



# Residency Manual 2019-2020



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College of Pharmacy

**Walgreens and the University of Cincinnati  
Postgraduate Year One  
Community Pharmacy Residency Program**  
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# Walgreen Boots Alliance Overview

In December 2014, Walgreens completed its strategic combination with Alliance Boots to establish Walgreens Boots Alliance, Inc. Walgreens Boots Alliance (NASDAQ: WBA) is the first global pharmacy-led, health and wellbeing enterprise. The company's heritage of trusted health care services through community pharmacy care and pharmaceutical wholesaling dates back more than 100 years. The combination brought together two leading companies with iconic brands, complementary geographic footprints, shared values and a heritage of trusted health care services through community pharmacy care and pharmaceutical wholesaling.

Walgreens Boots Alliance is the largest retail pharmacy, health and daily living destination across the U.S. and Europe. Walgreens Boots Alliance and the companies in which it has equity method investments together have a presence in more than 25\* countries and employ more than 385,000\* people. The company is a global leader in pharmacy-led, health and wellbeing retail and, together with the companies in which it has equity method investments, has more than 13,200\* stores in 11\* countries as well as one of the largest global pharmaceutical wholesale and distribution networks, with more than 390\* distribution centers delivering to more than 230,000\*\* pharmacies, doctors, health centers and hospitals each year in more than 20\* countries. In addition, Walgreens Boots Alliance is one of the world's largest purchasers of prescription drugs and many other health and wellbeing products. The Company's size, scale, and expertise will help us to expand the supply of, and address the rising cost of, prescription drugs in the U.S. and worldwide.

The Company has:

- unmatched pharmaceutical supply chain and procurement expertise, offering customers innovative solutions and optimal efficiencies
- a portfolio of retail and business brands, including Walgreens, Duane Reade, Boots and Alliance Healthcare, as well as increasingly global health and beauty product brands, such as No7, Soap & Glory, Liz Earle, Sleek MakeUP and Botanics
- diversified and robust profit pools across the U.S., Europe and key emerging markets
- a unique platform for growth in developed and emerging markets

By leveraging these advantages and opportunities, as well as the full benefit of our best practices and expertise, Walgreens Boots Alliance will be positioned to create substantial incremental efficiency, synergy and growth opportunities.

The creation of Walgreens Boots Alliance provides an opportunity to further accelerate the development of a fully integrated, global platform for the future to provide innovative ways to address health and wellness challenges. Our Company is well positioned to expand customer offerings in existing markets and become the health and wellbeing partner of choice in emerging markets.



Walgreens Boots Alliance ranks No. 1 in the Food and Drug Stores industry of Fortune magazine's 2017 list of the World's Most Admired Companies. This is the 24th consecutive year that Walgreens Boots Alliance or its predecessor company, Walgreen Co., have been named to the list.

## Walgreens Overview

Founded in 1901 as a single drugstore, Walgreens today is a provider of trusted care in communities around the U.S. our 9,560 locations in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Approximately 76% of the U.S. population lives within five miles of a Walgreens or Duane Reade.

Our vision is to be America's most-loved pharmacy-led health, well-being and beauty company. Our purpose is to champion the health and well-being of every community in America.

To help achieve these goals and build on our legacy of trust, care and accessibility, we are constantly innovating new ways to meet our customers' needs and improve their health; from offering self-service stores beginning in the 1950s to developing a 5-star rated mobile app today. In our pharmacies, we were the first major drugstore chain to put prescriptions into child-resistant containers in the 1960s (long before it was required by law) and were the first drugstore chain to offer safe medication disposal kiosks in our stores.

We care for communities around the country by providing immunizations recommended by the Centers for Disease Control and Prevention, and providing expert and compassionate counseling at our specialty pharmacies that focus on complex disease states such as oncology, hepatitis and HIV.

We strive to be a force for good in the world by championing accessible healthcare, supporting the places in which we live and work, treating people with dignity and respect, protecting the environment and carrying quality products that we believe in.

Each day we interact with eight million people on their terms, whether in our stores, online at Walgreens.com or through our mobile app.

## Our Vision and Purpose

### Our Vision

To be America's most loved pharmacy-led health, wellbeing and beauty retailer.

### Our Purpose

Our purpose is to champion the health and well-being of every community in America.



# Purpose Driven Leadership Model

We approach our work each day guided by our purpose, values, and customer-centric focus. In order to serve that purpose and deliver for our customers, everyone is called to be leaders, no matter what their roles is at Walgreens. Our Leadership Model promotes purpose driven leadership behaviors and empowers our team members at all levels to serve as leaders.

At Walgreens our Purpose Driven Leadership Behaviors inspire team members to go above and beyond to build trusting, lasting, meaningful, connections and relationships. In turn, customers continue to choose Walgreens for their well being, healthcare and beauty needs.

As we continue to pursue our purpose of championing the health and well being of every community in America, it's important that our leadership behaviors continue to inspire our team members to live that purpose daily. For this reason, our Purpose Driven Leadership Behaviors are undergoing some minor changes in FY19, simplifying them and ensuring that they continue to lead experiences built on Trust, Care and Accessibility.

Why is the Purpose Driven Leadership model important to Walgreens?

The behaviors in our model help us drive the right outcomes for our customers, team members and company. They are how we show up everyday and the driving force behind how we handle our business. They translate into everyday actions and guidelines for how we engage our customers and our teams.

Creating an Even Better Walgreens that Positively Impacts our Customers, Team Members, Communities and Partners

Care	Win Together	Inspire
<p><b>Caring genuinely for everyone by connecting personally</b></p> <ul style="list-style-type: none"> <li>Put customers first in everything we do</li> <li>Genuinely care for everyone; act with empathy, compassion and humility in every interaction</li> <li>Take the time to listen, understand and offer solutions that meet others' unique needs</li> <li>Provide meaningful feedback that is supportive, candid and makes others better</li> <li>Treat others like they matter; be engaging, kind, sincere and inclusive</li> <li>Make personal connections; lift each other up and build trusting relationships</li> <li>Exhibit the integrity, care and conviction to protect our company and keep each other safe</li> </ul>	<p><b>Winning together by collaborating to deliver our best work with simplicity and ease</b></p> <ul style="list-style-type: none"> <li>Pursue simplicity, ease and excellence in everything we do</li> <li>Take initiative and accountability; act decisively to achieve strong team results</li> <li>Communicate clearly with influence to explain the "what &amp; why"; bring out the best thinking in others</li> <li>Partner to build aligned, cross-functional plans and deliver win-win results</li> <li>Create value for the company; balance a cost conscious mindset with our purpose, history and values</li> <li>Act courageously to challenge convention, seek diverse perspectives, and innovate</li> <li>Explore ideas, uncover root causes and proactively solve problems</li> </ul>	<p><b>Empowering each other to continuously raise the bar and fulfill our purpose</b></p> <ul style="list-style-type: none"> <li>Take pride in Walgreens; live our purpose in every decision and action</li> <li>Energize, empower and enable each other to seek better solutions; set high standards and continuously raise the bar</li> <li>Recognize each other's contributions and celebrate our successes</li> <li>Bring enthusiasm, creativity and joy to our work everyday</li> <li>Connect our work to health, wellness, beauty and the causes that advance our purpose</li> <li>Lead by example; be genuine in words and actions</li> <li>Take ownership to learn and grow from our diverse experiences</li> <li>Embrace change to overcome challenges with focus and composure</li> </ul>



# Open Door Environment

Promoting an open door environment, where employees are free to contact any member of management without fear of retaliation, is a key part of our culture. It encourages us to present ideas, raise concerns and ask questions—including those of a legal or ethical nature—without fear of retaliation. You are encouraged to address situations first with your manager, who is often best able to resolve the issue. In certain cases, you may feel uncomfortable discussing a matter with your manager, or you might be unable to reach a satisfactory solution. If this is the case, you may speak with any other member of management, the Global Chief Compliance and Ethics Officer, or use one of the confidential reporting telephone lines/website address. You will never be punished or retaliated against for making good faith use of the open door process.

Walgreens Family of Companies believes that the work environment is strengthened when team members and supervisors communicate openly, clearly, and directly with one another. Walgreens Family of Companies seeks to demonstrate its commitment to this principle by responding effectively to team members' concerns. If team members have concerns about work conditions, compensation, or any other terms or conditions of their employment, they are strongly encouraged to voice these concerns professionally and directly to their supervisor. In doing so, team members should select an appropriate time, place, and manner so as to minimize interruption to business operations.

Team members may report complaints of harassment, discrimination, and/or retaliation through the Open Door Environment or by using the reporting procedures described in the Policy Against Harassment and Discrimination.

In certain cases, a team member may feel uncomfortable discussing a matter with their team leader or supervisor, may like further clarification on a matter, or might be unable to reach a satisfactory resolution. In such situations, a team member may speak to their choice of:

- Their location Manager
- Their District Manager or Department Director
- Their Loss Prevention Manager
- The Employee Relations Department at 1-847-315-4455
- The Confidential Hotline at 1-855-924-2633 ([www.tnwgrc.com/walgreens](http://www.tnwgrc.com/walgreens))
- Their Divisional Vice President
- The Chief Compliance Officer
- The Senior Vice President and Chief Human Resource Officer

Reference: Walgreens Boots Alliance Code of Conduct and Business Ethics. November 2017.



# PGY1 Community Pharmacy Residency Program Overview

Walgreens recognizes the importance of advancing the role of the pharmacist and profession of pharmacy in community practice and is dedicated to providing educational opportunities for pharmacists that both enhances their knowledge base and promotes personal growth. The Walgreens Postgraduate Year 1 (PGY 1) Community Pharmacy Residency is a 52 week program that provides exposure to the various pharmacist delivered patient care experiences within community practice.

## The ASHP PGY1 Community-Based Residency Program Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY1 Community-based Accreditation Standard V1.2 - April 2017 (Accessed December 11, 2018)

## Walgreens and University of Cincinnati Residency Program Description

Walgreens and University of Cincinnati (UC) Community Pharmacy Residency Program provides postgraduate training to pharmacists in order to achieve their professional goals, become a leader within the profession, provide compassionate care for the members of their community, and contribute to the Walgreens Company's advancements in health care.

A graduate from the Walgreens Community Pharmacy Residency Program would be viewed to possess equivalent experience to seek a pharmacy manager position within a specialty or traditional community pharmacy practice site. Our graduates will leave obtaining skills related to the following areas of pharmacy practice:

1. Proactive Care-provide care for patients across the spectrum of complexity in a longitudinal fashion from the community and specialty pharmacy arenas.
2. Management-gain mentored experiences working on and leading cross-functional teams within a large, multi-disciplinary, multinational corporation from store to corporate levels.
3. Health Outcomes- collaborate with pharmacists dedicated to improving patient health outcomes thru education, adherence counseling, and communication.
4. Relationship building- develop interdisciplinary and interprofessional teams to enhance collaboration and external relationships.
5. Teach- all levels of learners from patient/caregiver to student to provider.

## Residency Site Description





The residency program is based at the Walgreens Pharmacy #16524 located at 260 Stetson Street Suite F, Cincinnati, Ohio. This location is a specialty pharmacy providing unique services to the community.

The goal of a Walgreens HSRx is to

- Collaborate with medical staff to assist in reducing expenses associated with specialty medications and insurance authorizations
- Expand the continuum of care for patients
- Provide access to medication management and counseling
- Increase patient adherence to medication therapy and improve health outcomes
- Assist patients with insurance issues
- Advance expertise in chronic and complex health conditions
- Integrate with additional health and wellness services provided by Walgreens
- Manage and maintain inventory designed to meet the needs of the patient population and improve the patient experience - including limited distribution drugs and hard-to-find specialty medications
- Provide options of additional financial assistance for specialty medications through grants and manufacturer offers

This premier pharmacy location offers a variety of innovative clinical pharmacy services for patients who are prescribed complex therapies. The pharmacy team services patients with many disease states including hypertension, diabetes, HIV, Hepatitis C, Oncology, Infertility, Rheumatoid Arthritis, Crohn's Disease, post-Solid Organ Transplant (kidney, liver, and pancreas), and pre- and post-Stem Cell Transplant. The pharmacy team at Walgreens #16524 consists of the pharmacy/store manager, 1 pharmacy manager, 1 staff pharmacist, and 2 PTCB-certified technicians. The specialty site fills approximately 30-40 prescriptions per day. Upwards of 95% of the medications sold must be packaged appropriately and mailed to the patient.

Health-system pharmacies (outpatient pharmacy and health services) can be found in many types of healthcare facilities: hospitals, clinics, physician offices, treatment centers, healthcare professional offices, and on academic communities such as a university campus.

The residency is offered in partnership with the University of Cincinnati College of Pharmacy. This partnership allows the resident the opportunity to gain experiences in teaching and precepting experiences at the College and have the support of expert faculty mentors.

## Residency Program Faculty





<b>Walgreens and the University of Cincinnati Residency Faculty</b>	
<b>Bethanne Brown PharmD, BCACP</b> University of Cincinnati	Co-Residency Program Director Research Project Academic Teaching and Learning
<b>Stephanie Cady, RPh</b> Walgreens #12830 513-751-3444 Stephanie.Cady@walgreens.com	Co-Residency Program Director Preceptor: Patient Centered Dispensing, Orientation
<b>Robert Riepenhoff, PharmD</b> Walgreens #16524 513-878-3426 Robert.Riepenhoff@walgreens.com	Site Coordinator Preceptor: Direct Patient Care, Research, and Quality Improvement
<b>Dan Hein, RPh</b> Area Healthcare Supervisor 513-870-0560 Dan.Hein@walgreens.com	Preceptor: Business Plan, Leadership & Management
<b>Emily Hellman, PharmD</b> Health Outcomes Pharmacist 513-448-6152 Ebroeg19@gmail.com	Preceptor: Direct Patient Care, Quality Improvement
<b>JoMarie Richardson, PharmD</b> Walgreens #15182 859-491-9883 Jomergoldrich@gmail.com	Preceptor: Patient Centered Dispensing, Business Plan, Quality Improvement
<b>AJ Buschle</b> Walgreen #16524 513-878-3426 Amy.buschle@walgreens.com	Preceptor: Direct Patient Care
<b>University of Cincinnati College of Pharmacy</b> Clinical Faculty	Preceptors as needed to support resident in advancing community practice.



## Residency Program Director (RPD)

The RPD is the pharmacist responsible for the direction, conduct, and oversight of the residency program. The Accreditation Standard for Postgraduate Year One (PGY1) Community-Based Pharmacy Residency Program (Standard) defines the criteria that RPD must meet in order to serve the program in this capacity.

A residency program director is a licensed pharmacist who;

- has completed an ASHP-accredited PGY1 residency and a minimum of three years of pharmacy practice experience in a community or ambulatory practice environment; or
- has completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience in a community or ambulatory practice environment; or,
- has not completed an ASHP-accredited residency, but has five or more years of pharmacy practice experience in a community or ambulatory practice environment.

The RPD serves as role model of pharmacy practice, as evidenced by:

- Leadership within the pharmacy department or within the organization through a documented record of improvements in and contributions to pharmacy practice;
- Demonstration of ongoing professionalism and contribution to the profession; and,
- Participation in workgroups or committees within the organization.

The RPD serves as designated and authorized leader of the residency program and has responsibility for the:

- Organization and leadership of the Residency Advisory Committee (RAC) that provides guidance for residency program conduct and related issues
- Oversight of the progression of residents within the program and documentation of completed requirements
- Appointment of qualified preceptors to the program.
- Leadership of continuous residency program improvement in conjunction with the RAC; and
- Collaboration with the Health Care Supervisor, District Manager, preceptors, and University partners of the program.

## Residency Preceptor Appointment

A preceptor is an expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors are responsible for the evaluation of resident's performance.

As the role model for the selected learning experience, the preceptor(s) will be responsible for:

- Contributing to the success of residents and the program
- Creating, implementing, and maintaining learning experiences in accordance with residency program Standard
- Actively participating in the residency program's continuous quality improvement processes
- Demonstrating practice expertise, striving to continuously improve, and instructing the resident in learning experiences using established preceptor roles (i.e., instructing,



modeling, coaching, and facilitating) at appropriate levels required by the individual resident

- Adhering to residency program and company policies pertaining to residents and services
- Demonstrating commitment to advancing the residency program and pharmacy services
- Establishing a schedule for and providing ongoing feedback and timely summative evaluations.

An eligible pharmacist preceptor is a licensed pharmacist who has;

- completed an ASHP-accredited PGY1 residency and a minimum of one year of pharmacy practice experience in a community or ambulatory practice environment; or,
- completed ASHP-accredited PGY1 and PGY2 residencies with six months of pharmacy practice experience in a community or ambulatory practice environment; or,
- not completed an ASHP-accredited residency, but has three or more years of pharmacy practice experience in a community or ambulatory practice environment.

Preceptors demonstrate the ability to precept residents' learning experiences as evidenced by:

- Ability to use preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at the level required by residents
- Ability to assess and provide appropriate feedback on the residents' performance
- Recognition in the area of pharmacy practice for which they serve as preceptors
- An established, active practice in the area for which they serve as preceptor
- Maintenance of continuity of practice during the time of residents' learning experiences and
- Ongoing professionalism, including a personal commitment to advancing the profession.

The residency program director, in collaboration residency program partners, will set forth preceptor criteria and maintain preceptor development and improvement in accordance with the Standard. Assessment of the preceptor's ability to meet preceptor criteria will be conducted by the RPD. The RPD is responsible for selecting residency preceptors based on the Standards and the program's policies and to reassess preceptors for continued adherence to these standards.

To be considered as a preceptor for this residency program, the pharmacist is required to:

- Provide the RPD a copy of resume or curriculum vitae
- Complete the Walgreens Residency Preceptor Application and ASHP's Academic and Professional Record Form
- Meet with the RPD to express his/her desire to participate, discuss previous preceptor experiences, and discuss the roles/responsibilities of the preceptor in the program
- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Community-Based Pharmacy Residency Programs" with RPD
- Read the Walgreens and University of Cincinnati College of Pharmacy Community Pharmacy Residency Program Manual
- Participate in new preceptor orientation training
  - overview of the PGY1 Community-Based Residency Program



- introduction to PharmAcademic
- introduction to the Residency Program Design and Conduct process (RPDC)
- Create an initial preceptor development training plan with the residency program director

The residency program director is responsible for providing preceptors with the opportunity for development of precepting skills. The residency program will provide activities, opportunities, and resources for preceptor development and improvement. It is the responsibility of each individual preceptor to participate in or seek out additional development opportunities.

Once appointed as a preceptor in the residency, the preceptor is responsible for performing the following activities in order to maintain continued involvement in the program:

- Complete 2 hours of continuing professional education annually related to precepting skills and abilities
- Follow the policies and procedures for the residency program as defined in this manual
- Address any deficiencies in preceptor performance and ensuring appropriate training is received to correct deficiencies
- Keep up with the current literature topics relevant to improving precepting, mentoring and teaching skills
- Perform ongoing self-evaluation of their own preceptor skills by listening to the feedback they receive from the residents, other preceptors, and the RPD
- Actively seek out training for self-improvement in their precepting skills
- Document their preceptor development training on an annual basis
- Meet with RPD at least once a year to discuss preceptor development plans

Preceptors are encouraged to seek out additional professional activities and opportunities for preceptor development that may include the following:

- Participate in and facilitate informal preceptor development discussions at scheduled resident preceptor meetings
- Attend local, state, and national programs and bringing information back to share with other preceptors
- Participate in training offered by affiliated colleges of pharmacy on preceptor development issues
- Actively pursue scholarship activities in a variety of areas, such as formal presentations, participating as a journal reviewer, writing and submitting publications, performing research
- Acquire board certification, fellow status, etc. for formal recognition by peers as a model practitioner.

### **Annual Preceptor Development Plan**

Each year the residency program director will meet with the program's preceptors to provide feedback, assess the progress made during the previous year, identify challenges in the delivery of residency training and create a plan for the preceptor's continued professional development in precepting. The process for creating each preceptor's Annual Preceptor Development Plan will include the following tasks and projects:



#### Assessment of Preceptor Development Needs:

- Preceptors will be required to complete the Preceptor Self-Assessment annually by May 30<sup>th</sup>
- The RPD will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs.
- The RPD will solicit verbal feedback from residents annually at the resident's exit interview
- RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.

