The sponsoring organization may have opportunities in HMOs and other MCOs that have established relationships with hospitals to provide the resident with learning experiences in the acute care environment.

- **Long-term Care**

The resident's opportunities to complete long-term care rotations depend to a great extent on the MCO's relationship with such facilities. Those organizations that own or contract with long-term care facilities can offer the resident a unique experience.

- **Home Care**

The impact of reduced admissions to acute care hospitals and shorter stays for those who are admitted can be seen in the growth of the home care environment. MCOs rely heavily on home care to bridge the gap between resource-intensive environments, such as hospitals and extended care facilities, and the patient's home. The relationship between key home care providers and an MCO may provide the resident another unique rotation opportunity.

- **Disease State Management**

Disease State Management (DSM) is a continuous, coordinated, evolutionary process that seeks to manage and improve the health status of a carefully defined patient population over the entire course of a disease. A successful DSM program achieves this goal by identifying and delivering the most effective and efficient combination of available resources. This process encompasses the entire spectrum of health care; it includes disease prevention efforts as well as patient management after the disease has developed. (The requirements for resident training in DSM are discussed in the PGY1 managed care outcomes, goals & objectives in Goal 2.3, and can be linked with Goal 2.4.)

- **Medication Therapy Management (MTM)**

Medication Therapy Management is a distinct service or group of services that optimize therapeutic outcomes for individual patients. MTM encompasses a broad range of professional activities and responsibilities within the pharmacist's, scope of practice including patient-specific and individualized services or sets of services provided directly to the patient. (The requirements for resident training in MTM are discussed in the PGY1 managed care outcomes, goals & objectives in Goal 2.3, and can be linked with Goal 2.4.)

b. Other Clinical Learning Experiences:

In addition to patient-centered care, other clinical learning experiences are equally important to ensure a balance of education and experience for the resident. Residency sites may offer the following learning experiences:

- **Drug information**

A drug information learning experience provides a resident with the proper process for researching and responding to drug information questions, a working knowledge of pharmacy and medical literature sources, and the experience of interpreting literature and effectively communicating the results.

- **Clinical Pharmacy Management**

  Clinical pharmacy management includes experiences such as drug utilization review (DUR) and outcomes management. The clinical pharmacy management is often associated with the Pharmacy and Therapeutics (P&T) Committee and the various subcommittees that support it. The process of researching, writing, and presenting a formulary review to the P&T Committee can be an enriching experience. Other concepts covered under this rotation may include: academic detailing, patient counseling, educational services, accreditation (e.g., NCQA or the Joint Commission) and performance reporting.

2. Administrative/Management Component

An administrative/management component can include experiences such as benefit design, contracting, network management, budgeting and forecasting, provider relations, marketing, auditing, pricing, purchasing, requests for proposals (RFPs), rebate programs, credentialing, claims processing, and the storage, distributive and administrative aspects of the medication use process.

3. Educational Component: Optional

For those residencies that have formal relationships with colleges of pharmacy, it may be appropriate that the resident be encouraged to enroll as a special student and participate in didactic course work offered by the college of pharmacy. Residents may also have the opportunity to serve as an instructor, to teach and precept undergraduate student pharmacists.

C. Elective Learning Experiences

There are many opportunities for elective learning experiences. The scope of the learning experiences will depend on the resident's setting, the individual interests of the resident, and the resource availability. Optional learning experiences are intended to provide the resident with a broader view of the managed care environment in an area of interest to the resident. However, it is important to remember when designing a residency training program (especially for the first time) that the list of required outcomes, goals, and objectives is extensive, and it is inappropriate to incorporate elective experiences at the expense of thorough training in the required areas. Many programs find that it takes of full year of training, in the required areas only, just to assure that the resident achieves the competencies and levels of learning anticipated in the Standard.

D. Residency Evaluations

There is a need for continuous dialogue among all those involved with the residency. Informally, residents meet routinely with preceptors and program leadership to provide updates on their progress, pose questions, and provide feedback on rotations. On a more formal basis, the preceptor completes an evaluation of the resident. In addition, the resident completes a formal evaluation of the preceptor and the rotation at the completion of each rotation. Sample evaluation forms are included in **Appendix E** and

Appendix F. Both evaluations are reviewed and documented by the preceptor with feedback provided as needed.

Ongoing evaluation and assessment of the resident's progress, documentation of rotations and completion, and resident self evaluation are important tools which must be included in the program. A structured quality improvement approach to the program which is stringent yet fair will allow for ongoing assessment and fine tuning and may also assist in the successful marketing of the program.