#### Development Process for Annual Preceptor Development Plan:

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year preceptor meeting in July
- The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year
- The RPD will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities and will present to the RAC at the next scheduled meeting
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop an individual plan for these preceptors in addition to the plan for the preceptor group.

#### Review of Effectiveness of Previous Year's Plan:

- Review of current preceptor development plan will occur annually at the annual end-of-year preceptor meeting in July and documented in the preceptor's Annual Preceptor Development Plan for the new residency year.
- Effectiveness of the plan will be assessed by a:
  - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need
  - Discussion with preceptors as to the effectiveness of activities utilized during the past year to address preceptor development needs
  - Discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

### **Preceptor In-Training**

A preceptor-in-training is a pharmacist who is new to precepting residents who have not yet met the qualification for a preceptor in an accredited program. Through coaching and a development plan, they may be a preceptor for a learning experience and become a full preceptor within two years.

The RPD and the preceptor in development to develop and document an individualized plan designed to ensure the new preceptor meets all ASHP preceptor requirements within 2 years. The preceptor-in-training will be responsible for the same responsibilities and tasks as those of



a preceptor. During the preceptor's training, the RPD will co-sign any summative evaluations completed by the preceptor-in-training. The preceptor-in-training will meet twice a year to discuss preceptor's progress, make any adjustments to the development plan, or make the transition to a program preceptor.

## Residency Advisory Committee

The Residency Advisory Committee governs the residency program. The committee is comprised of all preceptors involved with the program. The Committee is chaired by the Residency Program Director and meets quarterly to review and discuss the progress of the residents and complete the customized plan. Interactive feedback within the committee is utilized to direct the resident in his/her current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The committee will recommend modifications to the residents' schedule as necessary. Each member of the RAC is expected to:

- Act as an advocate for the resident.
- Provide expertise for the residency project (when possible) or identify other appropriate resources
- Provide feedback and suggestions on improving current rotation sites, as well as identifying future potential rotation sites
- Provide feedback and suggestions on the current structure of the residency program, and offer possibilities for future direction

RAC responsibilities in the following, but are not limited to:

- Approving residency program and rotation goals and objectives
- Assuring that residents and the program meet stated goals and objectives
- Assuring that the program meets ASHP-APhA standards
- Developing new residency practice opportunities
- Approving preceptors and learning experiences
- Reviewing individual resident plans, goals, rotation objectives and performance
- Reviewing and approving resident research projects
- Recruiting new residents
- Participating in the resident candidate applicant review, interview and ranking process
- Reviewing and maintaining the quality of the residency program
- Other duties deemed necessary by the committee

## Resident Selection Process

Individuals interested in applying for the Walgreens Community Pharmacy Residency Program will follow the guidelines of the Residency Program Application Process for consideration.

Selection into a community pharmacy residency position is a competitive process. A potential residency candidate must possess at minimum the following qualifications:

- All residents for the Walgreens residency program must be US citizens



- A Doctor of Pharmacy degree from a school or college of pharmacy that is accredited by the Accreditation Council for Pharmacy Education
- Must hold licensure in the state(s) where the residency program is being conducted within 60 days after the start of the residency program
- The submission of Residency Application materials through PhORCAS must be received by January 15<sup>th</sup> of the year in which admission is sought, including:
  - Curriculum Vitae
  - A letter of intent/personal statement explaining their interest in pursuing the residency position and expectations from completing the residency
  - 3 professional recommendations
  - Current transcripts
- Completion of on-line application for the residency position at [www.walgreens.jobs](http://www.walgreens.jobs)
- Any candidate who submits application materials after the application deadline or has an incomplete application packet will not be considered
- Prior experience with Walgreens is encouraged, but not required
- Participate in and adherence to the rules of the Resident Matching Program

Additional requirements or qualifications can be established jointly between Walgreens and the collaborating University so long as these requirements are determined appropriate by Walgreens Human Resource policies and procedures prior to its establishment

Walgreens is an equal opportunity employer and welcomes individuals of diverse talents and backgrounds

### **Evaluation of Residency Program Candidates' Applications**

Shortly after the application deadline, a resident search committee will be assembled by the Residency Program Director (RPD) for the purpose of reviewing applicant materials and selecting a group of candidates to invite for a formal on-site interview. Members of the resident search committee should include, but are not limited to, the following members:

- Residency program director
- Residency preceptor(s)
- Representative(s) from the School or College of Pharmacy
- District representative(s) from Walgreen (as applicable)

Evaluation criteria for an invitation for an on-site interview includes at the minimum:

- Strength of academic record
- Sustained community pharmacy experience
- Demonstrated leadership skills at the student pharmacist level
- Quality of recommendations
- Teaching experiences at a College of Pharmacy or equivalent
- Research experience
- Writing skills as demonstrated within submitted application forms
- Advanced Pharmacy Practice Experiences in community pharmacy and patient care activities





- Enthusiasm for patient care services in community pharmacy practice
- Overall strength of candidate's application packet

Resident search committee members will document their assessment of the candidate's application on the Candidate Evaluation Form.

The RPD will be responsible for keeping minutes from the candidate application review meetings held by the resident search committee. These minutes are to be documented as a part of the Residency Program records of the proceedings and are to be saved with Residency Program Accreditation materials. It will be at the committee's discretion to conduct 15-20 minute phone interviews with residency candidates before the on-site interview to better assess the candidate's qualities for a community pharmacy residency. The residency program director will notify all residency candidates of their application status shortly after the candidate pool has been selected for an invitation for an on-site interview.

## **Residency Candidate Interviewing**

Residency candidates that present a strong application based on the criteria within the Candidate Evaluation Form will be extended an invitation for an on-site interview at Walgreens. Interview teams will be assembled each year by the RPD and will include program preceptors, pharmacy management, University representatives, and the current resident(s). On-site interviews are scheduled in such a way that allows ample time for:

- Members of the resident search committee to interview with the applicant
- Time for the candidate and resident to interview and interact
- Ability to observe a 10 minute presentation given by the residency applicant on a subject that pertains to community pharmacy practice
- A visit to the pharmacy site
- A visit to the University
- Completion of both a MTM case and counseling activity

## **Ranking and Selection of a Resident**

Upon conclusion of the interviews of residency candidates, the resident search committee will be assembled to discuss and rank the candidates for submission to the ASHP National Matching Service. The candidate(s) receiving committee member selection support for continued pursuit of candidacy will be ranked. Candidates will be ranked using a standardized evaluation rubric which includes scores from the from the interview question responses , presentation, MTM and counseling activities. It will be the discretion of the resident search committee to determine how many candidates to rank. The acceptance of the final candidate ranking will be voted on by the resident search committee. The RPD will submit the



candidate ranking by the deadline established by ASHP for that year. Walgreens will follow the rules by the National Matching Service for participation in the Match.

## Post- First Match Resident Selection Process (Phase II)

In the event that a residency program does not Match with their ranked candidate(s) the following process is to be followed to allow for an organized and fair secondary application process:

- The residency program director is to contact the HR Business Partner and the Corporate business owner for the residency program so that the position can be reopened at [www.walgreens.jobs](http://www.walgreens.jobs)
- Prospective candidates must apply with Walgreens by submitting an online application with [www.walgreens.jobs](http://www.walgreens.jobs)
- All new candidates must submit all required application materials (CV, letter of intent, recommendations and transcripts)
- PhORCAS will reopen to candidates on 3/19/2019
- Prospective candidates can be provided interviews once all application materials have been received after 3/22/19
- Candidates and programs will be able to submit Rank Order Lists for Phase II of the Match by 4/3/19
- Results of Phase II Match will be released on 4/10/19
- In the event that the position was not filled in the Phase II of the Match, prospective candidates can apply to Walgreens after 4/13/19
  - All new candidates must submit all required application materials (CV, letter of intent, recommendations and transcripts)
  - Offers can be extended after 4/19/19 for any remaining unfilled positions.

## Equal Employment Opportunity

The Walgreens Company subscribes to a policy of equal employment opportunity, making employment available without regard to race, color, religion, nation of origin, citizenship status according to the Immigration Reform Control Act of 1986, sex, sexual orientation, gender identity, age, or disability.

The Walgreens Company believes that employees have a right to work in an environment free of verbal or physical harassment on account of race, color, religion, national origin, sex, sexual orientation, gender identify, age, disability, or any personal characteristic. Such harassment on the part of supervisors or employees will not be tolerated.



Bans on discriminatory treatment cover applicants for employment as well as employees.

## Resident Employment

- A Walgreen resident employment offer letter will be sent to the candidate who successfully matches with the residency program. In the event, that the resident is found post-match the employment letter will come to the resident after a verbal offer has been made.
- The resident is required to complete the residency Match outcome or position offer, Walgreens Residency Program Policy and Procedure Manual Acknowledgement Statement that is at the end of this manual and return to the residency program director as acceptance of the position.
- The resident candidate will complete all pre-employment screenings as defined or required by Walgreens and/or its Human Resource Department guidelines. If any of the Resident's background check reveals a prior criminal record or any other negative material, Walgreens will determine whether such residency candidate should remain a candidate for the residency program.
- The resident is subject to the policy and procedures outlined in the University of Cincinnati College of Pharmacy Community Pharmacy Residency Agreement sent to the resident at the time the resident Match or verbal acceptance of the offer with the residency program.
- The resident is required to complete as acceptance of the Match outcome or position offer, the University's Resident Agreement, Acknowledgement of Receipt, Conditional Hire Acknowledgement, Criminal Background Check and Government Exclusion List Release Form, . The University of Cincinnati needs your date of birth and Social Security number to gain access to University resources.

## Obligations of the Resident

- A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his/her activities external to the residency so as not to interfere with the program. Residents are expected to spend the majority of their time in patient care related activities. Time spent attending scheduled meetings, case presentations, etc. will be considered patient care activities. Additional time dedicated to presentations projects and the residency research project will be required. This time will vary throughout the year.



- The resident will fulfill the educational requirements of the residency and observe the rules and regulations of Walgreens, the University, College of Pharmacy, and any other institutions where assigned.
- The resident understands the curriculum description and requirements noted in the residency description may change during the resident's tenure to improve the residency program.
- The resident is expected to participate in accreditation surveys as requested and assist the programs in making changes needed to maintain accreditation.
- Resident attendance and participation during learning experiences must conform to the established goals and objectives for that learning experience. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor of record and the Residency Program Director.
- The resident must complete in a timely manner the following documentation related to residency activities: weekly logs, monthly goals setting, and monthly project list
- Resident must attend all monthly meetings as scheduled at the University of Cincinnati.
- Resident must complete community service requirements which include the following:
  - Complete 6 hours per quarter starting July 1st of the residency year (24 hours total)
  - Commit to attend either Walgreens community related event or volunteer for a community non-profit organization (within the same population as practice site (Corryville/OTR/Covington).
    - hours completed must be in direct contact with the community served (for example- packing boxes would not be acceptable)
    - Any training/orientation counts towards hours served
    - Agency outside of Walgreens must be approved by RPD
  - Complete a reflection within the weekly log document
  - Walgreens options include: Cystic Fibrosis Walk, Pride Parade, Ovarian Cancer Walk, Shelter House Homeless Shelter, Leukemia/Lymphoma Society Fundraiser
- The resident's primary professional commitment must be to our residency program. The resident must be committed to:
  - The values and mission of Walgreens and the University of Cincinnati College of Pharmacy.
  - Completing the goals and objectives for training established by our residency program.
  - Making active use of the constructive feedback provided by our residency program preceptors and to actively seek constructive verbal and documented feedback that directs their learning.



## Resident Licensure Requirements

- To minimize delays in obtaining licensure, the resident is strongly encouraged to submit their licensure/examination application to the Ohio State Board of Pharmacy and Kentucky State Board of Pharmacy immediately upon graduation and once the submission of the required paperwork from your College of Pharmacy is completed (ie within 2 weeks).
- The resident is expected to take the North American Pharmacist Licensure Examination (NAPLEX) and Ohio and Kentucky Pharmacy Jurisprudence Examination (MPJE) and/or other state exams required within 30 days from eligibility.
  - Eligibility is defined as when the resident receives approval notification from NABP for the resident to purchase the NAPLEX and MPJE
  - The residency program director must approve any circumstance preventing the resident from taking the exam(s) within the 30 days eligibility period.
  - The resident must inform the residency program director of any changes the resident makes to previously scheduled test dates.
- Unless licensed as an Ohio and Kentucky pharmacist, the resident must obtain an Ohio and Kentucky pharmacy intern license from the Ohio and Kentucky Boards of Pharmacy prior to starting the residency program. The resident must provide a copy of their Ohio and Kentucky pharmacy intern license at the start of the residency. Failure to do so will delay the start of the resident's training program and can impact employment benefits.
  - Should the resident not obtain an Intern license within 45 days of the scheduled start date of the residency **or** has not become a licensed Ohio and Kentucky pharmacist, the resident will be terminated from the program.
- The resident is to be licensed by both the Ohio and Kentucky Boards of Pharmacy which includes passing both the North American Pharmacist Licensure Examination (NAPLEX) and Ohio and Kentucky Pharmacy Jurisprudence Examination (MPJE) within 90 days of the start of the residency program or **September 22, 2019**.
- In addition to licensure, the resident is required to obtain a National Provider Identifier (NPI) by July 1st and update after obtaining the pharmacist license. This can be completed online at <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>
- Upon receipt of the Ohio and Kentucky pharmacist license, the resident must provide a copy of the license and forward it to the residency program director and College of Pharmacy via RPDs. If required, the resident must carry verification of license when practicing pharmacy in locations other than the primary pharmacy practice site.

### Failure to Obtain Licensure

- In the event of resident failure to obtain licensure within 90 days of the start of the residency program, the residency program may approve an extension for the resident to obtain licensure.



- If an extension is provided, the latest possible date that the resident must achieve licensure is **October 22, 2019**. In accordance with the Accreditation Standard, this licensure deadline date ensures that the resident will be a licensed Illinois pharmacist for a minimum of 8 months of the residency program year.
  - If the resident fails to achieve licensure by this date the resident will be terminated from the program.
  - It will be the resident's responsibility to seek approval from NABP and the Ohio and Kentucky Boards of Pharmacy to reschedule the exam retake before the agreed upon licensure date.
  - Examination failure will be documented in accordance with Walgreens policy as described below.
- In accordance with Walgreens policy regarding Graduate Pharmacy Intern Board Failures, any resident who fails to pass **two consecutively scheduled** Board of Pharmacy examinations will be terminated. This policy applies to two failures of the same examination including: the NAPLEX (North American Pharmacy Licensure Exam), MPJE (Multi State Jurisprudence Exam) and/or additional state required examinations in order to practice as a pharmacist in a particular state.
    - **First Examination Failure:** Within 10 days of a resident's **first** unsuccessful attempt to pass a Board of Pharmacy examination: The resident, **in the presence of the RPD and Walgreens Residency Site Coordinator/Preceptor**, will be interviewed by the District Manager. The resident will be advised that failure to pass the next scheduled Board of Pharmacy examination will result in termination. The District Manager complete and file the appropriate documentation as described in the Graduate Intern Board Failures policies.
    - **Second Examination Failure:** When a resident the Pharmacy Board examination on the second attempt, the District Manager will immediately terminate the team member. The District Manager complete and file the appropriate documentation as described in the Graduate Intern Board Failures policies.
  - The RPD will modify the resident's individual development plan for the time between the licensure failure and the next scheduled exams retake. The residency program director, site coordinator and resident will meet to discuss the updates to the plan. The resident's plan will be updated to address the licensure plan, staffing requirements, and adjustments to the resident's learning experience due to the delay in licensure.

## Resident Salary and Benefits

In 2019-2020, the Community-based Pharmacy Resident is a salaried employee. The resident will be paid a salary of approximately \$50,000 for the residency program. The resident will be paid on a bi-weekly basis.



Enrollment in the Community Pharmacy Residency program may qualify the resident for deferment of student loans. The resident is advised to consult with one's lending institution for the guidelines and parameters associated with loan deferment due to postgraduate residency training.

The information listed in this section is intended for general reference only. Walgreens Human Resources Department should be contacted for complete information and regulations currently in place for employee benefits.

- The resident will be classified as a Pharmacy Intern Year Six (PHI6) Graduate Intern as they await the completion of licensure requirements. The salary of the resident will be the contracted adjusted for the resident's salary rate.
- Once licensed as a pharmacist, the resident will be moved to the resident job code of RESP.
- The resident will be paid for time worked, holidays, and paid time off up to (53 weeks) the length of the program.
- The residency program will begin on June 24, 2019 and end on June 30, 2020
- Health: The resident is eligible to participate in Walgreens Medical Plan after 90 days of service. The resident will receive a booklet and enrollment materials shortly before eligibility.
- Paid Time Off: Walgreens provides a fluid paid time off policy. Paid Time Off (PTO) is one "bucket" of time that can be used for vacation, sick needs and personal holidays, and gives team members more flexibility and control over their time off. The PTO and hourly accrual plan provides eligible team members with paid time off to use for vacation, absences due to illness or to care for sick family members, appointments, emergencies, or any other personal needs that require time off from work.
  - Notification: The resident is to notify a member of their management their PTO request at least 1 week prior (or as soon as known) to take the time off needed.
- Eligibility: A team member's eligibility for the PTO accrual benefit is determined by their length of service and their regularly weekly average hours worked (12-week average hours worked). New hires become eligible to accrue PTO once they have satisfied the PTO eligibility period of 180 days of service. Paid Time Off is not earned during the PTO eligibility period. Team members whose employment is terminated prior to their completion of the PTO eligibility period, either voluntarily or involuntarily, are not entitled to any PTO payout. Current team members may use any earned PTO accruals as soon as it is credited their PTO accrual bucket.

## Policy





Walgreens Family of Companies recognizes that team members have a diverse range of needs for time off from work, and has established a Paid Time Off (PTO) and Hourly Accrual Plan to meet those needs.

The PTO and hourly accrual plan provides eligible team members with paid time off to use for vacation, absences due to illness or to care for sick family members, appointments, emergencies, or any other personal needs that require time off from work.

Any PTO must be approved by RPD 1 month prior to submission to Walgreens for approval. All approvals must be communicated via email with RPD.

### **Eligibility**

A team member's eligibility for the PTO accrual benefit is determined by their length of service and their weekly average hours worked (12-week average hours worked).

New hires become eligible to accrue PTO once they have satisfied the PTO eligibility period. The PTO eligibility period is the lowest service requirement as shown in first row of the PTO Accrual Schedule under the "Length of Service" column.

Team members hired after 1/1/2014 and who have and maintain a weekly average of at least 20 hours worked and paid, are eligible to accrue PTO benefits under the PTO and Hourly Accrual Plan except where mandated by law or regulation.

Team members do not accrue any PTO during the PTO eligibility period. However, as an accommodation, new hires will be granted PTO once they have completed the PTO eligibility period and are eligible to accrue PTO. The amount of PTO granted to a team member will be calculated by multiplying the lowest accrual rate for their position by the number of hours paid (excluding worker's compensation payments) during the team member's PTO eligibility period.

Paid Time Off is not earned during the PTO eligibility period. Team members whose employment is terminated prior to their completion of the PTO eligibility period, either voluntarily or involuntarily, are not entitled to any PTO payout.

### **Accrual Method**

A team member's accrual rate is determined by their job position and length of service. The annual benefit days/hours are calculated by applying the accrual rate to a full-time (40 hours per week) schedule. The actual PTO accrual benefit may vary based on the team member's actual hours worked/paid or their standard scheduled hours.

Team members will move up to the next accrual rate on January 1 of the year in which they will achieve the level of service corresponding to the PTO accrual rate.



PTO will be calculated and credited to the team member's PTO accrual bucket once a week on Sundays. The amount of PTO a team member earns is calculated by multiplying the accrual rate by the number of hours paid during the previous week, Monday through Sunday.

In addition to regular hours worked, PTO will accrue on other benefit time paid by Walgreens family of companies (including, but not limited to, company holidays, paid Funeral Leave, Jury Duty, paid Disability Leave) as well as hours worked for overtime pay and on PTO time used.

PTO will not accrue on unpaid leaves of absence, time worked for B-Pay rates, unused PTO time paid out on a final paycheck, or on worker's compensation payments.

Team members can accrue up to 150% of the maximum of their PTO accrual rate. Once a team member has reached the applicable 150% maximum, PTO will stop accruing until the team member uses PTO time and falls below the maximum PTO accrual limit. PTO accrual is not restricted by calendar year – as long as the team member has not accrued 150% of the PTO benefit, the time in a team member's PTO accrual bucket will roll over from year to year.