It is essential that the program design processes contained in the RLS be used when developing the evaluation strategies and processes. The RLS facilitates the linking of program design to the evaluation processes, and assures that the resulting residency training program utilizes the required systems-base approach.

Several methods to ensure that the evaluations produce continuity include:

- Mechanisms to communicate unmet objectives to subsequent preceptors.
- On-going evaluations through a computerized database. Continuously updating the evaluation using a shared database allows the residency director and preceptors to see progress and ensure that all objectives are met.
- An ongoing commitment to meet with the resident to complete evaluations and program plan updates in a timely manner.

Tools have been incorporated into ResiTrak™, a web-based residency design and management system to aid program directors, preceptors and residents in the management and documentation of activities for residency programs. ResiTrak™ is made available a to residency programs once it has initiated the accreditation process with ASHP.

E. Residency Project

Developing and completing a research project can be a very rewarding experience, especially if the results of the project are presented formally at a conference. The focus of the project may include, but is not limited to, areas such as DUR, clinical pharmacy services, academic detailing, or clinician and member education. It is important that the project be limited to the term of the residency and achievable given the available resources. The resident is strongly encouraged to present the results of the residency project at a national meeting and is required to complete a formal manuscript of the completed project in a form suitable for publication in an appropriate professional journal.

F. Miscellaneous Residency Activities

1. Committees

The resident should be given the opportunity to observe and, when appropriate, participate in committee activities related to the pharmacy program. Such committees

may include the Pharmacy and Therapeutics Committee, Drug Utilization Committee, Member Services Committee, Pharmacy Quality Council, and Policies and Procedures Committee.

2. Conferences

The resident should be encouraged, and financially supported, to attend appropriate professional conferences. These may include regional residency conferences (e.g., Eastern States Conference for Residents and Preceptors), AMCP Educational Conference or Annual Meeting and ASHP Mid-Year Clinical Meeting or Annual Meeting. These conferences provide the resident with the opportunity to accomplish several goals. First, it allows him/her to experience the process of preparing and presenting his/her residency projects. Second, it permits him/her to network with other residents, preceptors and other managed care professionals.

3. Newsletter

Most MCOs produce a pharmacy-oriented newsletter. The resident can often serve as editor and/or contributor to this publication. Not only does it give the resident an opportunity to practice his/her writing skills; it also gives him/her name recognition and a sense of accomplishment.

4. Residency Exchange

It is recommended that residents visit and observe other residency programs. This is especially important in managed care based residencies given the diversity of such programs. Residents can benefit greatly from the opportunity to share experiences with their resident colleagues.

Section III - Accreditation

A. AMCP/ASHP Accreditation Standard

In April 1999, the Board of Directors of the Academy of Managed Care Pharmacy (AMCP) and the Board of Directors of the American Society of Health-System Pharmacists (ASHP) approved an agreement for a partnership between the two organizations for the accreditation of residency programs in managed care pharmacy. The boards of the two organizations also approved a managed care residency program accreditation standard. In April 2007, the Boards of Directors for both organizations approved an updated accreditation standard: *Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs* and the associated Required *and Elective Educational Outcomes, Educational Goals, Educational Objectives, and Instructional Objectives for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs*. Click **here** to view the residency standard, and click **here** to view the outcomes goals and objectives. The standard and outcomes goals and objectives allow the programs to receive accreditation from ASHP in partnership with AMCP. The purpose of this standard is to establish criteria for the systematic training of pharmacists for the purpose of achieving professional competence in the delivery of patient-centered care and in pharmacy operational services in managed care settings. A major principle outlined in the standard is the requirement that you design, develop, conduct, and evaluate the resident's training using a systematic approach.

Learning Experiences:

There are seven required educational outcomes in which the resident must receive instruction and develop competence. Specifically, residents will be held responsible and accountable for acquiring these outcome competencies: understanding how the drug distribution process is designed and managed for an organization; designing and implementing clinical programs to enhance the efficacy of patient care; ensuring the safety and quality of the medication-use system; providing medication and practice-related information, education, and/or training; collaborating with plan sponsors to design effective benefit structures to service a specific population's needs; exercising leadership and practice management skills; and demonstrating project management skills.[8] Each area must be covered during the resident's program using a combination of experiences, as previously described.

B. Accreditation Process

Accreditation provides a measure of quality for current residents and prospective candidates seeking a residency program. The accreditation process ensures that the resident has received an experience consistent with the standards of practice.

Residency accreditation focuses on the residents and their training program. To maintain quality, a formal mechanism should be in place to evaluate resident applicants.