Current unused PTO accrual can be viewed in Kronos and Information About Me (IAM).

### **Using Paid Time Off (PTO)**

PTO can be used by eligible team members for all time-off needs, including vacation, when a team member or family member is ill, or personal emergencies or otherwise.

To allow for proper coverage during a team member's absence, the team member should schedule foreseeable time-off needs, such as, but not limited to, vacations, personal days off or prescheduled appointments, whenever possible and with as much notice as possible. Managers are expected to try to accommodate time-off requests whenever possible.

However, managers have the discretion to designate days where no team members are allowed to schedule PTO. In addition, residents must have approval from the RPD prior to submitting PTO requests. This must be in writing (ie email) and must be submitted no later than 1 month prior to the requested days off.

### **Unscheduled Absences**

If an absence for a scheduled shift is unforeseeable, team members must notify their managers as soon as possible.

The company recognizes that there are times when a team member must call out on a scheduled shift due to unforeseeable and/or unplanned circumstances, such as illness or injury, to care for a sick family member or for other personal emergencies. In these situations, and in any other situations in which a team member is unable to report to work for a scheduled shift, the team member must contact a member of management at their work location as soon as reasonably possible to inform them of the unscheduled absence.



An unscheduled absence of up to 3 consecutive calendar days (or as described in your local policy guidelines, e.g., Distribution Center Attendance Policy) will be considered a single unscheduled absence occurrence for purposes of this policy.

The first five unscheduled absence occurrences in a calendar year will be considered excused and will not be subject to disciplinary action, regardless of whether the team member has PTO or other paid time off available.

Thereafter, unless an unscheduled absence occurrence is protected by an approved leave of absence such as family medical leave, medical leave, etc., a team member with more than five unscheduled absence occurrences may be subject to disciplinary action, regardless of whether the team member has PTO or banked sick/vacation hours available.

**NOTE:**

- A team member who is absent for more than 5 consecutive scheduled shifts due to illness must apply for medical leave and must bring documentation (healthcare provider's note or other approved documents) certifying that they are released to return to work.
- A team member on any type of unpaid leave (medical, personal, FMLA, etc.), must use available PTO during that leave. The team member may not take unpaid time off if PTO is available.
- For locations covered by a collective bargaining agreement, that agreement takes precedence over this policy.

**Additional Information**

If a holiday falls during the span of a team member's scheduled PTO, the team member will be paid for the holiday and not charged PTO hours for the same day. The team member will still accrue PTO on the paid holiday.

Time not worked but paid as PTO shall not be counted as "hours worked" for the purpose of computing daily or weekly overtime pay for hourly paid team members or as extra shift pay for eligible salaried team members. Hourly paid team members who average over 40 hours worked per week shall receive straight-time pay for PTO hours over 40 when taking the equivalent of one week of vacation.

A salaried team member who is absent from work for less than half of their normal workday will not have time deducted from their accrued PTO Accrual Bucket. A salaried team member who is absent for a least half of their normal workday will be deducted for a half-day equivalent of PTO. A full day of PTO will be deducted for a full-day absence. A salaried team member who does not have any PTO or frozen time available will not be paid if absent for a full day, however, the team member will not lose pay if absent for only a partial day.

**Separated Team Members**



Upon separation from the company, team members will be paid out the balance of PTO remaining after PTO recorded on the final timecard has been deducted. PTO will not accrue on the final timecard or final paycheck.

Team members who have not worked the complete PTO eligibility period and whose employment is terminated, either voluntarily or involuntarily, have not earned any PTO and, therefore, are not entitled to any PTO payout.

PTO paid out at the time of separation will not extend the team member's separation date, which will be the last day worked, including those eligible for retirement.

- The standard company holidays are separate from the PTO plan. Company holidays are New Year's Day, Memorial Day, July Fourth, Labor Day, Thanksgiving Day and Christmas Day.
- Walgreens team members eligible for a Bridge-In-Service must submit the required form and any supplemental information to the Employee Records Department. Team members awarded additional vacation benefits as a result of an approved Bridge-In-Service will see these benefits applied in the next calendar year.

## **Leave of Absence**

When health issues, pregnancy, family emergencies, and other personal matters arise, the company provides eligible team members with reasonable time away from work to cope with these circumstances.

## **When to Apply for a Leave**

To take an excused absence from work for more than seven consecutive days, you must qualify for an approved leave of absence. This is the case even if you are injured at work and qualify for workers' compensation benefits.

Review the different types of leave available to help you identify which one may apply to your situation.

## **How to Apply for a Leave**

Once you identify which type of leave applies to your situation, carefully review the specific policy or policies. Those policies describe the specific steps that you must take to apply (including any phone calls to make and forms to complete).

Keep in mind that it is your responsibility to apply for a leave of absence and to submit any necessary paperwork on a timely basis. Failure to do so can result in denial of the requested leave and may negatively impact your employment and benefits status.

## **Family Medical Leave Act and Corresponding State Laws**



For a description of how employees' rights under the federal Family Medical Leave Act (FMLA) and corresponding state laws are applied to the various leaves of absence available to company team members, refer to the Family and Medical Leave policy.

### **Workers' Compensation**

When you are injured on the job or contract an occupational disease, workers' compensation insurance may provide you with compensation for missed work time and/or medical expenses.

Be aware that workers' compensation is not a separate type of leave of absence. You must also apply for a paid or unpaid disability leave, as applicable, to properly account for your absence from work. Failure to do so may negatively impact your employment status. Refer to the Workers' Compensation policy for more information.

### **Military Leave - Called to Active Duty**

Certain special rights and benefits apply when you enlist, are drafted, or are called for active duty in the armed services of the U.S. military. Refer to the Military Leave - Called to Active Duty policy for information.

**You will be placed on leave of absence for the period of your active military status, up to a maximum of 42 months. If you return to work at the end of your military service and within 42 months of your last day worked, your original date of hire will be maintained, without the need to request a bridge of service.**

### **For More Information**

- Your manager can assist you in assessing what type of leave of absence might be available to you and help you work through the application process. Provide your manager with as much advance notice as possible, so he or she can effectively assist you with the process and has sufficient time to plan for your absence from work.
- Each leave of absence policy contains information on where to direct your questions. Contact the Danville Unpaid Leave Department with general inquiries.

(The information listed in this section is intended for general reference only. Walgreens MyHR website should be contacted for complete information and regulations currently in place for employee benefits.)

### **Leave of Absence: Family and Medical Leave**

*Listed below is an abbreviated description of Walgreen's policies regarding Leaves of Absence. The resident is required to review the comprehensive Walgreens benefits policy and procedures regarding Leaves of Absence before seeking approval.*

### **Policy**

The Family and Medical Leave Act allows a team member to request unpaid leave on a continuous or intermittent or reduced-schedule basis, up to the equivalent of 12 weeks per year (or 26 weeks per year where applicable), for the qualifying reasons identified below. When



leave is foreseeable, the team member should make a reasonable effort to schedule such Family and Medical Leave so as to avoid disruption to company business. Any questions concerning Family and Medical Leave should be directed to the HR Shared Services Department.

Walgreens family of companies uses the **calendar year** to define the 12-month period for purposes of FMLA leave entitlement (i.e., January 1 to December 31).

## Eligibility and qualifying reasons

To be eligible for Family and Medical Leave under the Family and Medical Leave Act (FMLA), the team member must have a total of at least 12 months of service within the last 7 years, have worked at least 1,250 hours during the 12-month period prior to the beginning of the leave, and work at a company location with 50 or more team members within a 75-mile radius.\*

### Qualifying Reasons

Up to 12 weeks of unpaid Family and Medical Leave per calendar year must be granted to an eligible team member who requests a leave of absence for the following reasons:

- To care for, or bond with, a newborn, newly adopted, or newly placed foster child
- To care for a child, spouse, same-sex domestic partner\*\*, or parent with a serious health condition
- The team member's own serious health condition that makes them unable to perform the functions of their job
- A qualifying exigency\*\*\* that arises because the team member's child, spouse, same-sex domestic partner, or parent is on covered active duty status or has been notified of an impending call or order to covered active duty status, in the Armed Forces in a foreign country
- To care for a covered service-member in the Armed Forces
- To care for a covered veteran (i.e. an individual in the Armed Forces discharged or released under conditions other than dishonorable discharge) who is receiving treatment for or is recovering from: a serious illness or injury sustained while in the line of duty, while on active duty, or a pre-existing condition that was aggravated in the line of duty. To be eligible, the covered service-member or veteran must be the team member's child, spouse, same-sex domestic partner, parent, or individual for whom the team member is the next of kin, and Family Medical Leave to care for a covered veteran must commence within five years from the date the veteran left active military service.\*\*\*\* Please note that this leave may be taken for up to 26 weeks in a single 12-month period.

\* For a copy of Employee Rights and Responsibilities under the Family and Medical Leave Act, please see FMLA Posting.

\*\* For leave to care for a same-sex domestic partner, please also complete the Affidavit of Domestic Partnership.

\*\*\* The following circumstances meet the definition of a qualifying exigency: short-notice deployment; military events and related activities (such as official ceremonies and informational briefings); child care and school activities; financial and legal arrangements; counseling for the eligible team member, covered service-member, or a child; rest and recuperation; post-deployment activities; parental care. Please see the Request for Leave Form 1372 for additional details.



\*\*\*\* The term "next of kin" means the nearest blood relative of that individual other than his/her spouse, parent, son, or daughter.

## Using and requesting family and medical leave

### Use of family and medical leave

Family and Medical Leave taken due to the team member's own serious health condition, including pregnancy, may also qualify for Medical Leave. (Refer to information on Disability Benefits and information on Medical Leave). Any time off taken for Family and Medical Leave purposes (including paid or unpaid Medical Leave), and which is not taken for the purposes of caring for a covered service-member who is seriously ill or injured (as described in item #5 in the Qualifying Reasons section above), **will count towards the 12 weeks of unpaid leave allowed annually under the FMLA.**

Family and Medical Leave taken for a qualifying exigency arising out of the fact that the team member's child, spouse, or parent is on covered active duty status, or has been notified of an impending call to covered active duty status, in support of a contingency operation **will count towards the 12 weeks of unpaid leave allowed annually under the FMLA.\*\*\*\***

Family and Medical Leave to care for a seriously ill or injured covered service-member whose serious illness or injury was sustained in the line of duty while on active duty ("military caregiver leave") **may be taken for up to 26 weeks during a single 12-month period.** This 12-month period begins on the first day the team member takes leave for this reason. However, the total amount of time off taken for FMLA leave (including leave for any other FMLA-qualifying reason) cannot exceed 26 weeks during this single 12-month period.

\*\*\*\* Under the FMLA, qualifying exigency leave is available to a child, spouse, or parent of a military member in the National Guard, Reserves, the regular Armed Forces, or a retired member of the regular Armed Forces or Reserves, who is deployed with the Armed Forces to a foreign country.

To apply for a family and medical leave, submit the forms located on myHR by going to Pay and Time Off > Leaves and Time Off, and looking under the Leaves and Time Off Forms heading.

### Intermittent or reduced-schedule leave

The FMLA allows a team member to request leave on an **intermittent or reduced-schedule basis**, up to the equivalent of 12 weeks per year, for the above qualifying reasons where medically necessary, except for military caregiver leave, for which the FMLA allows a team member to request leave on an intermittent or reduced-schedule basis, for up to the equivalent of 26 weeks per single 12-month period, for such leave.

If Family and Medical Leave is necessary on an intermittent basis for planned medical treatment relating to a team member, a covered family member, or a service-member, **the team member must make a reasonable effort to schedule treatment so as to avoid disruption to company business.**





If the team member is approved to take leave on an intermittent or reduced-schedule basis, the team member must tell his/her manager or department director at the time of the absence whether the absence is for the previously certified FMLA reason or that the team member intends the absence to be FMLA-qualifying. Any questions concerning intermittent or reduced-schedule requests should be directed to the HR Shared Services Department.

## Requesting family and medical leave

When the need for Family and Medical Leave is foreseeable, **a team member must provide 30 days' advance notice, or as soon as possible if 30 days' notice cannot be given.** Notice of the need for Family and Medical Leave must be provided by the team member to his/her manager. If the need for Family and Medical leave is unforeseeable, the team member must notify his/her manager of the need for leave as soon as possible (generally the same day or next day the team member learns of the need for leave).

In addition, the team member must comply with the usual call-in procedures applicable at his/her worksite. Absent extenuating circumstances, the team member's failure to provide timely notice of the need for leave may result in the company delaying or denying the FMLA leave until proper notice is provided.

Upon receipt of notice of the need for Family and Medical Leave, the manager or department director should provide the team member with the Family and Medical Leave application (Form 1372) and appropriate certification form(s).

A team member who is interested in taking Family and Medical Leave must submit a completed request for leave application, supported by the appropriate certification documentation, to the HR Shared Services Department. **Complete and sufficient certification supporting the need for FMLA leave must be submitted within fifteen (15) calendar days after the leave is requested.** Failure to submit the certification within this timeframe may result in denial of the leave. If the certification is deemed to be incomplete or insufficient, a team member will receive written notice of the deficiencies identified, and will have **seven (7) calendar days from receipt of this notice** to resolve any deficiencies and submit complete and sufficient certification. Failure to provide complete and sufficient certification will result in denial of the leave.

Team members may also be required to provide periodic re-certifications supporting the need for leave.

## Family medical leave and benefits, state law, and collective bargaining agreements

### Effect of taking family and medical leave on benefits

During Family and Medical Leave, coverage under the company's Health Plan, Dental Plan, Vision Plan, and/or life insurance plans will be continued as if the team member was actively working. Health, Dental, and Vision premiums for the period of time a team member is on an approved Family and Medical Leave will be taken from the team member's pay upon the team



member's return to work, unless the team member is receiving Disability Benefit payments. A team member who is on approved Family and Medical Leave who is receiving Disability Benefit payments will have Health, Dental, and Vision premiums automatically deducted from their disability payments (unless the team member requests otherwise in writing to the Disability Benefits Department) until paid disability benefits are exhausted. Contact the HR Shared Services Department at 1-800-825-5467 for more information.

#### Effect of state law and collective bargaining agreements

If a state law provides for job protected family or medical leave, the state leave and FMLA leave will run concurrently if permitted by law. The FMLA does not supersede any state or local law that provides greater family or medical leave rights, and a team member will receive all benefits and protections to which the team member is entitled under any and all applicable leave laws. In the event a collective bargaining agreement addresses any issues covered by this policy, the collective bargaining agreement provision will apply.

#### Terms, Conditions, and Calculations Applicable to Family Leave

- Eligible team members may take up to 12 weeks of unpaid Family and Medical Leave during a calendar year period (or up to 26 weeks of unpaid leave in a single 12-month period when taking military caregiver leave). The substitution of accrued paid leave time for unpaid Family and Medical Leave described below does not extend the 12-week (or, where applicable, the 26-week) leave period.
- Once approved for Family and Medical Leave (regardless of the qualifying reason), available PTO time (or equivalent sick and vacation hours) will be applied towards the team member's continuous or intermittent FMLA leave absences, unless state law requires otherwise. Specific information as to how PTO or equivalent sick and vacation time will be applied towards a team member's approved FMLA leave is described in the Rights and Responsibilities Notice that will be provided at the time a request for Family and Medical Leave is submitted to Walgreens.
- Team members who apply for paid disability benefits will also be subject to the terms and conditions described in the Medical Leave policy and in the applicable Summary Plan Description for such benefit, even when the leave qualifies for and runs concurrently with federal and/or state family medical leave.
- All team members approved for paid disability benefits during their FMLA absence will be required to use **available current year sick days** (up to a maximum of **five sick days**) or the **equivalent amount of PTO (and/or frozen sick time if PTO is exhausted)**, to cover the 7-day waiting period, as described in the Disability Benefit Plan.
- Eligible team members may take up to 26 weeks of unpaid Family and Medical Leave during a single 12-month period for military caregiver leave. However, a team member's leave entitlement, including leave taken for any other FMLA-qualifying reason, may not exceed 26 weeks in the single 12-month period.



- Where a team member qualifies for leave under the applicable state family medical leave law, and when permitted by state law, time off taken for Family Medical Leave (FMLA) will run concurrently with the state leave.
- Family and Medical Leave for the purpose of birth, adoption, or placement of a foster child must be taken in a single continuous period and must be completed within one year of the qualifying event, unless state law differs.
- In cases where married team members are both employed by the company, Family and Medical Leave taken for the purposes of birth, adoption, or placement of a foster child, or to care for a parent with a serious health condition, will be limited to a combined total of up to 12 weeks for both team members. Similarly, where married team members are both employed by the company and either team member takes military caregiver leave, both team members are limited to a combined total of up to 26 weeks of Family and Medical Leave for all FMLA-qualifying bases for leave.
- Recertification may be required as often as every 30 days or less when changed circumstances necessitate recertification, and as permitted by law.

At the time a Family and Medical Leave is approved, the HR Shared Services Department or the appropriate leave department will notify the team member of the terms and conditions of the leave.

The Manager or department Director must notify the HR Shared Services Department when the team member returns to work.

### **Employment shall be considered terminated if**

- The team member fails to return to work upon the expiration of the leave
- The team member applies for unemployment compensation while on leave and represents that he/she is no longer employed by the company
- The team member accepts new employment while on leave
- The required medical documentation is not submitted to the HR Shared Services Department as requested and/or not submitted in a timely manner
- The team member misrepresents facts in order to be granted Family and Medical Leave

### **Rights upon returning to work**

Team members returning from an approved Family and Medical Leave **must** be reinstated to their former position or to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment. Team members will retain their previous date of hire, subject to any applicable exceptions. A team member returning from a leave due to his/her own serious health condition will be required to provide a medical release from a healthcare provider prior to returning to work.



If the duration of Family and Medical Leave exceeds 12 weeks (or the equivalent of 12 weeks if intermittent or reduced-schedule leave) or 26 weeks (where applicable under this policy) and the leave taken is not for the team member's own illness, the team member may apply for a Personal Leave. The team member must meet the eligibility requirements of a Personal Leave.

### **Additional information**

For additional information regarding this policy, contact the HR Shared Services Department at 800-825-5467 or by writing to the following address: HR Shared Services Department, MS #625, P.O. Box 4007, Danville, Illinois 61834.

At the time a Family and Medical Leave is approved, the Danville Unpaid Leave Department or the appropriate leave department will notify the employee of the terms and conditions of the leave.

*(Source: Walgreens Family and Medical Leave Policy Effective 8.5.2015. Accessed: December 11, 2018, December 18, 2017. The information listed in this section is intended for general reference only. The Walgreens My HR website is to be referenced for complete information and regulations currently in place for employee benefits.)*

### **Leave of Absence: Personal Leave**

When you need to take time off from work to attend to personal circumstances, but you do not qualify for a Disability Leave, a Family Leave, or any other type of leave of absence, then you may wish to consider applying for a Personal Leave. Personal Leave is not available for military service or for other employment.

- To qualify for a Personal Leave, you must have at least six months' service with the company and you must work an average of at least 15 hours per week. Personal Leave approval is not automatic. Your Personal Leave must be approved by your Location Manager, your District Manager, and the Manager of the Danville Unpaid Leave Department.
- All current-year vacation must be taken prior to commencing a Personal Leave. Banked vacation can be taken concurrent with Personal Leave upon request to the Danville Unpaid Leave Department.
- To apply for Personal Leave, you must submit a completed Request for Leave Form) and provide your manager of sufficient advance notice of the Leave request. You must specify the reason for and length of the leave requested and the form must be signed by you, your Location Manager, and your District Manager or Department Director.
- It is your responsibility to submit this form after you receive the necessary approvals. The Danville Unpaid Leave Department will review this form and then inform you whether your Personal Leave is approved, and the pertinent terms and conditions of your leave.



- During a Personal Leave, you are not considered an active employee, and your active participation in company benefit plans will be discontinued during your Personal Leave.
- Personal leave for a resident cannot exceed 14 weeks. This includes the combined total of all types of paid and unpaid leaves, unless you return to work for more than 30 days. For purposes of this limit, Personal Leave will be measured from your last day worked, which means that it will include any vacation time that is applied prior to the commencement of your Personal Leave.
- It is your responsibility to keep your manager informed of your return to work date and to return to work immediately when you cease to qualify for a Personal Leave. You and your manager should notify the Unpaid Leave Department when you return to work.