The evaluation should examine the individual's credentials, qualifications, and fit with the organization. This activity should be documented.

1. Application

Applying for accreditation primarily involves completing a two-page application, a completed academic and professional record form, and a copy of the residency program director's curriculum vita and submitting this information to ASHP. Click **here** to view the residency program accreditation application**.** New residency programs that intend to apply for ASHP accreditation and do not have a resident may submit a "pre-candidate" application. Submission of this application allows the program to participate in the Match for recruitment of its first resident. Click **here** to view the pre-candidate application. ASHP has posted "Guidelines for Submitting an Application for Accreditation" which may be found **here**.

2. Pre-Survey Questionnaire

Prior to the site survey, the director of the program is required to complete the pre-survey questionnaire issued by the ASHP Accreditation Services Division. The questionnaire coincides with the accreditation standard in list form. The left side of the document is a description of the applicable standard; the right side is used to note the level of compliance with the standard. Levels of compliance are defined as full compliance, partial compliance, noncompliance, or not applicable. The pre-survey questionnaire requires significant supporting documentation and attachments, such as a list of committees in which the pharmacy staff participates, and copies of goals, objectives, and evaluations. Click **here** to view the pre-survey questionnaire.

The pre-survey questionnaire is an excellent tool to prepare for the survey since it will alert you to any areas of noncompliance prior to the site visit. The questionnaire is used to maximize the effectiveness and efficiency of the AMCP/ASHP accreditation team when conducting the on-site survey. Completed questionnaires are submitted to the Accreditation Services Division of ASHP 45 days before the survey. Take time to ensure that you are meeting the intent of the standard and to make necessary changes. Seek recommendations from others who have recently been through the survey process, and from the AMCP and ASHP staff. By getting multiple people involved in the process, you should be able to identify weaknesses and discuss possible solutions with residents, preceptors, and other colleagues.[7]

3. Site Survey

For managed care residency program surveys, the survey team usually consists of three people. The lead surveyor will be either a staff member of ASHP Accreditation Services Division or an ASHP contracted surveyor. A "content matter expert", a practicing managed care pharmacist who is involved with a managed care residency program, will be the second member of the team. Finally, a representative from AMCP will normally join the survey team. The survey team is on a fact-finding mission, but intends the entire process to be collegial and consultative. Throughout the survey the team poses questions, listens to those involved, and reviews documents.

The resident should participate in all aspects of the survey process. This is a learning experience for the resident (as well as for the first-time residency director) and should provide good insight into the role and purpose of accreditation.

The survey is usually carried out over two days. Upon completion, the survey team will conduct a closing interview with members of the pharmacy department, including the residency program director, and director of pharmacy. The purpose of this meeting is to outline areas of deficiency and needed improvement. Areas of strength and innovation are also discussed at this time. A final interview is conducted with the MCO's CEO or designated administrator. The survey report and the residency program's response to the survey report are then forwarded to the ASHP Commission on Credentialing for approval. All official correspondence is communicated through the CEO of the institution.[9]

C. Marketing the Resident and the Program

With the assistance of residency leadership, the resident should begin to develop a strategy for post-residency employment. The residents should actually begin the process of marketing themselves early on in their program. Attendance and participation at professional meetings and conferences, taking part in resident exchanges and other similar external activities may all assist the resident in gaining exposure.

Residency leadership must assume a significant role in removing barriers and guiding the resident in this process. Residency directors can "advertise" on behalf of the resident by discussing with colleagues the resident's capabilities upon successful completion of the program. Many opportunities arise through informal networks in which residency leadership is often a participant. Residency directors must mentor the resident through the employment opportunity evaluation process.

Marketing the residency can be a challenge, especially in the early years of the program. Clearly, the most effective marketing tool the program has is its accreditation by AMCP/ASHP. With accreditation comes not only program validation, but the opportunity to participate in the Resident Matching Program, the Residency Showcase at AMCP Fall Educational Meeting, and the Residency Showcase at the ASHP Mid-Year Clinical Meeting.

A listing of managed care residencies is published yearly in the fall edition of the *Journal of Managed Care Pharmacy*. AMCP also lists residency programs on its website; click **here** to view the AMCP listing. Program directors have the ability to add new programs to the listing, and edit their own listing.

ASHP publishes an on-line Residency Director of all programs in the accreditation process. This listing of accredited residency programs may also be found on the ASHP website; click **here** to view the ASHP listing.

Conclusion:

Starting a residency demands a great deal of effort. It will take hard work by willing and able colleagues to make a program succeed. AMCP, ASHP, and the Commission on Credentialing want to see residency programs grow in quality as well as in terms of numbers of programs and numbers of residents in each program. These professional organizations will support the development and continuation of new managed care residency programs in every way possible.

For the resident, the number of opportunities for employment in managed care settings upon completion of the residency is many. The more exposure to managed care opportunities the resident can experience during his/her program, the greater the chance that he/she will be employed in a professionally challenging and satisfying position.

For the preceptors and director of the residency program, there is the feeling of accomplishment that comes with successful program accreditation and the pleasure that comes from contributing to the growth and development of competent and confident practitioners.

References

1 McCarthy RL, O'Connor PJ. Designing a Residency Program in Managed Care Pharmacy, 1996.

2 Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs, Prepared Jointly by the American Society of Health-Systems Pharmacists and the Academy of Managed Care Pharmacy, 2007.

3 Adopted from the "APhA Community Pharmacy Residency Program: Programmatic Essentials." American Pharmaceutical Association, 1986

4 American Society of Hospital Pharmacists. "Definitions of pharmacy residencies and fellowships". Am J Hosp Pharm. 1987;44:1141-4.

5 Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs, Prepared Jointly by the American Society of Health-Systems Pharmacists and the Academy of Managed Care Pharmacy, 2007.

6 Conrad WF, Nimmo CM, The Residency Learning System (RLS) Model, Second Edition, American Society of Health-System Pharmacists, Inc., 2001.

7 Ross SR, Swanson K. How to Start a Residency Program, American Society of Health-System Pharmacists, Inc., 2005.

8 Required and Elective Educational Outcomes, Educational Goals, Educational Objectives, and Instructional Objectives for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs, Prepared Jointly by the American Society of Health-System Pharmacists and the Academy of Managed Care Pharmacy, 2007

9 American Society of Hospital Pharmacists. ASHP Regulations on Accreditation of Pharmacy Residencies. 2006, **www.ashp.org**

Appendix A

Sample Residency Program Description

Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Program
Job Description

JOB SUMMARY:

A postgraduate year one (PGY1) residency program is an educational program that will allow post-graduate pharmacists to gain experience in managed care pharmacy, including the areas of formulary management, prior authorization, strategic benefit design, and pharmacy operations; and including participation in the Pharmacy and Therapeutics (P&T) Committee and Clinical Pharmacy Committee. The Managed Care Pharmacy Resident will lend overall support to the Clinical Operations department and will be a critical resource for moving clinical initiatives forward.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides Clinical Resource including support of Prior Authorization unit, Clinical Pharmacy Committee, P&T Committees, and Contracting Team.
- Designs, manages, and completes a clinical residency project for presentation at a conference.
- Supports initiatives to maintain drug benefit $PMPM at or below annual benchmark.
- Supports the recruitment of Pharmacy Residents at Regional and National conferences; Develops and enhances the residency program to obtain/maintain accreditation.
- Supervises Pharmacy Students and develops the student program; coordinates with regional preceptors as needed.

Qualifications

REQUIREMENTS:

Education:

- Graduate of an ACPE-accredited college of pharmacy.

Certification/License:

- Licensed Pharmacist or eligible for licensure. Note: Must be licensed by September 30th of residency year

Experience:

- Completion of all practice hours as required to be eligible for licensure.

Knowledge, Skills & Abilities:

- Strong clinical pharmacy skills required.
- Excellent communication and interpersonal skills, and ability to work with team members, executive management and business partners in a polished and professional manner.
- Ability to work independently and in a team environment to produce solutions from concept to final deliverables required.
- Must have excellent organization skills that support the successful execution of multiple concurrent projects.
- Knowledge of PC-based software including MS Word, MS Excel, Lotus Notes, etc.
  -OR-
- Any combination of academic education, professional training or work experience, which demonstrates the ability to perform the duties of the position.

Profile

Job Field	Pharmacy
Schedule	Full-time
Job Type	Regular
Shift	Day
Overtime Status	Non-exempt
Travel	Yes, 5 % of the Time

Appendix B

Sample Residency Manual

MANAGED CARE PHARMACY RESIDENCY MANUAL

I. STATEMENT OF PURPOSE

The managed care resident following the completion of the residency program will be competent in several practice areas within managed care pharmacy. The knowledge that will be acquired in operations and management of the organization, clinical strategy, network relations, drug utilization, sales, and industry relations / contracting will prepare the resident to successfully engage in projects and activities throughout the residency year and beyond. In addition, the resident will have the opportunity to gain valuable experience in patient-centered care thereby developing and refining necessary clinical skills. The resident will demonstrate a commitment to professional and personal development, monitoring his/her own performance, and exhibiting leadership skills in all practice areas.