For resident granted FMLA leave or Personal leave, employment shall be considered terminated if:

- The employee fails to return to work upon the expiration of the leave, or
- The employee applies for unemployment compensation while on leave and represents that he/she is no longer employed by the company, or
- The employee accepts other employment while on leave, or
- The required medical documentation is not submitted to the Danville Unpaid Leave Department as requested and/or not submitted in a timely manner, or
- The employee misrepresents facts in order to be granted Family and Medical Leave.

The Walgreens policies, procedures, and benefits may be changed at any time. The Employee Services Department will endeavor to publish changes on a timely basis, but there can be a delay between the effective date of a change and the date the new policy is officially published. The policies in the possession of the Director of Employee Services shall be controlling in the event of any conflict. If you have any questions concerning these policies, please email the Employee Services Department at [benefits.policies@walgreens.com](mailto:benefits.policies@walgreens.com).

### **Completion of Residency Program after a Resident's Leave of Absence**

In the event that the resident's leave of absence will be longer than 2 weeks the resident will be still expected to complete the full 53 week program in order to ensure that all program goals and objectives of the program have been met.

The resident is expected to return to work upon the expiration of their approved leave to continue the residency program for the program duration of 53 weeks. The length of the residency program extension will be dependent on the type of leave receive (i.e. FMLA, Personal or Military)

The resident will be required to extend their program past the original end date in order to complete the program schedule. The final decision in regards to program completion will be



made under the discretion of the residency program director, primary preceptor District Manager/Healthcare Specialty Supervisor and College of Pharmacy.

## Conflict of Interest

Walgreens family of companies believes that is not in its or its employees' best interest for employees to have an ownership interest in or to accept secondary employment with competing pharmacies, retail drugstore chains, mail-order pharmacies, or other businesses in direct competition with the company, which includes all divisions, subsidiaries and joint ventures of Walgreens family of companies.

Secondary employment is defined as employment on either a full-time or part-time basis with an employer other than Walgreens family of companies or one of its subsidiaries and/or joint ventures.

Secondary employment with business operating pharmacies, such as groceries or big-box retailers, is permitted, as long as the employee does not work directly in the pharmacy or a professional employee is not working in his/her professional capacity (i.e. nurses). Secondary employment in a hospital in the employee's professional capacity is permitted.

Therefore, it is the policy of the company to require the relinquishment of any such ownership interest or secondary employment as a condition of employment. Exceptions to this policy may be made only with the written approval of the appropriate store operations vice president or corporate vice president of the employee's division.

## Patient Centered Dispensing Requirements

- The resident is required to staff independently one shift per week as a part of their residency requirement. Every effort will be made to allow for the resident to conduct this shift at their primary practices site. The staffing shift could be evenings or weekends depending on the pharmacy's need.
- During the residency program, outside employment with any other organization other than Walgreens is strictly prohibited (see Conflict of Interest as listed above).

## Duty Hours (Additional Shifts/Work Hours)

Walgreens Community Pharmacy Residency program adheres to Duty Hours Standards as defined by ASHP. Residents, program directors and preceptors are required to follow these standards at all times.

Residents, program directors, and preceptors have the professional responsibility to ensure that they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the



educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patient safety and resident's well-being. Therefore, programs must comply with following duty hour requirements:

- Duty hours must limited to 80 hours per week, averaged over a four-week period, inclusive of all residency activities all additional shifts/work hours.
- Duty hours must not exceed 16 hours in a 24 hour period.
- Resident must be scheduled for a minimum of one free day every week averaged over a 4 week period.
- Residents must have at least 10 hours free of duty between schedule duty periods.
- Additional shifts/work hours must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- All additional shifts/work hours must counted towards the 80 hour maximum weekly hour limit.

The resident is required to obtain permission for any additional shifts/worked hours from the residency program director prior to accepting the work. Any additional shifts/worked hours will be documented in by the residency program director (or residency site coordinator) in Walgreens payroll system. The residency program director will monitor for any violations in the established duty hour requires. The residency program director or site coordinator will create a report each month from Kronos application to document the resident's duty hours and additional shifts/worked hours for the resident's portfolio. The resident will also document any additional duty hours taken outside of Walgreens (e.g. providing patient care service at free clinics) on spreadsheet provided.

If any violations are found, the resident will be notified with a warning of the violation and suspended from participating in any additional shifts/hours worked until the duty hour requirements for the residency program are met. If the resident does not respond to a first warning from the residency program director about the violation, then the issue is taken through Walgreens Constructive Discipline process that could result in suspension or separation from the Company.

In the event that it is observed that the additional shifts/work hours are interfering with the resident's ability achieve the education goals and objectives of the residency, the residency program director will suspend the ability for the resident to be offered any additional shifts/work hours. The residency program director and the resident will meet to discuss the length of the suspension and what corrective actions would need to be made in order to allow for reinstating the ability work additional shifts/work hours. A description of the event and corrective actions will be placed in writing with both the residency program director and resident signing the document. This document will be placed in the resident's file. Reactivation of additional shift/work hours privileges will be documented as an addendum to the written report, signed by the residency program director, and then placed in the resident's file.

- The resident may be permitted work additional shifts during non-residency hours for Walgreens.





- Pay for authorized additional work to cover an additional shift must be approved by the store manager at the location where the work is performed.
- Resident pharmacists are to be paid at the **average District staff pharmacist hourly A rate** for all hours worked outside of the residency program requirements for any two week pay period.
  - The average District staff pharmacist hourly A rate is determined by Compensation at the beginning of each fiscal year.
  - The rate is unique to each resident based on the primary District their residency program is based.
  - The Pharmacy/District/Store Manager must contact Clinical Programs and Quality to be provided the rate appropriate for their resident.
- As the resident is a salaried employee, the Pharmacy Manager will utilize the Rate Adjustment function in Kronos to compensate the resident to the average District staff pharmacist hourly A rate:
  - Document the hours in Kronos and charge to the appropriate payroll location(s)
  - The amount to place in the Rate Adjustment is based on difference between the resident salary and average District staff pharmacist hourly A rate and then multiplied by the amount of time worked
  - Example:
    - The resident salary converted to an hourly rate is \$20/hr and the District's staff pharmacist rate is \$60/hr.
    - The resident assists by picking up an 8 hour shift.
    - The rate adjustment the difference in the hourly rates times the amount of hours worked
    - $\$60 - \$20 = \$40$  (rate difference) X 8 (# hours worked) = \$320 (rate adjustment)
    - \$320 would be entered as the rate adjustment

## Company Policies and Procedures

As an employee of Walgreens the resident must comply with current company policies and procedures. Each resident will read and sign all required policies in the Walgreens Policy Acknowledgement System within the first week of employment. Current policy statements include:

- Walgreens Policy Against Harassment and Discrimination
- Walgreens Policy Against Workplace Violence
- Walgreens Co. Computer Usage Policy
- Walgreens Privacy Policy (HIPAA)



- Walgreens Boots Alliance Code of Conduct and Business Ethics
- Anti-trust Policy
- Non-disclosure Agreement
- Walgreen Co. Drug-Free Workplace Policy
- Confidentiality Agreement
- Walgreens Pharmacy Standard Operating Policy and Procedures (SNet-Rx-Rx Ops-Pharmacy Policy and Procedures)
- Walgreens Travel Policy

In addition to the policies listed above, the resident will be required to read, sign and comply with other company policy and procedure statements as they are distributed. Failure to acknowledge compliance with operating policies and procedures can result in termination.

## Residency Program Required Training

The resident is responsible for successfully completing training programs as required by a residency preceptor(s) or director in order to be prepared to deliver patient care services at Walgreens or the University. Training requirements include but are not limited to:

- All Walgreens assigned training programs through the Learning and Talent Management Portal (LTMP)
- PharmAcademic Training
- Pharmacy Based Immunization Delivery Certificate Training
- CardioPulmonary Resuscitation (CPR) Training
- Clinical Services Training Programs (MTM, Immunizations, etc.)
- Naloxone dispensing training
- Required training programs for limited distribution medications provide at the site
- Rx Tool Kit (SNet-Learn-Pharmacy Training-Rx Tool Kit-Pharmacy Manager)
- American Pharmacists Association Diabetes Certificate Program completion

Due to the collaboration of the residency program with the University of Cincinnati, the resident will be responsible for complying with all University and College of Pharmacy policies and procedures. The resident is required to complete all mandatory training as deemed appropriate for a Community Pharmacy Resident. This includes but is not limited to:

- Institutional Review Board (IRB) training/CITI training
- Business Plan Training
- Attend UC Residency Orientation



- Quality Improvement Training

## Dress Code

**Guidelines for Store leadership and pharmacist team members:** Store leadership (management and shift leads) are required to wear the company issued uniform vest. Leadership team members may wear their own short- or long-sleeved, collared dress shirts or blouses. Light colored or blue shirts or blouses are preferable in order to coordinate with the vest. Men must wear the uniform blue and white striped tie neatly tied under the vest. Women do not have neckwear as part of their uniform. Members of store leadership should wear their shirts tucked in, and keep their vests buttoned at all times.

Pharmacists are required to wear the Walgreens white pharmacist's coat with the current Walgreens logo. Pharmacists may wear their own short- or long-sleeved collared dress shirts or blouses under the uniform coat. Shirts should be tucked in and not visible below the hemline of the coat. Men must wear the uniform blue and white striped tie neatly tied under the coat. Women do not have neckwear as part of their uniform.

Members of store leadership and pharmacists are expected to wear solid black, gray, or tan colored business casual or dress pants, or skirts that are at least knee-length, and must wear closed-toe dress or business casual shoes (not "athletic" or "gym" shoes).

**Guidelines for pharmacy team members** Pharmacy technicians and cashiers are required to wear company issued light blue scrub tops and pants. Pharmacy technicians and cashiers can wear their own solid white t-shirts under the scrub top, or can purchase and wear the company-issued light blue t-shirt with the company logo under the scrub top.

Scrub pants are offered in a variety of lengths. Team members are expected to use care when selecting their scrub pants' size and length so that the pants are not touching the floor.

Pharmacy technicians may be permitted to wear skirts for religious reasons or as a part of a reasonable accommodation.

Health guides are required to wear company-issued "Well Blue" lab coats. Health guides may wear their own short- or long-sleeved, collared dress shirt or blouse under the uniform coat. However, health guides may not wear company-issued logo or promotional t-shirts under the uniform coat.

Shirts should be tucked in and not visible below the hemline of the coat. Men must wear the uniform blue and white striped tie neatly tied under the coat. Women do not have neckwear as part of their uniform.



In addition, health guides are expected to wear solid black, gray, or tan business casual or dress pants, or skirts that are at least knee-length, and closed-toe dress or business casual shoes.

Dress accessories and apparel that are not permitted:

- Sweatpants and sweatshirts
- Jeans or denim clothing or fabric, leggings, shorts
- Headwear that covers the top of the head, unless due to a religious belief
- Miniskirts
- Sleeveless shirts, T-shirts
- Open toe or open heel shoes
- Personal beepers, cell phones, smartphones, MP3 players, or headphones
- Sunglasses
- Excessive jewelry
- Halter tops
- Hooded garments
- Overly revealing clothing
- Tattoos that are offensive in nature

**Compliance and responsibility** Management reserves the right to make the final decision regarding the appropriateness of a team member's attire, including tattoos, piercings, hairstyles, etc.

Team members that fail to comply with this policy will be subject to disciplinary action.

## Policy of Disciplinary Action

Persons participating in the PGY1 Community Pharmacy Residency at Walgreens are employees of the Walgreens Company and are, therefore, subject to the provisions of the policies and procedures of Walgreen Co. The Company's policies and procedures regarding employee Constructive Discipline for Performance are outlined below:

The types of discipline that resident could fall under relate to two types of actions:

- **Misconduct:** Team member actions (or inactions) that violate a Company policy, practice, or general employment standard (e.g., absenteeism, tardiness, insubordination, inappropriate behavior)
- **Performance:** How a team member is performing or failing to perform his/her job duties and/or meeting job description, competency, skill, & behavioral expectations



When seeking to engage a resident in disciplinary action, the RPD and Walgreens preceptors will immediately collaborate with the Store Manager and Pharmacy Supervisor to develop the appropriate course of action to be taken.

<b>Resident Misconduct</b>	
<b>Verbal Counseling</b>	Is issued when an individual has failed to follow procedures or engaged in minor acts of misconduct. Verbal counseling may be accomplished through documented coaching or feedback.
<b>Written Warning</b>	Appropriate when a team member has previously received Verbal Counseling for the same or similar issue or when the nature of the conduct is more severe and warrants more than a Verbal Counseling for the first offense.
<b>Final Written Warning (with or without Suspension)</b>	Provided in cases where misconduct has continued despite a Written Warning or the team member engages in a single act of misconduct serious enough to warrant termination if it were to occur again.
<b>Termination of Employment</b>	Appropriate if misconduct continues after receiving a Final Written Warning or where the team member engages in gross misconduct of the kind described in Walgreens <u>Standards of Conduct Policy</u> .



<b>Resident Performance</b>	
<b>Verbal Counseling</b>	<ul style="list-style-type: none"> <li>• When a team member's performance is not improving as a result of coaching, the team member should receive verbal counseling that includes being told that failing to improve can result in written discipline.</li> <li>• When a Team Member without prior counseling or performance discipline receives an overall score of "partially achieving expectations" during the mid-year or annual reviews.</li> </ul>
<b>Written Warning with a 60 day Plan for Improvement (PIP)</b>	<ul style="list-style-type: none"> <li>• When performance is not at standard and attempts to provide feedback, counseling, and coaching have not resulted in improved performance.</li> <li>• When a Team Member without prior performance discipline receives an overall score of "not achieving expectations" or 2 partially and a decreased score during the annual review.</li> <li>• When a team member overall scores of "partially achieving expectations" during the mid-year or annual reviews a Written Warning may be appropriate (Current Rating, Rating History, Precedent, Recent Performance).</li> <li>• The manager should monitor the team member's performance and provide regular feedback. Weekly check-ins are recommended.</li> <li>• If the team member shows the expected improvement in performance that is described in the PIP within 30 days after receiving the PIP, then the manager may close out the PIP, but must continue to monitor performance to ensure that it is sustained and doesn't backslide.</li> <li>• If the team member does not show the expected improvement that is described in the PIP within 30 days after receiving the PIP, the manager should proceed to the next disciplinary step.</li> </ul>
<b>Final Written Warning with a PIP</b>	<ul style="list-style-type: none"> <li>• When any of the reasons for a Written Warning are present, but a Team Member is already on a Final Warning for performance.</li> <li>• When there is not sufficient performance improvement within <u>the first 30 days</u> of the PIP following a Written Warning or the team member fails to complete all of the goals of the PIP and has only received a Written Warning.</li> <li>• Similar to the written warning, the manager should monitor the team member's performance and provide regular feedback. Weekly check-ins are recommended.</li> <li>• If the team member does not show the expected improvement that is described in the PIP within 30 days after receiving the Final Written Warning, the manager should proceed to the next disciplinary step.</li> <li>• In addition, when a Team Member completes a PIP but performance problems resurface later, A Final Warning and PIP may be appropriate.</li> </ul>



### Termination of Employment

- When a Team Member on a Final Warning fails to demonstrate significant and sustained improvement during a PIP.
- When a Team Member who has received multiple Final Warnings and completed the relevant PIPs but within 12 months again exhibits performance problems.

## Walgreens Meeting Attendance

The Community Pharmacy Resident is required to attend the following meetings as it relates to learning experience activities and Walgreens Pharmacy Operations:

- Pharmacy Staff Meetings
- Weekly to bi-weekly status conference calls with Residency Program Director(s)
- Invited Residency Advisory Committee Meetings

## Professional Association Meetings

The resident will be required to attend at a minimum the following professional meetings. Attendance at these meetings will be related to the completion of residency learning experiences, residency recruitment, and professional development. Resident interest in attending additional professional meetings will be considered by the Residency Program Director and District Manager.

ASHP Midyear Clinical Meeting	Las Vegas, NV	December 8-12, 2019
APhA Annual Meeting	Washington DC	March 20-23, 2020
Ohio Pharmacy Residency Conference	Ada, Ohio	May 15, 2020 tentative
Ohio Pharmacist Association Annual Meeting	Columbus, OH	April 3-5, 2020
OSHP residency showcase	Columbus, OH	October 26, 2019 tentative
OPA Advocacy Event (1 either spring/fall)	Columbus, OH	Nov/April of residency year

The resident will comply with Walgreen's travel policies when scheduling all travel arrangements.

## Expense Reports

In accordance with Walgreen's travel policy, each resident is responsible for completing expense reports for work related travel. All expenses are to be submitted **no later than 2 weeks**





after returning from travel. Expense reports submitted after this date will not be considered for reimbursement.

Approval must be obtained from their District Manager before charging items to Walgreens. Walgreens will reimburse for mileage to programs and events that the resident is asked or required to attend. Walgreens will not reimburse the resident for travel to sites directly related to their daily activities as defined by the residency program.

## Residency Program Structure

The Walgreens and UC Community-based Pharmacy Residency Program is a 53 week program. The majority of the patient care and practice management activities will be conducted at Walgreens Speciality Pharmacy. . Through our partnership with the University of Cincinnati College of Pharmacy, they will allow for the resident to have additional experiences in teaching and training. Detailed description of the residency program goals and objectives can be found in Appendix A. Summarized descriptions of the program’s learning experiences are located in Appendix B.

### The resident’s training will consist of the following learning experiences:

First 6 months:

Learning Experience	July	August	September	October	November	December
Orientation	Training					
HSRx		3 days per week				
Patient Centered Dispensing		Rph staffing position (1 day per week managed as every other weekend) with pharmacist until independent				
HOP/ Management		1 day per week				



Research Project	Idea, Methods, IRB training, research seminar as part of TCP	Approvals from Walgreens/IRB	Abstract- to team. Submission to APhA and ASHP	Implementation of project with data collection
Academic Teaching & Learning (complete teaching of patient in groups, other health care professionals, pharmacists, and technicians as opportunities arise)	Attend Teaching Certificate Program (July and August)	Meet with Faculty Mentors	Teach ½ day per week and Attend teaching certificate program seminars (monthly)	
Leadership		2 days per month and as opportunities arise		

Second 6 months:

Learning Experience	January	February	March	April	May	June
HSRx	3 days per week					
Patient Centered Dispensing	Rph staffing position (1 day/week as every other weekend) scheduled as pharmacist in charge					



HOP/ Management	1 day/week					
Research Project	Continue Research implementati on  → thru May  Update posters etc as new data collected	Submit OPA abstract  Draft of Posters	APhA Poster presentation  Submit OPRC abstract, LO and Assessment Questions	Present OPA,  Draft OPRC slides, attend practice session	Present OPRC, manuscript draft and attend peer editing session	Final manuscript  IRB close out
Academic Teaching & Learning	Teach ½ day per week				Submit Teaching Portfolio for Review	
Leadership	2 days/month and as opportunities arise					

## Resident Evaluation Procedures

### Resident's Initial Assessment

The residency program will be customized based on the resident's entering interests, knowledge, skills and experiences. Progress towards achieving program outcomes and requirements will be assessed quarterly by the residency program director. The customized training plan will be evaluated quarterly to ensure resident's interests and personal goals are consistent with program goals and objectives. The resident's initial plan for development will be completed with the first 30 days of the residency program. The residency program director will use the following tools to assist in the development of the customized residency experience:



- Entering Interests Form-The ASHP standardized form addresses career goals, current practice interests, strengths, weaknesses and professional and program goals
- Goal Based Residency Evaluation-The resident will use this form to perform a self-evaluation of on all the program's outcomes and goals
- The Resident's Philosophy of Practice
- Quarterly Assessment of Program Outcomes and Goals-A quarterly review of the resident's evaluations with additional feedback provided by the residency program director

## Resident's Plan for Development

The customized training plan is where the residency program director and site coordinators/preceptors determine which goals the resident has achieved for the program and where a written plan is communicated to ensure customization of the program as it relates to the initial training plan. The written plan will include; strengths, areas for improvement, career goals, learning interests, modifications to the residency and assessment strategy as well as comments on the resident's progress,. The initial plan will be completed within the first 30 days of the residency program. The first quarter Resident's Plan is to be completed within 90 days from the start of the residency program. The training plan is discussed quarterly with the resident and must be acknowledge by both the resident and residency program director via PharmAcademic. .