II. OUTCOMES

Required

1. Understand how to manage the drug distribution process for an organization's members
2. Design and implement clinical programs to enhance the efficacy of patient care
3. Ensure the safety and quality of the medication-use system
4. Provide medication and practice-related information, education and/or training
5. Collaborate with the plan sponsors to design effective benefit structures to service a specific population's needs
6. Exercise leadership and practice management skills
7. Demonstrate project management skills

Elective

- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise added leadership and practice management skills
- Participate in the process by which managed care organizations contract with pharmaceutical manufacturers
- Conduct outcomes-based research
- Demonstrate additional competencies that contribute to working successfully in the health care environment

III. REQUIREMENTS FOR COMPLETION

- Satisfactory completion of all rotation objectives
- Completion of an approved residency project with final results presented in manuscript format suitable for publication
- Attendance and/or presentations at all required meetings including (but not limited to)
  a) AMCP Educational Conference
  b) ASHP Midyear Clinical Meeting
  c) AMCP Annual Meeting & Showcase
  d) Regional Residency Conference

IV. LEARNING EXPERIENCES

Core Learning Experiences

Rotational Learning Experiences

- P&T/CST, Preceptor: _____
- RxMentor, Preceptor: _____
- Sales and Market Support, Preceptor: _____
- Rebate Contracting, Preceptor: _____
- Clinical Pharmacy Review, Preceptor: _____
- Specialty Pharmacy/Networks, Preceptor: _____

Longitudinal Learning Experiences

- Drug Information, Preceptor: _____
- Project Management, Preceptor: _____
- Teaching Certificate, Preceptor: _____
- Student Mentoring

Elective Learning Experiences

Rotational Learning Experiences

- Outcomes Research, Preceptor:
- Additional focus in one of the core learning experiences

Other elective areas of exposure – not a formal learning experience

- Disease management
- Pharmacy analytics and financial modeling
- Clinical communications
- Mail order distribution

V. RESIDENCY PROJECT

- **Goals of Project**
  a) Resident will participate in the process of developing clinical research and/or professional projects
  b) Provide the resident experience in developing and presenting a formal project for a professional conference
  c) Prepare the resident for future article submissions to medical and/or pharmaceutical journals

VI. EVALUATION

1. **Resident Evaluation**
   The resident will be formally evaluated using a summary evaluation at the end of the rotational experience. Longitudinal rotations will be formally evaluated on a quarterly basis. The resident will be evaluated throughout the rotation at intervals as determined by his/her preceptor. Feedback throughout the rotation may be written or verbal. Evaluation will be based on the adherence to and completion of the goals and objectives discussed at the beginning of the rotation. A copy is to be kept in the residency files.

2. **Preceptor/Rotation Evaluation**
   The resident is to evaluate the preceptor and rotation using the preceptor forms at the conclusion of each rotation. A copy is to be kept in the residency files.

3. **Resident Self-Evaluation**
   The resident will perform a self-evaluation at the end of each rotational experience utilizing the same evaluation tool completed by his/her preceptors. The resident will discuss his/her self evaluation with the preceptor at which time the preceptor will share his/her summative evaluation of the resident and provide feedback and dialogue regarding differences in outcomes and progress.

VII. ATTITUDE

The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity. The resident shall demonstrate the ability to work productively independently or as a team member. Appropriate attire, personal hygiene, and conduct are expected at all times. The resident will adhere to all the regulations governing the organization's operations.

VIII. ATTENDANCE

The resident will be expected to work a minimum of 40 hours a week, with the exception of holidays and vacation. Prompt arrival and attendance is expected at all meetings each day throughout the residency. The resident must inform the Program Director in the event of illness or other emergencies requiring time off. The resident must submit planned absences following the organization's procedures with the Program Director ultimately responsible for approving all planned time off during the course of the residency. Circumstances requiring extended leave will be handled on a case by case basis, following the organization's policies.

IX. PHARMACY LICENSURE

The resident must be licensed in the state by no later than September 30th of their residency year. Failure to obtain a license will result in limited patient care activities. This could result in a decrease of elective experiences in order to meet required patient care goals and objectives once the license is obtained. If resident is unable to meet the goals and objectives of the residency program due to failure to obtain a pharmacy license by the end of the residency, the resident will be unable to receive a certificate of completion for their residency year.

X. GRIEVANCE PROCEDURE

Any problems that may arise during the residency should first be discussed with the appropriate preceptor. If the attempts to resolve the problem are unsuccessful, it should be brought to the attention of the Program Director. Next steps will be at the discretion of the Program Director.

XI. TERMINATION POLICY

A resident may be terminated for failure to meet the program objectives as outlined in this text, or for failure to meet the terms of employment expressed in the organization's policies manual. The final decision to terminate a resident will be made at the discretion of the Program Director.

Appendix C

Sample Schedule

Resident Name:

Residency: PGY1 Managed Care Pharmacy

Program dates: 7/1/2008 - 6/30/2009

Learning Experience Name	Learning Experience Type	Start Date	End Date
Ambulatory Care	Longitudinal	7/1/2008	12/31/2008
Preceptor(s):			
Clinical Programs	Longitudinal	7/1/2008	6/30/2009
Preceptor(s):			
Orientation		7/1/2008	7/15/2008
Preceptor(s):			
Disease Management	Rotation	7/16/2008	8/12/2008
Preceptor(s):			
Drug Information	Longitudinal	8/11/2008	2/13/2009
Preceptor(s):			
Formulary Management	Rotation	8/13/2008	9/23/2008
Preceptor(s):			
Health Plan	Rotation	9/24/2008	10/21/2008
Preceptor(s):			
HEDIS Measurements and Reporting	Rotation	10/22/2008	11/18/2008
Preceptor(s):			
Management	Rotation	11/19/2008	12/16/2008
Preceptor(s):			
Medicare	Rotation	12/17/2008	1/27/2009
Preceptor(s):			
Pharmacy Operations	Longitudinal	1/1/2009	6/30/2009
Preceptor(s):			
Medication Therapy Management	Rotation	1/28/2009	2/24/2009
Preceptor(s):			
Pharmacy Benefits	Rotation	2/25/2009	3/24/2009
Preceptor(s):			
Pharmacy Networks	Rotation	3/25/2009	4/21/2009
Preceptor(s):			
Prior Authorizations	Rotation	4/22/2009	6/2/2009
Preceptor(s):			

State Health Programs	Rotation	6/3/2009	6/30/2009
Preceptor(s):			

Appendix D

Sample Rotational Activities

Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Program
Learning Experience – Clinical Programs

Learning Experience: Clinical Programs (Required)

Preceptor:

Office:

Hours: 7:30 am – 4:00 pm, Mondays and Thursdays

Description:

The clinical programs learning experience encompasses quality assurance, patient safety, and utilization management. During this longitudinal experience, residents work with a team of pharmacists to devise, prioritize, implement and measure pharmacy related interventions. Residents also participate in the Pharmacy Quality Improvement committee, which reviews programs for their clinical merit and coordinates with Quality Improvement and Medical Management departments.

All clinical programs are designed to ensure optimal pharmaceutical care for members. The following is a list of potential focus areas for clinical programs:

- Promoting appropriate medication use
- Preventing medication errors
- Minimizing adverse outcomes related to medication use
- Improving medication adherence/compliance
- Optimizing cost-effective medication therapies
- Preventing over-use and abuse

Proficiencies required for this learning experience:

- Written communication
- Oral presentation
- Data analysis

Goals selected for this learning experience (taught and evaluated):

Required

R2.3: Participate in the design or redesign of disease management and/or medication therapy management programs for patient populations.

R2.5: Use information technology to make decisions and reduce error

R3.1: Identify opportunities for improvement of the organization's medication-use system

R3.2: Design and implement quality improvement changes to the organization's medication-use system

R3.4: Participate in the organization's quality management activities

R3.5: Maintain confidentiality of patient and proprietary business information

R4.1: Collaborate with prescribers to ensure appropriate, evidence-based drug selection

R4.2: Provide patients with medication-related information and education

R5.4: Participate in the design of clinical and reporting requirements for a plan sponsor or sponsors

R6.1: Exhibit essential personal skills of a practice leader

R7.1: Conduct a managed care pharmacy practice-related project using effective project management skills.