## Resident Evaluations

Scheduled evaluations throughout the course of residency training are an essential means by which to provide residents with an assessment of ongoing performance. All residency evaluations are to be completed utilizing ASHP's PharmAcademic web-based residency evaluation system. The resident will be assigned their user ID and temporary password at the beginning of the residency program. The evaluation procedures used for the Community Pharmacy Residency Program are as follows:

- **On Demand Evaluations of the Resident's Performance During a Specific Activity**

The goal of this evaluation tool is to provide the resident with a current assessment of his/her performance of particular learning objective. On Demand evaluations are to be conducted during longitudinal learning experiences.

- **Resident's Summative Self-Evaluation of Performance**

The resident will complete a self-evaluation of one's performance with each learning experience prior to the scheduled face to face evaluation with the preceptor. The resident will be prompted by PharmAcademic as to the due dates for the completion of this evaluation.



To complete the evaluation the resident will evaluate their performance to objectives and goals identified in the Learning Experience description as being evaluated. The resident is to select a rating for each goal and should be accompanied by narrative commentary following the specific objectives associated with that goal that explain the resident's performance related to the criteria for competent performance of that goal. The resident is to provide narrative commentary for any objective that is marked "Needs Improvement" or "Satisfactory Progress." Providing a listing of learning activities engaged in to accomplish the objective (i.e., "managed five patients with diabetes") will not meet the criteria of acceptable narrative commentary. The resident is to provide suggestions on how they feel they can improve their performance for objectives ranked as such (i.e. "I will review the treatment guidelines in order improve my knowledge base").

When marking a ranking for the goal and objective the following criteria should be used to guide the selection of the score of the resident's performance:

#### **Needs Improvement:**

- Limited growth in skill set or knowledge base.
- Frequent preceptor intervention is needed in order to develop the skill or knowledge base.
- Insufficient initiative in seeking, critically evaluating or applying knowledge or skills.
- Additional effort is needed by the resident to advance knowledge and skills to making satisfactory progress in meet the goal or objective.
- Resident has had no experience or exposure.

#### **Satisfactory Progress:**

- Resident is emerging in their skill and knowledge base development.
- Resident needs occasional preceptor intervention.
- Demonstrates good, but not comprehensive, knowledge base.
- Resident takes good initiative in seeking, critically evaluating and applying new knowledge and often asks good questions.
- Resident will be able to achieve goal or objective if feedback for improvements provided by preceptor is adopted by the resident.

#### **Achieved**

- Resident is capable of independent performance the majority of the time with only rare preceptor intervention.
- Extensive and in-depth knowledge and understanding of clinical knowledge base.
- Demonstrates advanced skills in delivery of patient care services or projects.
- Shows considerable effort and skill in critical evaluation and application of new information.
- Impressive growth in skill set.
- Resident is performing above and beyond expectations.

#### **Achieved for Residency**



- Consistent exceptional performance of objective.
- RAC including the RPD will determine if the resident has demonstrated the goal has been achieved for their program over multiple learning experiences with consistency, independence, and professionalism
- The RPD will mark the goal(s) and objective(s) as achieved for the residency.

Evaluations are to be completed within 1 week of the assigned due date in PharmAcademic. In event that an extension is needed, the preceptor or resident is to contact the residency program director to gain approval for a new evaluation completion date.

After the face to face evaluation with the preceptor, the preceptor and residency director will cosign the evaluation. The residency director is to retain the self-evaluation in the resident's file and utilize the document in the quarterly evaluation.

### **Residency Grievance**

As with any challenging experience, conflicts may arise between coworkers or preceptors. It is the expectation that the resident will first attempt to resolve the conflict with the individual with whom they are experiencing the concern. If a mutually acceptable resolution is not achieved, any of the parties may seek consultation of one of the co-RPD's to help negotiate a settlement.

### **Resident Evaluation Concerns:**

If the residents does not agree with the evaluation, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution.

1. If the resident is not satisfied with the evaluation discussions, the resident should notify one of the co-RPD's to discuss. The RPD will make every attempt to mediate the concerns of both the resident and preceptor in a face to face meeting.
2. If either party is dissatisfied with the outcome of the face to face meeting, the resident and/or preceptor may submit a written request to present his/her justification of the performance to the Co-RPD's within 7 days. The Co-RPD's will review the evaluation and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the concerned party in writing.
3. If the resident is not satisfied with the resolution, s/he may submit a written request for review by the Residency Advisory Committee (RAC) within 7 days of notification of the Co-RPD's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the concern in question. The resident will have the opportunity to present to the RAC verbally if needed. The resident may request that the preceptor recuse themselves from this meeting and decision. The RAC may also request information from the involved preceptor as well as documentation and/or demonstration of the skills in question. Criteria based evaluation based on ASHP residency competency



statements, goals and objectives will be used as applicable. The decision by the RAC is final.

- **Preceptor's Summative Evaluation of Resident's Performance**

Each residency learning experience preceptor will complete the appropriate Resident Evaluation Form in PharmAcademic at scheduled intervals and at the completion of the experience. The preceptor is encouraged to complete the evaluation utilizing the same directions as described above in the Resident's Self-Evaluation of Performance. The preceptor is encouraged to utilize the criteria listed above when ranking of the resident's performance for the goals or objectives in the learning experience. The preceptor is to select a rating for each goal and should be accompanied by narrative commentary following the specific objectives associated with that goal that explain the resident's performance related to the criteria for competent performance of that goal. The preceptor is required to provide narrative commentary for any objective that is marked "Needs Improvement" or "Satisfactory Progress." Providing a listing of learning activities engaged in to accomplish the objective (i.e., "only managed five patients with diabetes") will not meet the criteria of acceptable narrative commentary. The resident is to be provided with guidance on **how** they can improve their performance for objectives ranked as "Need Improvement" or "Satisfactory Progress."

All evaluations are to be completed in a timely manner. Evaluations are to be completed within 1 week of the assigned due date in PharmAcademic. In event that an extension is needed, the preceptor or resident is to contact the residency program director to gain approval for a new evaluation completion date.

It is the responsibility of the resident to coordinate the scheduling of their evaluation with the preceptor, so that it meets the policies of the residency program. This evaluation is to be discussed during a face to face evaluation with the resident. After the face to face evaluation with the preceptor, the resident and residency director will cosign the evaluation. PharmAcademic will prompt the preceptor on the due date for evaluation completion. The residency director is to retain the evaluation in the resident's file and utilize the document in the quarterly evaluation.

As with any challenging experience, conflicts may arise between coworkers, other residents and preceptors. It is the expectation that the resident will first attempt to resolve the conflict with the individual with whom they are experiencing the concern. If a mutually acceptable resolution is not achieved, any of the parties may seek consultation of the RPD to help negotiate a settlement.

**Resident Evaluation Concerns:**

If the resident does not agree with the evaluation from a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution.

1. If the resident is not satisfied with consequent evaluation discussions, the resident should notify the RPD to discuss. The RPD will make every attempt to mediate the concerns of both the resident and preceptor in a face-to-face meeting.





2. If either party is dissatisfied with the outcome of the face-to-face meeting, the resident and/or preceptor may submit a written request to present his/her justification of the performance to the Pharmacy Residency Program Director (RPD) within 7 days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the concerned party in writing.
3. If the resident is not satisfied with the resolution, s/he may submit a written request for review by the Multisite Program Committee (MPC) within 7 days of notification of the Residency Program Director's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance. The resident will also have the opportunity to present to the RAC MPC verbally. The resident may request that the involved preceptor not be present for the verbal presentation. However, the MPCRAC may deem it appropriate to have the involved preceptor also present information to the committee verbally to the RAC. The MPCRAC will also review all written documentation of performance and discussions. The MPCRAC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance. Criteria-based evaluation forms (snapshots) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used. The MPCRAC decision with the concurrence of the Residency Program Director is final.
4. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the MPCRAC committee will select another preceptor to coordinate the process.

- **Resident's Evaluation of Preceptor and Learning Experience**

The resident will complete a Resident's Evaluation of Preceptor and Learning Experience twice during longitudinal learning experiences and once at the end of defined learning experiences (such as orientation) in the PharmAcademic system. The resident is encouraged to provide constructive feedback to the preceptor and about the Learning Experience in the comments section of the evaluation. After the face to face evaluation with the preceptor, the preceptor and residency director will cosign the evaluation. The resident will be prompted by PharmAcademic as to the due date for the completion of this evaluation.

- **Resident End of Year Exit Review**

Near the end of the residency program year, the resident will complete a self-reflection of their development and areas for continued growth by completing the Resident Exit Review. The resident and RPD will meet to discuss the resident's program year. The resident and residency director will review the resident's progress and relative fulfillment of the residency



goals and objectives. In addition, the resident will have the opportunity to comment directly on the residency. At this time the resident will submit the final manuscript on the Resident's project and the Resident's Portfolio.

## Resident Voluntary Self-Dismissal

The resident may withdraw from the residency at any time throughout the 53 week commitment. The withdrawal must be submitted in writing to the residency program director and will contain a statement of why the resident no longer feels it is in his/her best interest to continue the residency. All benefits and wages will cease on the date the letter is received by the residency program director and a certificate of successful completion will not be issued to the resident.

## Resident Portfolio Management

Each resident will be responsible for the management of their own residency portfolio. A portfolio is a collection of documents that provide chronological evidence of the resident's learning and professional development related to the residency learning plan. The purpose of the creation of this collection of documents is to provide the resident with an individualized dynamic tool that creates a reference for the basis for self-evaluation and continuing professional development. The residency director and preceptors will review the portfolio on a quarterly basis. Failure to complete the portfolio or provide adequate documentation of residency activities could result in failure to graduate from the Community Pharmacy Residency Program. The materials for the resident's portfolio will be saved electronically.

At a minimum, a resident's portfolio is to include the following:

- Resident application materials to residency program
- Entering Interests Form-
- Goal Based Residency Evaluation-
- The Resident's Philosophy of Practice
- Quarterly Assessment of Program Outcomes and Goals-
- Quarterly Individualized resident customized plan
- Resident Projects : all drafts and final documents must be posted
  - Research Project Documentation
    - Abstract(s) (as appropriate)
    - Project approval documentation
    - Grant applications (as applicable)
    - Professional meeting poster and slide presentation
    - Manuscript
  - Residency Quality improvement plan



- QI proposal overview
- Key driver diagram
- PDSA cycles- minimum of 2 cycles
- Data collection and tools
- Presentation slides
- Residency Business Plan
  - Business plan proposal
  - Shark Tank presentation
- Teaching Portfolio
  - All applicable teaching documents required by the portfolio
  - Student feedback from 1 large lecture and 1 small group experience with assessment of feedback
- Evaluations
  - Summative Self evaluations
  - Summative evaluations
  - Learning experience
  - Preceptor
  - Presentation feedback
  - Other feedback and evaluations
  - Resident's Exit Review
  - End of year self-reflection

- Additional project(s)

Additional documentation to be include::

- Pharmacy technician license
- NAPLEX, MPJE results, copy of license (both Ohio and Kentucky)
- Certifications: Immunizations, Disease State Management Programs, CPR, etc.
- Continuing Professional Education Programs: HIV, etc.
- Students assessment of resident teaching performance
- Presentations/lectures give at the University, in the Community or at the Pharmacy
- Personal narratives
- Community service projects
- Professional conferences and workshops
- Awards and achievements

## Requirements for Residency Certificate



In order to successfully complete the Walgreens PGY1 Community Pharmacy Residency and receive the residency program certificate, the resident must meet at least the following minimum requirements:

- Achieved rating for 85% of the educational objectives (100% of R1: Patient Care)
- The remaining 15% educational objectives must be rated at Satisfactory Progress.
- No objectives can be rated as Needs Improvement.

The residency project activities and projects are listed in Appendix C of the residency program manual. The RAC will meet with each resident quarterly during customized planning meeting to evaluate the resident's progress on completing the requirements. All residency projects and requirements are to be completed by June 29<sup>th</sup> of the respective year of the residency experience. Upon approval of the satisfactory completion of all projects by the residency program director, a community pharmacy resident will be awarded a certificate of completion. If the resident has not completed all requirements by the end of their residency year (June 29<sup>th</sup>), he/she will have until December 31<sup>st</sup> of the residency completion year to complete the program requirements in order to receive a certificate of completion.

The residency program director and resident will create a project completion task list in writing to define the activities, skills, learning experiences, or projects that are deficient.

The completion of these requirements will be at the resident's own expense. No additional compensation will be awarded to the resident while completing the requirements.

If the program requirements are not met by this date, the resident will be deemed not to have completed the program and will not be issued a certificate of completion.





## Residency Program Goals and Objectives

### Appendix A: Residency Program Goals and Objectives

Walgreens is committed providing an educational program that meets the accreditation standards and underlying principles of the ASHP-APhA for Community-based Residency Programs. The educational program will be adapted to the unique goals, objectives, and career plans of the resident insofar as the requirements of certification and the residency will permit. In turn, the resident should be familiar with the accreditation and other requirements that apply to residents in training. If required, program requirements may be altered once they have been implemented due to changes as required by ASHP and APhA guidance.

The Walgreens PGY1 Community-based Pharmacy Residency Program is designed, conducted, and evaluated using a systems-based approach. This residency program will provide the resident with experiences to meet all the outcomes required by the ASHP-APhA Accreditation Standard for Community-based Pharmacy Residency Programs. Other program goals and outcomes will be included in the structure of the overall residency program based resident interest, and program strengths.

The competency areas, goals, and objectives are for use with the Accreditation Standard for Postgraduate Year One (PGY1) Community-based Pharmacy Residency Programs. The four competency areas and their associated goals and objectives are required and must be included in all programs. Programs may add additional goals and objectives under one or more required competency areas. In addition, elective or customized goals and objectives may be selected for specific residents only. All required and any additional goals and objectives selected by the program must be evaluated at least once during the residency year.

#### Definitions

**Competency Area:** Categories of the residency graduates' capabilities.

**Educational Goals (Goal):** Broad statement of abilities.

**Educational Objectives (Objective):** Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

### Competency Area R1: Patient Care



**Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.**

*Note: Objectives R1.1.3 through R1.1.7 align with the steps of the JCPP Pharmacists' Patient Care Process while Objectives R1.1.1, R1.1.2, and R1.1.8 through R1.1.10 support the delivery of the JCPP Pharmacists' Care Process.*

Objective R1.1.1: (Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.

Objective R1.1.2: (Responding and Applying) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.

Objective R1.1.3: (Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.

Objective R1.1.4: (Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.

Objective R1.1.5: (Valuing and Creating) Design a safe and effective individualized patient centered care plan in collaboration with other health care professionals, the patient and caregivers.

Objective R1.1.6: (Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.

Objective R1.1.7: (Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals, the patient and caregivers as required.

Objective R1.1.8: (Valuing and Applying) Collaborate and communicate effectively with patients, family members and caregivers.

Objective R1.1.9: (Valuing and Applying) Collaborate and communicate effectively with other health care team members.

Objective R1.1.10: (Applying) Document patient care activities appropriately and efficiently.

**Goal R1.2: Provide safe and effective patient care during the delivery of patient centered dispensing.**



Objective R1.2.1: (Analyzing) Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect and address therapeutic problems.

Objective R1.2.2: (Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.

Objective R1.2.3: (Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.

Objective R1.2.4: (Analyzing) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence and appropriate referrals for services.

**Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.**

Objective R1.3.1: (Analyzing) Identify needs of individual patients experiencing care transitions.

Objective R1.3.2: (Applying) Manage and facilitate care transitions between patient care settings.

**Competency Area R2: Leadership and Management**

**Goal R2.1: Manage operations and services of the practice.**

Objective R2.1.1: (Applying) Manage dispensing and patient care services at the community based practice site.

Objective R2.1.2: (Applying) Participate in organizational level management activities, functions and/or decision-making.

Objective R2.1.3: (Understanding) Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply or improve.

Objective R2.1.4: (Creating) Evaluate an existing, or develop a new collaborative practice agreement, standing order or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.

Goal R2.2: Demonstrate personal and professional leadership skills.

**Objective R2.2.1: (Valuing and Applying) Manage one's self effectively and efficiently.**

Objective R2.2.2: (Valuing and Applying) Apply a process of ongoing self-evaluation and personal performance improvement.





Objective R2.2.3: (Valuing and Applying) Demonstrate effective leadership skills and behaviors.

Objective R2.2.4: (Valuing and Applying) Demonstrate commitment to the profession through active participation in the activities of a national, state and/or local professional association.

Objective R2.2.5: (Valuing and Applying) Demonstrate commitment to the community through service.

### **Competency Area R3: Advancement of Community-based Practice and Improving Patient Care**

#### **Goal R3.1: Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety.**

*Note: Ideally, Objectives R3.1.1 through R3.2.3 should be completed for the same project. If necessary, multiple projects can be used to meet the individual objectives.*

Objective R3.1.1: (Creating) Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.

Objective R3.1.2: (Applying) Implement a quality improvement project.

Objective R3.1.3: (Evaluating) Evaluate the impact of a quality improvement project.

#### **Goal R3.2: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.**

*Note: Ideally, Objectives R3.2.1 through R3.2.3 should be completed for the same service. If necessary, multiple services can be used to meet the individual objectives.*

Objective R3.2.1: (Creating) Identify the need and develop a business plan for a new or enhanced service.

Objective R3.2.2: (Applying) Implement the planned new or enhanced service.

Objective R3.2.3: (Evaluating) Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.

#### **Goal R3.3: Complete a practice innovation or research project that advances community-based practice using effective project management skills.**

*Note: The project referred to in Objectives R3.3.1 through R3.3.4 can be related to quality improvement project in goal R3.1 or with the development of a new or enhanced service in goal R3.2 if robust enough, sufficient data collection occurs, and all the objectives are met.*

Objective R3.3.1: (Creating) Identify and design a practice-related project significant to community-based practice.

Objective R3.3.2: (Applying) Implement a practice-related project significant to community-based practice.



Objective R3.3.3: (Evaluating) Accurately assess the impact of the practice-related project including sustainability, if applicable.

Objective R3.3.4: (Responding and Creating) Effectively develop and present, orally and in writing, a final project report.

## **Competency Area R4: Teaching, Education, and Dissemination of Knowledge**

### **Goal R4.1: Provide effective education and/or training.**

Objective R4.1.1: (Creating) Design effective education and/or training activities based on the learners' level and identified needs.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers and members of the community; health profession students; pharmacists; and other health care professionals.

Objective R4.1.3: (Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

### **Goal R4.2: Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, or other health care professionals)**

Objective R4.2.1: (Analyzing) Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.

Objective R4.2.2: (Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.

#### Reference:

Required competency areas, goals and objectives for postgraduate year one (PGY1) community-based pharmacy residencies. Prepared jointly by the American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association (APhA)

<http://www.ashp.org/DocLibrary/Residents/Newly-approved-Community-based-Pharmacy-Residencies-PGY1-2016.pdf>. Accessed: November 29, 2016.





## Residency Program Learning Experiences

### Appendix B: Learning Experience Overview

Provided below is a brief description of the learning experiences and expectations of the resident in the program. More detailed information for each learning experience can be found in the residency program's PharmAcademic account.

#### **Orientation-Patient Centered Dispensing**

**Preceptors: Stephanie Cady and JoMarie Richardson**

General Description of the Learning Experience:

The purpose of this learning experience is to provide a comprehensive orientation to the practice site. The resident will gain knowledge and skills necessary to perform various pharmacist dispensing functions. These skills, along with an increased familiarity with pharmacy operations, will benefit the resident significantly during their additional learning experiences.

The orientation learning experience will include assigned training modules, shadowing of team members performing their tasks, direct instruction and resident's hands on experiences in the different areas of this Walgreens pharmacy.

The resident will spend time developing knowledge and skills related to different roles and responsibilities. Through this training, the resident will have direct interactions with patients, assist with problem resolution at point of sale, and develop their professional relationship with all team members. The resident will also spend time in this learning experience preparing to transition from the role of new pharmacist to team leader. The resident will enter and/or verify new prescription orders, select appropriate products for dispensing, complete pharmacists tasks, and conduct patient medication counseling.