Custom

1. Solve practice problems efficiently
2. Function effectively as a member of the health care team within a managed care delivery system
3. Understand how the organization develops and prioritizes clinical programs
4. Gain familiarity with support departments and personnel for implementing clinical programs

Elective

E4.1: Contribute to the development of a new pharmacy service or to the enhancement of an existing service
E4.5: Resolve conflicts through negotiation
E9.1: Use approaches in all communications that display sensitivity to the cultural and personal characteristics of patients, caregivers, and health care colleagues.
E9.2: Communicate effectively
E9.4: Manage time effectively to fulfill practice responsibilities

Activities

Activities	Goals
Review ASHP stepwise process for the provision of evidence-based care	R2.3
Evaluate existing program outcomes or analyze data to determine need for new program. Review DACON/DUR reports.	R2.3, R2.5, R3.1, R3.5, R7.1, Custom 1-4, E4.1
Follow the organization's process for proposing a program	R2.3, R3.4, R7.1, E4.5, E9.1, E9.2
As approved, implement a new program or revise existing program	R2.3, R3.2, R7.1, Custom 1-4
Create member and prescriber educational material to support clinical program	R4.1, R4.2, R7.1, E9.1, E9.2
Design reporting requirements for clinical program	R5.4, R7.1
Exhibit professional behavior through interactions with staff and vendors	R6.1
Meet deadlines as described in timeline created for program	E9.4

Preceptor Interaction:

Orientation at beginning of learning experience
Assign reading materials.
Monthly meetings to discuss progress of program
Ad hoc meetings as needed

Expected progression of resident responsibility on this learning experience.

Day 1 Orientation and overview of PQI and clinical programs work group
Q1 Learn basic knowledge of program drivers (HEDIS, claims data, regulations, RFP/RFI, etc.). Attend clinical programs work group and PQI meetings.
Q2 Review outcomes of existing program. Review DACON/DUR reports. Propose recommendations. Initiate changes to existing program or initiate work group for new program.
Q3 Design and implement new program or revise existing program. Develop educational materials and outcomes reporting.
Q4 If applicable within timeframe, report outcomes of program.

Preceptor responsibilities include:

- Reviewing the learning objectives of the rotation and individualizing for the resident as appropriate
- Reviewing the policies and procedures for prioritizing and implementing clinical programs, including discussion on how information technology is used
    - Providing basic Business Objects training
    - Describing the Analytical Data Warehouse
    - Explaining the use of decision support tools
- Reviewing the type of data collected, transmitted and stored by information systems
    - Explaining the principles and uses of databases in the management of large volumes of data
    - Discussing the impact on the quality of decision-making facilitated by information systems by the validity, reliability, and consistency of data put into the system
    - Reviewing the sources, the benefits and potential risks of patient use of the Internet to acquire drug and health-related information
    - Discussing the pros and cons of information technology on preventing or contributing to medication errors
- Describing the focus of the quality assurance, patient safety, and utilization management programs, including how the organization identifies and manages medication errors
- Discussing how basic safety design principles such as standardization, simplification, and the employment of human factors training can minimize the incidence of error in the medication-use process
- Explaining the role of the pharmacist in preventing, identifying, communicating, and resolving pharmacy-related patient-care problems
- Discussing educational techniques that factor in the following:
    - Targeting specific audiences
    - Knowing literacy levels
    - Using various instructional delivery systems (written documents, videos, demonstrations, etc.)
    - Distinguishing among motivation, inspiration, and education
- Sharing the organization's Guidelines to Participating in Industry Funded Activities
- Discussing the systematic process by which professionals pursue expertise and how it applies to the resident in developing a clinical program
- Discussing the main factors driving the need for clinical programs
- Overseeing and providing support to the resident on clinical program design
    - Providing the organization's Product Development Life Cycle document and reviewing necessary documentation
    - Assisting the resident in setting up a timeline of milestones and deliverables
    - Working with resident on identifying a DUE opportunity
    - Introducing the resident to key stakeholders and support staff, i.e. data analysis, project management, project coordination
    - Assisting the resident in implementing a new program or enhancing an existing one
    - Reviewing the value proposition for a clinical program (resources, return on investment, marketing potential, regulatory requirement, etc.)
    - Determining stakeholders in a program
    - Setting realistic timelines
    - Providing an overview and assistance with problem solving
    - Discussing and assisting with statistical analyses of data
    - Explaining why it is important to publish in the professional literature
- Discussing the purpose and effectiveness of physician report cards
- Assisting the resident in finding information on the education of members and health care professionals
- Educating the resident on the organization's compliance program
- Working with the resident to prepare and review for Strategy Development Committee
- Providing information on the various regulatory bodies for managed care, including NCQA and HEDIS measures
- Evaluating the resident's performance quarterly

Evaluation strategy

ResiTrak™ will be used for documentation of formal evaluations. Summative evaluation forms will be completed quarterly by both the resident (self-evaluation) and the preceptor. The resident and preceptor will discuss all quarterly and final evaluations. Feedback should be used to ensure all goals are adequately achieved.