#### 1. Schedule - 6 weeks



- a. Week 1 - The resident will report to Walgreens #12830 at 8am-5pm on June 24, 2019 to begin orientation. All day 1 activities will be completed (payroll, uniform ordering, etc.). The resident will tour the site, meet the Pharmacy and Front End team, and begin any computer learn-its that are available. June 25-27 will be dedicated to completing all online training and onboarding tasks. The resident will attend weekly Pulse meetings at the Walgreens sites as well. The resident is invited to a luncheon offsite on June 28, so that schedule will be determined at a later time.
  - b. Week 2 - The resident will complete orientation projects at the University of Cincinnati.
  - c. Week 3 - The resident will have orientation ½ day on Mondays at the University for the duration of the 5 weeks. The remainder of the week will be spent at Walgreens #15182 for hands on learning.
  - d. Week 4 - The resident will have orientation ½ day on Monday at the University and spend the rest of the week at #12830 for more hands on training.
  - e. Week 5 - The resident will have orientation ½ day on Monday at the University and spend the rest of the week at #15182.
  - f. Week 6 - The resident will have orientation ½ day on Monday at the University and spend the rest of the week at #12830. The next week will begin training at specialty and full residency experience.
2. Attendance- required at all sites based on calendar provided

### 3. Required Readings

Prior to beginning this learning experience, the resident must have read the Residency Program Policies and Procedures Manual. The resident must have either Pharmacy Intern License or be a Licensed Pharmacist in both Ohio and Kentucky.

During this learning experience, the resident will read and complete the following:

Walgreens SOPs (Standard Operating Procedures) for dispensing – In Storenet

Learning and Talent Management Portal Learning Activities – In Storenet

Compass Projects – In Storenet

### 4. Preceptor Interaction and Communication

During this learning objective, the resident will be in constant communication with the preceptor. Daily briefing meetings should occur to discuss progress, questions, concerns, schedule, etc. In addition, the resident should contact the preceptor as necessary to address immediate concerns.

### 5. Competencies, Goals, and Objectives to be Taught and Formally Evaluated



The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Goals and Objectives		Learning Activities
<b>Competency Area R1</b>	<b>Orientation - Patient Centered Dispensing</b>	
	Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the healthcare team.	
OBJ R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the healthcare team.	Model professional behaviors by following dress code and attendance policy, communicating appropriately with team, attending (and eventually leading) 5 minute meetings with pharmacy team.  Evaluated by observations of site preceptor, Kronos  T
OBJ R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	Analyze information provided by PDC to identify patients needing special services (refills, 90 day conversion, save a trip refills, delivery, immunizations)  Evaluated by daily completion and use of PHarmacy Core Workflow - updates weekly  T
OBJ R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for the provision of individualized patient care.	Demonstrate use of the patient care information collected in the analysis of PDC to initiate additional care and plans  Evaluated by daily completion/use of PDC, Pharmacy Core Workflow  T
OBJ R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	Develop confidence to provide accurate, evidence based consultations with patients. Deliver message with empathy and care.  Evaluated by direct observation.  T/EO



Goal R1.2	Provide safe and effective patient care during the delivery of patient-centered dispensing	
OBJ R1.2.1	<p>(Analyzing) Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.</p>	<p>When performing prescription data review and product verification, be prepared to identify medication related problems and make evidence based recommendations for solutions to patient and/or prescriber</p> <p>Provide recommendations to prescriber to resolve potential and real drug therapy problems.</p> <p>Monitor the DUR/TPR exception queue in phlometer and resolve using company procedures.</p> <p>Complete all trainings related to Walgreens technology used in the medication fulfillment process. Perform patient registration with the patient and/or care giver present. Review the prescription image first and compare the information on the prescription image to the date entered on the DATE REVIEW window to ensure accuracy. Confirm that the prescription was entered for the correct patient (name, dob). Confirm medication, strength, dosage form, directions, quantity, refills on image match the data entered. Verify the prescriber information on the image matches the prescriber's information contained in the prescriber section.</p> <p>Evaluated by direct observation, monitoring of weekly scorecard, and STARS reports.</p> <p>-T/EO</p>
OBJ R1.2.2	<p>(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.</p>	<ul style="list-style-type: none"> <li>• Demonstrate proper Walgreens SOPs. Retrieve and fill one prescription at a time. Calibrate dispensing equipment and use Yuyama correctly. Once licensed, do proper product verification (product in vial have correct markings, shape, color on the product review screen). Verify unit of use items or tablets/capsules in a manufacture sealed bottle, verify the NDC of each package matches NDC contained on the Product Review screen to verify the label was affixed to the correct item. Identify patients eligible to be protected from vaccine preventable disease through vaccination and verify immunization eligibility review using the Immunization Selection Tool. Administer vaccines to eligible patients. Compound products as necessary. Identify patients' needs for immunization services, medication therapy management, medication synchronization, 90 day fills, text messaging, refill reminder, etc. Recommend our services that could help with medication therapy management. Monitor TPR/DUR queue for prior authorization/ therapy change recommendations and resolve appropriately.</li> <li>• Evaluation by direct observation, exception queue resolution, weekly scorecard.</li> </ul> <p>-T/EO</p>



OBJ R1.2.3	(Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	<p>Operates Intercom Plus to document patient preferences and enrollment in Walgreens patient care programs. Provides services that require pharmacist intervention- immunization, MTM, etc. Assists patients in navigating through the procedures of medication assistance programs to obtain financial support for their medication – especially HIV medications in partnership with Walgreens Specialty Pharmacy. Perform medication consultations for dispensed medications.</p> <p>Evaluation by direct observation, weekly scorecard.</p> <p>-T/EO</p>
OBJ R1.2.4	(Analyzing) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	<p>Complete Patient Care Portal and identify patients that need further consultation. Perform the added assistance and referrals.</p> <p>Evaluation by usage and completion of Pharmacy Core Workflow</p> <p>-T/EO</p>
<b>Competency Area R2 LEADERSHIP AND MANAGEMENT</b>		
<b>Goal R2.1 Manage operations and services of the practice.</b>		
OBJ R2.1.1	(Applying) Manage dispensing and patient care services at the community- based practice site.	<p>Apply knowledge to check all products prepared by technicians or other staff members.</p> <p>Communicate with pharmacy team the expectations of the day (5 minute meetings)..</p> <p>Work with pharmacy team to resolve patient drug therapy issues.</p> <p>Review the Plan of the Week, News You can Use, Customer Plan, and Pharmacy Focus with RXM/MGR. Relate these plans to pharmacy team.</p> <p>Evaluation by direct observation, weekly scorecard and conducting of 5 minute meetings.</p> <p>-T</p>





Goal R2.2	Demonstrate personal and professional leadership skills.	
OBJ R2.2.1	(Valuing and Applying) Manage oneself effectively and efficiently.	<p>Manages patients/activities within the structure of the day, completes consults/projects in a timely manner.</p> <p>Communicates with impacted parties when presented with challenges to meeting daily activities or project deadlines.</p> <p>Apply acceptable strategies to resolve any issues that may interfere with practice obligations.</p> <p>Uses weekly residency status report to conduct self-assessment for strengths and areas for growth.</p> <p>Self identifies when needs additional help, extended deadlines, or SELF HELP!</p> <p>Evaluation by direct observation, completion of projects/meetings, and reports.</p> <p>-T</p>
OBJ R2.2.2	(Valuing and Applying) Apply a process of ongoing self-evaluation and personal performance improvement.	<p>Use preceptor feedback and site resource to improve knowledge, skills or performance.</p> <p>Evaluation by direct observation and evaluation of peers.</p> <p>T</p>
OBJ R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	<p>Employs positive approach with pharmacy team members to build plan to resolve patient care issues.</p> <p>Serves as a positive role model to student pharmacists, technicians, pharmacists, and other health care professionals.</p> <p>Evaluation by direct observation and successful running of the pharmacy (verified by promised time over 80%, managed exception queue, feedback delivered to team in effective manner, etc)</p> <p>-T</p>



### Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<i>Resident completes all onboarding projects and training/learning modules in Talent and Management Portal.</i>	June 24-28
<i>Resident acts as second pharmacist on duty and performs tasks assigned by Pharmacy Core Workflow Monday-Friday and every other weekend beginning July 13.</i>	July 8-Sept 30
<i>Resident is scheduled as pharmacist in charge with preceptor on staff as supportive role.</i>	Oct 1-Dec 31
<i>Resident is scheduled as pharmacist in charge without pharmacist support every other weekend.</i>	Jan 1, 2020-end of residency

### Evaluation Strategy

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Endpoint
Summative Self-Evaluation	Resident	Endpoint
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint

### Patient Centered Dispensing

**Preceptors: Stephanie Cady & Jo Marie Richardson**

The Patient Centered Dispensing is a longitudinal, required learning experience of 11 months. The training will consist of various activities including: completing assigned training, pharmacy



team shadowing, participating in meetings, performing patient centered dispensing, maintaining good customer service, using organizational computer programs, and administering vaccinations.

The pharmacy team at Walgreens #12830 includes the pharmacy manager, 2 daytime staff pharmacists, 2 overnight staff pharmacists, various relief pharmacists, 3 pharmacy interns, 15 PTCB-certified pharmacy technicians and 3 “designated hitters” from front end. The pharmacy team fills approximately 550 prescriptions per day and is open 24 hours per day.

The pharmacy team at Walgreens #15182 includes the pharmacy manager, 1 full-time staff pharmacist, 1 part-time pharmacist, 4 PTCB-certified pharmacy technicians, 2 pharmacy technicians, and 2 “designated hitters” from the front end. The pharmacy team fills approximately 290 prescriptions per day and is open 14 hours Monday thru Friday (8am-10pm) 9 hours on Saturday (9am-6pm) and 8 hours on Sunday (10am-6pm). Additionally, this location is a Walgreens Center for Excellence for HIV patients.

During this portion of the learning experience, the resident will begin practicing pharmacist responsibilities while under the direct supervision of the preceptor. The preceptor will provide direct instruction and coach the resident through the product fulfillment processes, delivery of patient care services, and providing drug therapy education. The resident will support the clinical services provided to patients at the time of dispensing their medication. This includes providing medication counseling, point of care consultations immunizations, and medication therapy management.

The resident will assist patients with over the counter medication and self-care recommendations. In addition, the resident will collaborate with other health care providers to ensure that patients’ overall drug therapy needs are being met. The resident is responsible for providing these services continuously throughout the learning experience. As the resident becomes more confident and comfortable in these roles, he/she will be scheduled to do so as the pharmacist in charge. This adjustment will occur incrementally after the resident has completed all online training, verified prescriptions, and performed proper immunization technique under the direction of the preceptor for 40 hours. The resident will also facilitate 5 minute meetings (informal focus points) with the pharmacy team after the first quarter. After the second quarter, the resident will be scheduled as the pharmacist in charge without on site supervision.



The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Goals and Objectives		Learning Activities
Competency Area R1	PATIENT CARE	
Goal R1.2	Provide safe and effective patient care during the delivery of patient-centered dispensing	
OBJ R1.2.1	<p>(Analyzing) Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.</p>	<p>When performing prescription data review and product verification, be prepared to determine medication related problems and make evidence based recommendations for solutions to patient and/or prescriber</p> <p>Identify and provide recommendations to prescriber to resolve potential and real drug therapy problems.</p> <p>Examine the DUR/TPR exception queue in phlometer and resolve using company procedures.</p> <p>Complete all trainings related to Walgreens technology used in the medication fulfillment process. Perform patient registration with the patient and/or care giver present. Review the prescription image first and compare the information on the prescription image to the date entered on the DATE REVIEW window to ensure accuracy. Confirm that the prescription was entered for the correct patient (name, dob). Confirm medication, strength, dosage form, directions, quantity, refills on image match the data entered. Verify the prescriber information on the image matches the prescriber's information contained in the prescriber section.</p> <p>Evaluated by direct observation, monitoring of weekly scorecard, and STARS reports.</p> <p>TQ1/EQ1</p>
OBJ R1.2.2	<p>(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.</p>	<p>Follow Walgreens SOPs. Retrieve and fill one prescription at a time. Calibrate dispensing equipment and use Yuyama correctly. Once licensed, do proper product verification (product in vial have correct markings, shape, color on the product review screen). Verify unit of use items or tablets/capsules in a manufacture sealed bottle, verify the NDC of each package matches NDC contained on the Product Review screen to verify the label was affixed to the correct item. Identify patients eligible to be protected from vaccine preventable disease through vaccination and verify immunization eligibility review using the Immunization Selection Tool. Administer vaccines to eligible</p>



		<p>patients. Compound products as necessary. Identify patients' needs for immunization services, medication therapy management, medication synchronization, 90 day fills, text messaging, refill reminder, etc. Recommend our services that could help with medication therapy management. Monitor TPR/DUR queue for prior authorization/ therapy change recommendations and resolve appropriately.</p> <p>Evaluation by direct observation, exception queue resolution, weekly scorecard.</p> <p>TQ1/EQ1</p>
OBJ R1.2.3	<p>(Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.</p>	<p>Documents patient preferences and enrollment in Walgreens patient care programs. Provide services that require pharmacist intervention- immunization, MTM, etc. Assist patients in navigating through the procedures of medication assistance programs to obtain financial support for their medication – especially HIV medications in partnership with Walgreens Specialty Pharmacy. Perform medication consultations for dispensed medications.</p> <p>Evaluation by direct observation, weekly One Plan Operations Scorecard (shows average rx/day sold 90 day adjusted, flu immunizations, non-flu immunizations, patient care portal % reached, rx verified by promised time %, average time to answer phones, 90 day efficiency %, % compass tasks completed on time, chargebacks, returns, etc)</p> <p>TQ1/EQ1</p>
OBJ R1.2.4	<p>(Analyzing) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.</p>	<p>Perform Patient Care Portal consultations and evaluate the need for additional/alternative therapies.</p> <p>Evaluation by usage and completion of Pharmacy Core Workflow</p> <p>TQ1/EQ1</p>



<b>Competency Area R2</b>	<b>LEADERSHIP AND MANAGEMENT</b>	
Goal R2.1	Manage operations and services of the practice.	
OBJ R2.1.1	(Applying) Manage dispensing and patient care services at the community-based practice site.	<p>Utilize SOPs to for final check on all products prepared by technicians or other staff members.</p> <p>Work with pharmacy team to resolve patient drug therapy issues.</p> <p>With the RXM/SM, review the Plan of the Week, News You can Use, Customer Plan, and Pharmacy Focus and illustrate examples to the pharmacy team.</p> <p>Demonstrate strategies for the pharmacy team to implement to meet the communicated goal/initiatives and communicate plan to the team.</p> <p>Evaluation by direct observation, weekly scorecard and conducting of 5 minute meetings.</p> <p>TQ1/EQ2</p>
Goal R2.2	Demonstrate personal and professional leadership skills.	
OBJ R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	<p>Works with pharmacy to build plan to resolve patient care issues.</p> <p>Demonstrates characteristics of a positive role model to student pharmacists, technicians, pharmacists, and other health care professionals.</p> <p>Evaluation by direct observation and successful running of the pharmacy (assessed by comparative statistics within scorecard, patient feedback, pharmacy team feedback)</p> <p>TQ1/EQ3</p>
<b>Competency Area R4</b>	<b>TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE</b>	
Goal R4.1	Provide effective education and/or training	



OBJ R4.1.1	(Creating) Design effective education and/or training activities based on the learners' level and identified needs.	<p>Organize and deliver a 5 minute meeting to pharmacy staff.</p> <p>Work with co-champions to develop action plans and deliver at a Pulse Meeting.</p> <p>Create a topic discussion and present during a District/Area meeting</p> <p>Evaluated by direct observation, Presentation review and feedback provided by preceptor team both before and after presentations</p> <p>TQ1/EQ3</p>
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### Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<p><i>In the first quarter of the learning experience:</i></p> <p><i>The resident will be licensed before the program deadline.</i></p> <p><i>The resident will complete all required trainings/on line learning.</i></p> <p><i>The resident will establish a positive and team rapport with the pharmacy/Front End staff.</i></p> <p><i>The resident will resolve patient related problems after discussions and offer resolutions.</i></p> <p><i>The resident will demonstrate progress in becoming more confident and comfortable in their responsibilities as a pharmacist.</i></p> <p><i>The resident will demonstrate ability to complete all tasks listed in pharmacy core workflow.</i></p>	<p>July, August, September</p>



<p><i>In the 2nd quarter of the learning experience:</i></p> <p><i>The resident will continue to complete all relevant training.</i></p> <p><i>The resident will perform skills with minimal preceptor intervention and manage their practice.</i></p> <p><i>The resident will establish professional relationships with pharmacy patients and their health care providers.</i></p> <p><i>The resident will demonstrate exceptional self-performance in acting ethically in the pharmacy practice; the preparation and dispensing of medications; delivery of immunizations; referring patients as appropriate; counseling patients and/or caregivers regarding their medications.</i></p> <p><i>The resident will be expected to maintain any credentials (such as immunizations) in accordance with Walgreens Policy.</i></p> <p><i>The resident will complete Independent Practice Checklist.</i></p>	<p>October, November, December</p>
<p><i>In the final 2 quarters of the learning experience:</i></p> <p><i>The resident will be scheduled as the pharmacist in charge every other weekend.</i></p> <p><i>The resident will be responsible for resolving both patient and team issues/concerns as they arise, escalating to appropriate management if necessary.</i></p>	<p>January-June</p>

### 1. Evaluation Strategy

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Quarterly
Summative Self-Evaluation	Resident	Quarterly
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint





The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Goals and Objectives	Learning Activities
Competency Area R1	PATIENT CARE
Goal R1.2	Provide safe and effective patient care during the delivery of patient-centered dispensing



OBJ R1.2.1	<p>(Analyzing) Prior to dispensing a medication, perform an effective drug utilization review aligned with the JCPP Pharmacists' Patient Care Process to identify, detect, and address therapeutic problems.</p>	<p>When performing prescription data review and product verification, be prepared to determine medication related problems and make evidence based recommendations for solutions to patient and/or prescriber</p> <p>Identify and provide recommendations to prescriber to resolve potential and real drug therapy problems.</p> <p>Examine the DUR/TPR exception queue in phlometer and resolve using company procedures.</p> <p>Complete all trainings related to Walgreens technology used in the medication fulfillment process. Perform patient registration with the patient and/or care giver present. Review the prescription image first and compare the information on the prescription image to the date entered on the DATE REVIEW window to ensure accuracy. Confirm that the prescription was entered for the correct patient (name, dob). Confirm medication, strength, dosage form, directions, quantity, refills on image match the data entered. Verify the prescriber information on the image matches the prescriber's information contained in the prescriber section.</p> <p>Evaluated by direct observation, monitoring of weekly scorecard, and STARS reports.</p> <p>TQ1/EQ1</p>
OBJ R1.2.2	<p>(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.</p>	<p>Follow Walgreens SOPs. Retrieve and fill one prescription at a time. Calibrate dispensing equipment and use Yuyama correctly. Once licensed, do proper product verification (product in vial have correct markings, shape, color on the product review screen). Verify unit of use items or tablets/capsules in a manufacture sealed bottle, verify the NDC of each package matches NDC contained on the Product Review screen to verify the label was affixed to the correct item. Identify patients eligible to be protected from vaccine preventable disease through vaccination and verify immunization eligibility review using the Immunization Selection Tool. Administer vaccines to eligible patients. Compound products as necessary. Identify patients' needs for immunization services, medication therapy management, medication synchronization, 90 day fills, text messaging, refill reminder, etc. Recommend our services that could help with medication therapy management. Monitor TPR/DUR queue for prior authorization/ therapy change recommendations and resolve appropriately.</p> <p>Evaluation by direct observation, exception queue resolution, weekly scorecard.</p> <p>TQ1/EQ1</p>



OBJ R1.2.3	(Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	Documents patient preferences and enrollment in Walgreens patient care programs. Provide services that require pharmacist intervention- immunization, MTM, etc. Assist patients in navigating through the procedures of medication assistance programs to obtain financial support for their medication – especially HIV medications in partnership with Walgreens Specialty Pharmacy. Perform medication consultations for dispensed medications.  Evaluation by direct observation, weekly One Plan Operations Scorecard (shows average rx/day sold 90 day adjusted, flu immunizations, non-flu immunizations, patient care portal % reached, rx verified by promised time %, average time to answer phones, 90 day efficiency %, % compass tasks completed on time, chargebacks, returns, etc)  TQ1/EQ1
OBJ R1.2.4	(Analyzing) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	Perform Patient Care Portal consultations and evaluate the need for additional/alternative therapies.  Evaluation by usage and completion of Pharmacy Core Workflow  TQ1/EQ1
<b>Competency Area R2</b>	<b>LEADERSHIP AND MANAGEMENT</b>	
Goal R2.1	Manage operations and services of the practice.	
OBJ R2.1.1	(Applying) Manage dispensing and patient care services at the community-based practice site.	Utilize SOPs to for final check on all products prepared by technicians or other staff members.  Work with pharmacy team to resolve patient drug therapy issues.  With the RXM/SM, review the Plan of the Week, News You can Use, Customer Plan, and Pharmacy Focus and illustrate examples to the pharmacy team.  Demonstrate strategies for the pharmacy team to implement to meet the communicated goal/initiatives and communicate plan to the team.  Evaluation by direct observation, weekly scorecard and conducting of 5 minute meetings.  TQ1/EQ2
Goal R2.2	Demonstrate personal and professional leadership skills.	