What	Who	When
Summative evaluation	Preceptor	End of each quarter
Summative evaluation (self)	Resident	End of each quarter
Evaluation of Preceptor	Resident	End of 4th Quarter
Evaluation of Learning Experience	Resident	End of 4th Quarter

Appendix E

Sample Resident Evaluation

Learning Experience: **Disease Management**

Resident:

Evaluator:

Outcome/Goal/Objective	Narrative Commentary	Score
Outcome R3: Ensure the safety and quality of the medication-use system.		
Goal R3.2: Design and implement quality improvement changes to the organization's medication-use system.		SP (Satisfactory Progress)
Obj R3.2.1: Participate in the identification of need for an evidence-based treatment guideline/protocol related to disease states and/or patient populations.		ACH (Achieved)
Obj R3.2.2: Participate in the development of an evidence-based treatment guideline/protocol related to disease states and/or patient populations.		SP (Satisfactory Progress)
Obj R3.2.3: Participate in the implementation of an evidence-based treatment guideline/protocol related to disease states and/or patient populations.		ACH (Achieved)
Obj R3.2.4: Participate in the evaluation of an evidence-based treatment guideline/protocol related to disease states and/or patient populations.		ACH (Achieved)
Obj R3.2.5: Design and implement pilot interventions to change problematic or potentially problematic aspects of the medication-use system with the objective of improving quality.		SP (Satisfactory Progress)
Obj R3.2.6: Participate in the design or revision of an existing population-based patient medication adherence and persistence program.		SP (Satisfactory Progress)

Goal R3.4: Participate in the organization's quality management activities.

	ACH (Achieved)
Obj R3.4.1: Explain the process by which a quality improvement plan is designed and implemented.	SP (Satisfactory Progress)
Obj R3.4.2: Engage in the processes specified in the organizations' quality management activities.	SP (Satisfactory Progress)
Obj R3.4.3: As applicable, explain the role of pharmacy in assisting a healthcare organization in meeting accreditation and regulatory standards (e.g., NCQA, JCAHO, URAC, CMS) and improving performance on HEDIS measures.	ACH (Achieved)
Obj R3.4.4: Explain areas where pharmacy can influence and improve quality of care provided.	ACH (Achieved)

Goal R3.5: Maintain confidentiality of patient and proprietary business information.

	NA (Not Applicable)
Obj R3.5.1: Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.	ACH (Achieved)
Obj R3.5.2: Observe the managed care organization's policy for the safeguarding of proprietary business information.	ACH (Achieved)

Outcome R6: Exercise leadership and practice management skills.

Goal R6.1: Exhibit essential personal skills of a practice leader.

	SP (Satisfactory Progress)
Obj R6.1.1: Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.	SP (Satisfactory Progress)
Obj R6.1.2: Demonstrate pride in and commitment to the profession through appearance, personal conduct, and association membership.	ACH (Achieved)
Obj R6.1.3: Act ethically in the conduct of all professional activities.	ACH (Achieved)

Obj R6.1.4: Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.	SP (Satisfactory Progress)

Overall Comments:

Resident Comments: <no comments>

Resident Cosign: <not signed>

RPD Comments: <no comments>

RPD Cosign: <not signed>

Appendix F

Sample Preceptor Evaluation

Preceptor Evaluation for in Formulary Management 8/13/2008-9/23/2008

RESITRAK™

Preceptor:

Date Evaluated: 10/28/2008 15:23

Evaluator:

	Question	Narrative Commentary	Score
1	The preceptor was a pharmacy practice role model.		2 (Frequently)
2	The preceptor gave me feedback on a regular basis.		2 (Frequently)
3	The preceptor's feedback helped me improve my performance.		1 (Always)
4	The preceptor was available when I needed him or her.		1 (Always)
5	When possible, the preceptor arranged the necessary learning opportunities to meet my objectives.		1 (Always)
6	The preceptor displayed enthusiasm for teaching.		2 (Frequently)
7	The preceptor gave clear explanations.		2 (Frequently)
8	The preceptor asked questions that caused me to do my own thinking.		3 (Sometimes)
9	The preceptor answered my questions clearly.		1 (Always)
10	The preceptor modeled for me, coached my performance, or facilitated my independent work as appropriate.		2 (Frequently)
11	The preceptor displayed interest in me as a resident.		1 (Always)
12	The preceptor displayed dedication to teaching.		2 (Frequently)

Preceptor Comments: <no comments>

Preceptor Cosign: 10/28/2008 15:24

RPD Comments: <no comments>

RPD Cosign: 10/28/2008 15:24