OBJ R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	Works with pharmacy to build plan to resolve patient care issues.  Demonstrates characteristics of a positive role model to student pharmacists, technicians, pharmacists, and other health care professionals.  Evaluation by direct observation and successful running of the pharmacy (assessed by comparative statistics within scorecard, patient feedback, pharmacy team feedback)  TQ1/EQ3
<b>Competency Area R4</b>	<b>TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE</b>	
Goal R4.1	Provide effective education and/or training	
OBJ R4.1.1	(Creating) Design effective education and/or training activities based on the learners' level and identified needs.	Organize and deliver a 5 minute meeting to pharmacy staff. Work with co-champions to develop action plans and deliver at a Pulse Meeting. Create a topic discussion and present during a District/Area meeting  Evaluated by direct observation, Presentation review and feedback provided by preceptor team both before and after presentations  TQ1/EQ3

### Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<p><i>In the first quarter of the learning experience:</i></p> <p><i>The resident will be licensed before the program deadline.</i></p> <p><i>The resident will complete all required trainings/on line learning.</i></p> <p><i>The resident will establish a positive and team rapport with the pharmacy/Front End staff.</i></p> <p><i>The resident will resolve patient related problems after discussions and offer resolutions.</i></p> <p><i>The resident will demonstrate progress in becoming more confident and comfortable in their responsibilities as a pharmacist.</i></p> <p><i>The resident will demonstrate ability to complete all tasks listed in pharmacy core workflow.</i></p>	<p>July, August, September</p>



<p><i>In the 2nd quarter of the learning experience:</i></p> <p><i>The resident will continue to complete all relevant training.</i></p> <p><i>The resident will perform skills with minimal preceptor intervention and manage their practice.</i></p> <p><i>The resident will establish professional relationships with pharmacy patients and their health care providers.</i></p> <p><i>The resident will demonstrate exceptional self-performance in acting ethically in the pharmacy practice; the preparation and dispensing of medications; delivery of immunizations; referring patients as appropriate; counseling patients and/or caregivers regarding their medications.</i></p> <p><i>The resident will be expected to maintain any credentials (such as immunizations) in accordance with Walgreens Policy.</i></p> <p><i>The resident will complete Independent Practice Checklist.</i></p>	<p>October, November, December</p>
<p><i>In the final 2 quarters of the learning experience:</i></p> <p><i>The resident will be scheduled as the pharmacist in charge every other weekend.</i></p> <p><i>The resident will be responsible for resolving both patient and team issues/concerns as they arise, escalating to appropriate management if necessary.</i></p>	<p>January-June</p>

## 1. Evaluation Strategy

### Evaluation

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Quarterly
Summative Self-Evaluation	Resident	Quarterly
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint



**DIRECT PATIENT CARE**  
**PRECEPTOR: ROB RIEPENHOFF & EMILY HELLMANN**

**General Description of the Learning Experience:**

The Direct Patient Care is a longitudinal, required learning experience of 11 months. The training will consist of various activities including: completing assigned training, pharmacy team shadowing, participating in meetings, administering vaccines, providing education to patients and healthcare professionals, assisting in financial coverage, providing motivational interviewing, assisting in URAC accredited patient care, and problem solving.

The pharmacy team at Walgreens #16524 consists of the pharmacy/store manager, 1 pharmacy manager, and 2 PTCB-certified pharmacy technicians. The specialty site fills approximately 30-40 prescriptions per day. 95% of the medications sold must be packaged appropriately and mailed to the patient.

During this portion of the learning experience, the resident will begin practicing specialty pharmacist responsibilities while under the direct supervision of the preceptor. The preceptor will provide direct instruction and coach the resident through the insurance/ financial coverage process, medication education, and ordering/ documenting access to medication. The resident will support the clinical services provided to patients at the time of dispensing their medication, if any clinical problems occur, and every 6 months at minimum. The resident is responsible for educating and fostering relationships with other healthcare professionals and drug representatives.

**Roles of Pharmacists:**

**Schedule:** 11 months in duration, in which the resident will primarily be at store #16524 on Tuesday, Thursday, and Friday from 8am to 5pm. These days will be indicated on the resident's schedule to be provided.

**Attendance:**

The resident is required to be present on specified day(s) as indicated on the resident schedule. Attendance on other days is required on days set forth by the preceptor and will be arranged in collaboration with residency program director and the other preceptors. The Learning Experience preceptor must be informed of days off for professional development activities, sick time, and emergency situations – as per the attendance policy detailed in the Residency Manual.

**Required Readings:**



The resident will be responsible for completion of Walgreen's e-learning projects

### **Preceptor Interaction and Communication:**

The resident will train under the preceptor initially and will then begin working independently based on the progress of the resident as determined by the preceptors and completion of the readiness for independent learning checklist. The resident will interact with the preceptor on the following schedule:

Bi-Weekly One to One Update:

20 minute status reports. The resident will provide an overall update on the activities and progress of the past 2 weeks. The resident will organize their status update and prioritize questions and problems to discuss in the meeting. This can be conducted face to face or digitally.

As needed: For resident and student meetings, updates, and feedback

The resident is expected to seek preceptor feedback when gaps in performance and/or understanding are self-identified. The resident is encouraged to contact the preceptor as often as needed to have questions/concerns addressed.

The resident will receive verbal feedback as needed.

To keep the communication flowing between the resident and preceptor, the recommended communication strategies are listed below:

1. The preferred mode of communication with the preceptor when not on site is through text or email.
2. The resident is to communicate any medication therapy related issues not resolved by the end of the shift to following RPh.
3. The resident will read their Walgreens email/compass regularly for ongoing communications.
4. The resident will contact the preceptor directly for urgent/emergency.
5. The preceptor's personal phone number will be provided to the resident for personal emergency issues.
- 6.

### **Competencies, Goals, and Objectives to be Taught and Formally Evaluated**

The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.



Goals and Objectives		Learning Activities
Competency Area R1	PATIENT CARE	
Goal R1.1	Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the healthcare team.	
OBJ R1.1.1	(Responding and Applying) Demonstrate responsibility and professional behaviors as a member of the healthcare team.	<p>Activities:</p> <ol style="list-style-type: none"> <li>1. Cooperate as a member of the team without prompting, uphold professional appearance and behaviors at all times.</li> <li>2. Promote professional relationships with pharmacy and the interprofessional team</li> </ol> <p>Assessment:</p> <p>Observe professional relationship with staff and any other professionals providing care. Feedback provided throughout residency.</p> <p>Timing: TQ1/EQ1</p>
OBJ R1.1.2	(Responding and Applying) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	<p>Activities:</p> <ol style="list-style-type: none"> <li>1. Cooperate with the patient, family members, and any caregivers to foster open and respectful communication at all times</li> </ol> <p>Assessment:</p> <p>Observe communications and documentation with patients/ caregivers. Feedback provided throughout residency</p> <p>Timing: TQ1/EQ1</p>





OBJ R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	<p>Activities:</p> <p>1. Appropriately examine and gather necessary data in patient charts and verbal communications.</p> <p>Assessment:</p> <p>Accurate and efficient data collection assessed via observation. Complete 10 patient audits without need of further data, approval by preceptor.</p> <p>Timing: TQ1/EQ1</p>
OBJ R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for the provision of individualized patient care.	<p>Activities:</p> <p>1. Appropriately prioritize problem lists for each patient based on data examination.</p> <p>Assessment:</p> <p>Complete 30 authorizations without additional edits, approval by preceptor, continued feedback provided throughout residency.</p> <p>Timing: TQ1/EQ2</p>
OBJ R1.1.5	(Valuing and Creating) Design a safe and effective individualized patient-centered care plan in collaboration with other healthcare professionals, the patient, and caregivers.	<p>Activities:</p> <p>1. Create an appropriate care plan</p> <p>Assessment:</p> <p>Completion of 5 care plans without additional edits, approval from preceptor, continued feedback provided throughout the residency.</p> <p>Timing: TQ1/EQ2</p>
OBJ R1.1.6	(Applying) Implement the care plan in collaboration with other healthcare professionals, the patient, and caregivers.	<p>Activities:</p> <p>1. Implement an approved care plan through counseling and education.</p> <p>Assessment:</p> <p>Provide the patient with a care plan and education necessary to facilitate the plan. Approval by preceptor on 5 care plans and feedback provided throughout residency.</p> <p>Timing: TQ1/EQ2</p>



OBJ R1.1.7	(Evaluating) Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other healthcare professionals, the patient, and caregivers as required.	<p>Activities:</p> <p>1. Evaluate and adjust the care plan based on feedback from patient, caregivers, and healthcare professionals.</p> <p>Assessment:</p> <p>Provide follow on 5 patient care plans to evaluate the success of the plan. Approval by preceptor on 5 follow-ups of care plans and feedback provided throughout the residency.</p> <p>Timing: TQ1/EQ2</p>
OBJ R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	<p>Activities:</p> <p>1. Communicate effectively, while utilizing motivational interview techniques.</p> <p>Assessment:</p> <p>Provide follow on 5 patient care plans to evaluate the success of the plan. Approval by preceptor on 5 follow-ups of care plans and feedback provided throughout the residency.</p> <p>Timing: TQ1/EQ3</p>
OBJ R1.1.9	(Valuing and Applying) Collaborate and communicate effectively with other healthcare team members.	<p>Activities:</p> <p>1. Communicate effectively demonstrating a balance of respect and confidence when interacting with other health care professionals.</p> <p>Assessment:</p> <p>Observe clear communication efforts to promote patient goals with clinical reasoning, assessed by preceptor with continued feedback throughout residency.</p> <p>Timing: TQ1/EQ3</p>



OBJ R1.1.10	(Applying) Document patient care activities appropriately and efficiently.	<p>Activities:</p> <p>1. Document all clinical plans in SR2 with accuracy and efficiency.</p> <p>Assessment:</p> <p>Documentation of 30 initial assessments, 30 reassessments, and 5 care plans without needed additions. Approval by preceptor and continued feedback throughout residency.</p> <p>Timing: TQ1/EQ3</p>
<p>Goal R1.3 Provide safe and effective medication-related patient care when patients transition between care settings</p>		
OBJ R1.3.1	(Analyzing) Identify needs of individual patients experiencing care transitions.	<p>Activities:</p> <p>1. Accurately identify patients in need of transitions of care at the Community Walgreens Specialty Pharmacy.</p> <p>Assessment:</p> <p>Complete 5 initial/care plan assessments that need specialty management in the patient's transition of care.</p> <p>Timing: Q1-2/EQ4</p>
OBJ R1.3.2	(Applying) Manage and facilitate care transitions between patient care settings.	<p>Activities:</p> <p>1. Effectively follow up on transition of care plans.</p> <p>Assessment:</p> <p>Complete 5 patient-care plans with follow-up regarding transition of care plans.</p> <p>Timing: Q1-2/EQ4</p>

## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:



Resident Progression Description	Date
Completion of checklist for independent practice	Q1
Independently practice with coaching from preceptors	Q2
Independently practice with preceptor facilitation as needed	Q3-4

**ACADEMIC LEARNING EXPERIENCE**

**PRECEPTORS: BETHANNE BROWN, PHARMD, BCACP,RPD**

**MIKE HEGENER, PHARMD**

**ROB RIEPENHOFF, PHARMD**

**General Description of the Learning Experience:** The academic and teaching component of the residency is a longitudinal learning experience that takes place throughout the residency year. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach all those whom they contact including patients, community members, health care professionals and health professional students.

**Type:** Longitudinal, required

**Schedule:** Residents will be assigned teaching responsibilities in a variety of courses during the fall (Aug/Sept/Oct/Nov/Dec) and spring (Jan/Feb/Mar/April) semesters at the University of Cincinnati College of Pharmacy. Resident will also be responsible for IPPE and APPE students as part of DPC experience.

**Attendance:** at all teaching activities including the teaching certificate program are required.

**Required Readings/Orientation:** The residents will attend the orientation at the college of pharmacy; activities covered will apply to the teaching orientation. Additionally, the resident will attend the teaching certificate program seminar, a 2 day seminar in August of the residency



year with follow-up meetings scheduled throughout the academic year. These seminars will prepare the resident to teach within the college of pharmacy. The resident will also meet with the RPD to determine the optimal teaching schedule for the resident during their 11 month rotation as well a site coordinator for direct patient care experiences to determine IPPE/APPE precepting schedule.

**Preceptor Interaction and Communication:** Residents will meet with either RPD or other faculty mentor on an as needed basis to discuss teaching activities/responsibilities.

### Competencies, Goals, and Objectives to be Taught and Formally Evaluated

The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

<b>Competency Area R2</b>	<b>LEADERSHIP AND MANAGEMENT</b>	
Goal R2.1	Manage operations and services of the practice.	
Goal R2.2	Demonstrate personal and professional leadership skills.	
OBJ R2.2.1	(Valuing and Applying) Manage one's self effectively and efficiently.	Activities: Ability to manage teaching workload  Assessment: Meeting due dates for all teaching materials, no missed teaching dates  Timing: TEQ1-4

<b>Competency Area R4</b>	<b>TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE</b>	
Goal R4.1	Provide effective education and/or training	



OBJ R4.1.1	(Creating) Design effective education and/or training activities based on the learners' level and identified needs.	<p>Activities:</p> <p>Academic: Update or edit group/team type learning activity. Design/update a lecture. Write exam questions.</p> <p>Pharmacists/Technicians: Create a Continuing Education Program for pharmacists and technicians.</p> <p>Community/Patients: Educate community at large and patients and caregivers in both group and individual settings.</p> <p>Other Health Care Professionals: Educate other health care providers</p> <p>Assessment:</p> <p>Academic: Teaching mentor and course coordinator will provide an evaluation of the created course work, including providing feedback during the creation/updating process . Resident will be evaluated on ability to change and edit the materials based on feedback provided to create a useful final product.</p> <p>Pharmacist/Patients/Other Health Care Professionals: Teaching Mentor to provide written and verbal feedback on CE presentation</p> <p>Timing: TQ1,TEQ2/4</p>
OBJ R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other healthcare professionals.	<p>Activities:</p> <p>Academic: Deliver 1 lecture to a large group. Moderate Skills Labs as assigned. Moderate small group learning and deliver CE presentation (live or using technology)</p> <p>Pharmacist/Patients/Other Health Care Professionals: deliver educational activities based on audience.</p> <p>Assessment: provided in writing or verbally by primary assigned preceptor and students</p> <p>Timing: TQ1, TEQ2/4</p>

OBJ R4.1.3	(Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other healthcare professionals.	<p>Activities: Create appropriate written materials to educate audience (students/pharmacists/patients/other health care professionals)</p> <p>Assessment: Materials presented to the students/pharmacists is effective, up to date, and appropriate for the given course/CE and audience.</p>
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		Timing: TQ1, TEQ2/4
Goal R4.2	Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g. students, pharmacy technicians, and other healthcare professionals)	
OBJ R4.2.1	(Analyzing) Identify experiential learning activities and select appropriate preceptor roles to meet learners' educational needs.	<p>Activities: For both IPPE/APPE students</p> <ol style="list-style-type: none"> <li>1) Determine appropriate tasks for students to complete to foster education.</li> <li>2) Develop 5 drug information questions for the students.</li> </ol> <p>Assessment: Observe interactions and display appropriate behavior when interacting and teaching students, feedback provided throughout residency.</p> <p>Timing: TEQ 2/4</p>
OBJ R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	<p>Activities: For both IPPE and APPE students</p> <ol style="list-style-type: none"> <li>1. Provide feedback based on training and mentoring provided by preceptors in a timely manner to students.</li> </ol> <p>Assessment: Preceptor to observe interactions and provide guidance as needed.</p> <p>Timing: TEQ3/4</p>



Expected resident progression during this learning experience is as follows:





**Expectations of the Resident:**

**Academic Teaching**

The resident is expected to

1. Commit to the teaching dates required as outlined by the preceptor and RPD; No changes in this schedule are permitted unless the following are met: Approval by the course coordinator; approval by the Academic Learning Experience Coordinator; and coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
2. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
3. Reflection on each teaching requirement to be documented in the teaching portfolio
4. Complete the teaching portfolio as required by the teaching certificate program
5. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and practice site coordinator for either pharmacists or technicians.

**Minimum Specific Teaching Requirements:**

1. 1 lecture at the college of pharmacy to either a large or small group (must be at least 20 students)
2. Skills Lab Module Teaching: See teaching mentor.
3. Non-skills lab recitations: 2 sessions Fall and Spring Semester
4. Monthly residency meeting participation: 30 minutes of this meeting on select months will be focused on resident lead teaching topic discussions. Details found in monthly resident meeting description.
5. Participate in evaluation of poster presentations (IPPE or Capstone)

**Pharmacists/Technicians: Minimum Continuing Education Requirements:**

The CE program should:

- i. Contain all the components of an effective adult learning experience
- ii. Contain a minimum of one (preferably two) active learning activities
- iii. Designed at the Applying or Analyzing level of Bloom's Taxonomy
- iv. Follow the guidelines provided on during residency monthly meeting and documents posted on BOX to create this program.

**Patients/Community Teaching:**

Resident will provide ONE health education/health promotion talk (30 minutes with time for Q&A) to a community group as part of either community service or an identified need by a preceptor/site coordinator.

**Other Health Care Providers:**

Resident will provide ONE educational in service (30 minutes with time for QA&A) to other health care providers on a topic identified by preceptors/site coordinators.

By June 30<sup>th</sup> of residency year



## Evaluation Strategy

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Quarterly
Summative Self-Evaluation	Resident	Quarterly
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint

### **RESEARCH LEARNING EXPERIENCE**

**BETHANNE BROWN, PHARM.D, BCACP, RPD**

**ROB RIEPENHOFF, PHARM.D**

**General Description of the Learning Experience:** Community-based residency programs offer a unique opportunity for each resident to gain knowledge and experience in the design, implementation and analysis of a collaborative, quality research project. The community setting is an ideal location for this type of research due to frequent contact with patients, a unique involvement/perspective with the medication use process and the ability to observe patients self-management behaviors outside of a structured system. The goal of the longitudinal experience is to create or evaluate a new integrated direct patient care service to determine outcomes to advance patient care activities and reimbursement opportunities.

The research process consists of the following steps:

- a. Identifying a topic based on the needs of the practice site and the interest of the resident
- b. Establishing a timeline based on the residency year (see page X)
- c. Evaluating existing evidence by conducting a thorough literature search of both medical and social behavioral databases.
- d. Developing a research question in collaboration with the research team
- e. Writing a specific aim defined as a well-crafted statement providing an overview of the entire project.
- f. Designing a solid research project which protects the rights of the participants
- g. Evaluating the project using appropriate statistical analyses
- h. Presenting the findings (as poster, podium presentation and manuscript) by the end of the residency year.

Type: Longitudinal, required

### **Roles of Pharmacists:**



**Schedule:** 11 months in duration, a separate timeline will be provided

**Attendance:** n/a

**Required Readings/Orientation:** Residents will complete the following activities as part of either general orientation or this learning experience orientation:

1. Completing Collaborative Institutional Training Initiative (CITI) online training before the start of residency year. Residents will be emailed specific directions by May of the residency year describing the online training modules to be completed
2. Attending research seminar during residency orientation sponsored by the University of Cincinnati
3. Meeting with representatives from Colleges internal IRB review committee on as needed basis.
4. Connecting with Dr. Jeff Guo ([Jeff.Guo@uc.edu](mailto:Jeff.Guo@uc.edu)) to review protocol and statistical analysis plan for project.

**Preceptor Interaction and Communication:** Resident will be responsible for communicating with research team (RPD and preceptor +/- faculty mentor) on an as needed basis over the year.

### **Competencies, Goals, and Objectives to be Taught and Formally Evaluated**

The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Goals and Objectives	Learning Activities
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Competency Area R3	ADVANCEMENT OF COMMUNITY-BASED PRACTICE AND IMPROVING PATIENT CARE	
Goal R3.3	Complete a practice innovation or research project that advances community-based practice using effective project management skills	
OBJ R3.3.1	(Creating) Identify and design a practice-related project significant to community-based practice.	<p>Activities</p> <ol style="list-style-type: none"> <li>1. Conduct systematic literature search to refine project idea and provide background</li> <li>2. Review the identified practice related projects that meet criteria established for project by the residency program</li> <li>3. Prepare project outline and develop research question(s), objectives, methods, and evaluation strategy</li> <li>4. Determine time table for development, implementation and evaluation</li> <li>5. Prepare protocol, refine drafts with feedback, and gain consensus around protocol from project team</li> <li>6. Effectively organize and lead meetings with project team to ensure established deadlines are met</li> </ol> <p>Assessment: Formative and Summative Feedback from project team</p> <p>Timing: TEQ1</p>
OBJ R3.3.2	(Applying) Implement a practice-related project significant to community-based practice.	<p>Activities</p> <ol style="list-style-type: none"> <li>1. Work closely with project team to implement project</li> <li>2. Effectively organize and lead meetings with project team to ensure established deadlines are met</li> <li>3. Prepare and submit APhA or other grant application if applicable</li> <li>4. Implement an evaluation strategy that collects data in a systematic way to allow for data analysis</li> </ol> <p>Assessment: Formative and Summative Feedback from project team</p> <p>Timing: Q2</p>



OBJ R3.3.3	(Evaluating) Accurately assess the impact of the practice-related project including sustainability, if applicable.	<p>Activities: Analyze data collected appropriately based on project team input</p> <p>Assessment: Formative and Summative Feedback from project team</p> <p>Timing: TEQ 3 or 4</p>
OBJ R3.3.4	(Responding and Creating) Effectively develop and present, orally and in writing, a final project report.	<p>Activities: Presentations at APhA,, OPA, and OPRC Manuscript submission to appropriate journal as defined by project team.</p> <p>Assessment: Review by peers and project team</p> <p>Timing: TEQ4</p>

### Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<p><u>Expectations of the Resident:</u> Residents will progress from knowledge, application to evaluation of community-based research concepts. The resident is responsible for the following:</p> <ol style="list-style-type: none"> <li>1. Completing one to two research projects over the course of the residency year.</li> <li>2. Following the steps listed above to conduct a quality research project at the practice site.</li> <li>3. Meeting all deadlines as established by project team and learning experience.</li> <li>4. Scheduling and leading all project team meetings.</li> </ol>	<p>July/August: Attend research seminar. Conduct background research, write IRB</p> <p>End August: Submit IRB to Walgreens and UC pre-IRB team</p> <p>August-May: conduct research</p>



<ol style="list-style-type: none"> <li>5. Maintaining ethical standards when conducting human subject research with vulnerable populations.</li> <li>6. Communicating on a regular basis with the entire project team to obtain both formative and summative feedback.</li> <li>7. Uploading all drafts, feedback (even when provided via email) received and final documents.</li> <li>8. Submit for grant funding with an appropriate funding agency based on scope of the research topic chosen.</li> <li>9. Presenting research at the following (as dictated by practice site):             <ol style="list-style-type: none"> <li>a. American Pharmacists Association: poster presentation</li> <li>b. Ohio Pharmacists Association: podium or poster presentation</li> <li>c. Ohio Pharmacy Residency Conference: podium presentation</li> </ol> </li> </ol>	<p>September: Submit abstract to APhA</p> <p>February: Submit abstract to OPA</p> <p>March: Present Poster APhA Submit ORPC abstract, Learning objectives and assessment questions</p> <p>April: Present at OPA, Draft OPRC slides and attend practice session</p> <p>May: Attend OPRC, manuscript draft</p> <p>June: Manuscript final + IRB close out.</p>
<p><u>Expectations of Project Team:</u></p>	
<p>Members of the project team are responsible for the following:</p>	
<ol style="list-style-type: none"> <li>1. Providing direct guidance/instruction during all stages of the research project</li> <li>2. Giving verbal and written feedback in a timely manner in order for the resident to improve.</li> <li>3. Attendance at research team meetings as called by resident</li> <li>4. Meeting deadlines as set by RPD or resident</li> <li>5. Support resident during poster or podium presentation (s)</li> </ol>	

## 1. Evaluation Strategy

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Quarterly
Summative Self-Evaluation	Resident	Quarterly
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint



**QUALITY IMPROVEMENT LEARNING EXPERIENCE**  
**PRECEPTORS: JOMARIE RICHARDSON, PHARMD**  
**DAN HEIN, RPH**  
**EMILY HELLMANN, PHARMD**

**General Description of the Learning Experience:**

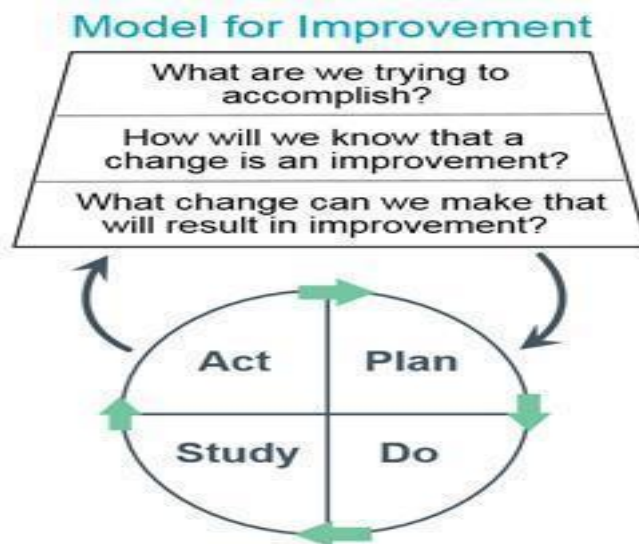
Quality Improvement is a process that focuses on improvement by identifying causes of problems or potential problems, intervening to reduce or eliminate these causes, and re-evaluating the process. In community based pharmacy, not only does quality improvement focus on preventing errors, it also helps to control costs, and reassess procedures to improve patient care.

The resident will identify, research, implement, and evaluate one quality improvement project.

Residents will progress from knowledge to application of healthcare quality improvement concepts. This will include the following steps:

1. Identification of area(s) for improvement in collaboration with practice site
2. Application of tools to implementation a quality improvement project
3. Measuring impact of the change to determine level of improvement.
4. Presentation of results at a pharmacy team meeting.

The model (below) will be utilized as covered in orientation



**Schedule**

The resident will participate in the Learning Experience as indicated on the resident schedule.



## Attendance

The resident is required to be present on specified day(s) as indicated on the resident schedule. Attendance on other days is required on days set forth by the preceptor and will be arranged in collaboration with residency program director and the other preceptors. The RPD and Learning Experience preceptor must be informed of days off for professional development activities, sick time, emergency situations – as per the attendance policy detailed in the Residency Manual.

## Required Readings

1. Complete the Institute for Health Care Quality Improvement basic certificate program (orientation).
2. Read ISMP: Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change found at:  
<https://www.ismp.org/resources/improving-medication-safety-community-pharmacy-assessing-risk-and-opportunities-change>
3. Conduct the Medication Safety Self-Assessment for community/ambulatory pharmacy at the practice site by 10/31/17. Found at:  
[http://www.ismp.org/selfassessments/community/2017/2017\\_ISMP\\_CommunityAmbulatory\\_Pharmacy\\_Self\\_Assessment.pdf](http://www.ismp.org/selfassessments/community/2017/2017_ISMP_CommunityAmbulatory_Pharmacy_Self_Assessment.pdf).

## Preceptor Interaction and Communication

The resident will receive feedback from the preceptor on a daily and weekly basis.

The resident is expected to seek preceptor feedback when gaps in performance and/or understanding are self-identified. The resident is encouraged to contact the preceptor as often as needed to have questions/concerns addressed. The resident will receive verbal feedback as needed.

The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Goals and Objectives		Learning Activities
Competency Area R3	ADVANCEMENT OF COMMUNITY-BASED PRACTICE AND IMPROVING PATIENT CARE	
Goal R3.1	Conduct a quality improvement project in the medication use system or in a patient care service to improve care and safety	
OBJ R3.1.1	Creating) Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services.	Complete ISMP Medication Safety Self-Assessment  Feedback directly from preceptors





		Q1/EQ2
DBJ R3.1.2	Applying) Implement a quality improvement project.	Using QI tools, implement project based on ISMP self-assessment Feedback directly from preceptors Q1/EQ3
DBJ R3.1.3	Evaluating) Evaluate the impact of a quality improvement project.	Using QI tools, evaluate impact of change using appropriate outcome measurements Feedback from residency team Q1/EQ4

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
Gain baseline knowledge	June/July
Work with preceptor to identify project, study current system, complete ISMP self-assessment	August/Sept/Oct
Apply QI tools (including above model) to implement change in the system	Nov thru May
Evaluate the success of the change	April/May/June
Present Results	May/June

**BUSINESS PLAN LEARNING EXPERIENCE**  
**PRECEPTORS: DAN HEIN, RPH AND JOMARIE RICHARDSON, PHARMD**



## **General Description of the Learning Experience:**

As the role of the pharmacist continues to evolve, clear guidance is required to enable the implementation and replication of new services. The business plan provides the framework necessary to effectively, consistently, and safely provide new services. Not only does it define the new service, but it is a planning tool to improve odds of success.

The resident will create a business plan to create or expand a patient centered pharmacy service. The *How to Start an MTM Practice: A guidebook for Pharmacists* will be used as the road map for the business plan created as part of the residency. Each plan must contain the 20 sections as prescribed in the guidebook on page 6.

## **Schedule**

The resident will participate in the Learning Experience while spending time at Walgreens #15182 as indicated on the resident schedule.

## **Attendance**

The resident is required to be present on specified day(s) as indicated on the resident schedule. Attendance on other days is required on days set forth by the preceptor and will be arranged in collaboration with residency program director and the other preceptors. The RPD and Learning Experience preceptor must be informed of days off for professional development activities, sick time, emergency situations – as per the attendance policy detailed in the Residency Manual.

## **Required Readings**

Residency Program Policies and Procedures Manual  
How to Start an MTM Practice: A Guidebook for the Pharmacist by APhA (provided at Orientation)  
Review ideas for business plan creation with site coordinator or preceptor by the end of Q1

## **Preceptor Interaction and Communication**

The resident will receive feedback from the preceptor on a daily and weekly basis.

The resident is expected to seek preceptor feedback when gaps in performance and/or understanding are self-identified. The resident is encouraged to contact the preceptor as often as needed to have questions/concerns addressed. The resident will receive verbal feedback as needed.

## **Competencies, Goals, and Objectives to be Taught and Formally Evaluated**



The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Goals and Objectives		Learning Activities
Competency Area R2	LEADERSHIP AND MANAGEMENT	
Goal R2.1	Manage operations and services of the practice	
DBJ R2.1.4	Creating) Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.	<p>If CPA is part of business plan, see Goal 3.2</p> <p>Feedback as part of business plan review</p> <p>T2-3/EQ4</p>
Competency Area R3	ADVANCEMENT OF COMMUNITY-BASED PRACTICE AND IMPROVING PATIENT CARE	
Goal R3.2	Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service	
DBJ R3.2.1	Creating) Identify the need and develop a business plan for a new or enhanced service.	<p>Identify project, research and review lit, draft business plan</p> <p>Feedback from preceptors</p> <p>T1-3/EQ2</p>
DBJ R3.2.2	Applying) Implement the planned new or enhanced service.	<p>Institute business plan</p> <p>Feedback from preceptors</p> <p>T1-3/EQ4</p>
DBJ R3.2.3	Evaluating) Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	<p>Collect and Analyze data based on business plan</p> <p>Evaluated by direct observation feedback from preceptors</p> <p>T1-3/EQ4</p>

### Expected Resident Progression

Expected resident progression during this learning experience is as follows:



Resident Progression Description	Date
Gain Baseline Knowledge	June/July
Identify project, review lit	Aug/Sept
Draft Business Plan and, if needed, Collaborative agreement and send to preceptors to edit/review	Nov/DEC
Launch pilot of new service to test business plan	Feb/March/April
Analyze success of trial	May
Participate in Shark Tank	May/June
Final Business Plan Submitted	June

### Evaluation Strategy

Evaluations are completed for each learning experience by the assigned due date or within 7 business days of the assigned due date.

Each preceptor will complete an individual evaluation.

All evaluations will be documented on Pharmacademics.

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Quarterly
Summative Self-Evaluation	Resident	Quarterly
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint

### **LEADERSHIP AND MANAGEMENT LEARNING EXPERIENCE** **PRECEPTOR: DAN HEIN, RPH**



## STEPHANIE CADY, RPH

**Learning Experience Description Synopsis:** Gain mentored experiences working on and leading cross functional teams within a large multi-disciplinary, multinational corporation from store to corporate levels. This will be achieved by attending and participating in corporate budgeting, talent review, new initiative and planning sessions at the area and regional levels.

### **Required, longitudinal**

**General Description of the Learning Experience:** The resident will spend time with area health care supervisor to gain an understanding of the strategic planning as well as implementation of clinical services both from an internal and external perspective.

### **Roles of Pharmacists:**

#### **Schedule:**

Attend one regional meeting (Spring)

Attend 3 monthly DM area meeting: Beginning in October (1<sup>st</sup> Friday of the month from 9 to noon)

Attend 2 monthly business reviews (90min calls)

Options for management activities (resident to select based on interest):

- External meetings with business partners: ADA, Hospital systems (such as CCHMC, Tri-Health, etc.), Large companies, Insurance companies (such as CareSource, UHC, etc.) and buyout meetings
- District Manager visits (visiting districts, stores) for development of DM and teams (coaching)
- Compliance Walks: compliant with company, state and federal laws, regulations, etc.
- Staff development (RxImpact for RXM, DM development, etc.)
- Rx Quality
- Meetings with strategic corporate partners (Regional Vice President, Regional Finance, Director of Pharmacy and Retail, etc.)
- HIV focused activities such as testing events and strategic partner meetings

**Attendance:** required once meeting dates/times set.

**Required Readings:** Walgreens e-learning as determined by preceptors/corporate policies



**Preceptor Interaction and Communication:** Resident will be scheduled for ½ day per week as needed to determine activities and responsibilities.

**Competencies, Goals, and Objectives to be Taught and Formally Evaluated**

The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Competency Area R2		LEADERSHIP AND MANAGEMENT
Goal R2.1		Manage operations and services of the practice.
OBJ R2.1.2	(Applying) Participate in organizational level management activities, functions, and/or decision-making.	<p>Activities: based on initial shadow experiences, apply the principles of Plan, Do, Review to assigned MGMT projects</p> <p>Assessment: presentation materials- both drafts and final as well as presentation at meetings</p> <p>Timing: TE Q3/4</p>
OBJ R2.1.3	(Understanding) Identify relevant external factors that influence or impact community-based practice and identify appropriate strategies to adjust, comply, or improve.	<p>Activities: discuss and explain information identified within meetings with preceptor. Determine next steps based on clinical activities discussed.</p> <p>Assessment: preceptor feedback</p> <p>Timing: TEQ1-2</p>

Goal R2.2		Demonstrate personal and professional leadership skills.
OBJ R2.2.1	(Valuing and Applying) Manage one's self effectively and efficiently.	<p>Activities: Embody the Plan, Do, Review strategy in all MGMT related activities.</p> <p>Assessment: preceptor review of materials created and evaluation of presentations</p>



		Timing:TQ1/2, EQ3/4
OBJ R2.2.2	(Valuing and Applying) Apply a process of ongoing self-evaluation and personal performance improvement.	Activities: Complete required self-evaluations/self-reflections within residency as well as individual development plan instore net quarterly. Internalize preceptor feedback and strive to incorporate suggested improvements.  Assessment: review of weekly logs and instore IDP  Timing: TQ1, EQ2/3
OBJ R2.2.3	Level(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	Activities: develop and present on assigned topics at the district level during wrap up meeting either live or via conference.  Assessment: preceptor feedback on draft and final presentations Timing: TQ1 EQ3/4
OBJ R2.2.4	(Valuing and Applying) Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	Activities: Join pharmacy related organization of your choice and participate actively in a committee/working group of this organization.  Assessment: documentation of professional involvement via self-reflection and uploading of agenda/minutes of meetings  Timing: TQ1/EQ4
OBJ R2.2.5	(Valuing and Applying) Demonstrate commitment to the community through service.	Activities: Participate in 1 community event per quarter as a corporate partner representing Walgreens Corporation. Options include: American Diabetes Association (various events), Leukemia and Lymphoma society (fundraiser and yearly ball), PRIDE parade, Shelterhouse homeless shelter, Colon Cancer Awareness.  Assessment: Reflection within weekly log



		Timing: TQ1, EQ4
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Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
Quarter 1 and 2: Shadowing, attending meetings and debriefing with preceptor to gain understanding of corporate structure and function	Q1 and 2
Quarter 3 and 4: Participating and presenting at meetings	Q3 and 4

## 1. Evaluation Strategy

<u>Evaluation Type</u>	<u>By Whom</u>	<u>When</u>
Summative Evaluation	Preceptor	Quarterly
Summative Self-Evaluation	Resident	Quarterly
Preceptor Evaluation	Resident	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Midpoint and Endpoint







# Weekly Activity Reports

Appendix C: Weekly Activity Reports



## Resident Activity Report

Resident Name: \_\_\_\_\_

Week Number: \_\_\_\_\_ Total Hours Worked: (Max 80) \_\_\_\_\_ % Hours DPC: \_\_\_\_\_ (Goal 65%)

Day	Date	Site	Direct Patient Care	Patient Centered Dispensing/Management	Teaching, Education and Dissemination of Knowledge	Advancing Community Based Practice	Other
Su							
M							
T							
W							
Th							
F							
Sa							
<b>Totals</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Community Service Report

	Date/Location/Hours/Contact	Activities/Community Served	Learning



Continuous Professional Development  
Reflections: every other week alternating with drug information question

	Successes	Struggles
What?		
So What?		
Now What?		



Continuous Professional Development  
Drug Information Question: every other week alternating with reflection

<b>Background:</b>	
<b>Question:</b>	
<b>Answer:</b>	
<b>References:</b>	



## Advancing Community Based Practice Weekly Update

	Progress to Date	Plan for upcoming week
Research Project		
Business Plan		
QI Project		
Other Projects		

## Self-Care Activities This Week

Date	Briefly describe activities you have completed this week that promoted your self-care



## Weekly Preceptor Review

Site	Preceptor Electronic Signature	Date Reviewed





# Residency Program Requirements

## Appendix D: Postgraduate Year One (PGY1) Community Pharmacy Residency Program Requirements

### Resident Name:

**NOTE:**  
**ALL Requirements listed below**  
**MUST BE MET to be eligible for GRADUATION**

### Achievement of Residency Objectives

At the end of the residency, the resident is to have received an Achieved rating for 85% of the educational objectives (100% R1: Patient Care) The remaining 15% educational objectives must be rated at Satisfactory Progress. No objectives can be rated as Needs Improvement.

*Review Resident Current Status Crosstab Report from PharmAcademic created at the end of the residency program will serve as documentation of evidence of completion of the the educational objectives.*

Item	Date Completed	Validated by
<b>Program Eligibility Requirements</b>		
Obtain an Ohio/Kentucky Pharmacy Intern License (if applicable)		
Orientation Completed <ul style="list-style-type: none"> <li>College/PGY1 Residency Orientation</li> <li>Walgreens Orientation</li> </ul>		
Pass NAPLEX and Jurisprudence exams for Ohio and Kentucky		
Immunization Certification		
CPR Certification- must be valid for entire residency program (end June-end July)		



Completion of all Walgreens assigned clinical and operations training programs		
Submission of Academic and Professional Record		
Completion of the IHI basic certificate in health care quality improvement		
<b>Tracking Goals and Objectives:</b>		
Requirement: Residency Program Competency Areas	Progress to Date Percentage Goals Objectives Achieved (ACH)	Timeline for Completion Completion Date
Outcome R1: Patient Care (100% achievement required for graduation)		
Outcome R2: Leadership and Management		
Outcome R3: Advancement of Community-based Practice and Improving Patient Care		
Outcome R4: Teaching, Education and Dissemination of Knowledge.		
<b>Quarterly Resident's Plan</b>		
Philosophy of practice (July)		
ASHP Entering Interest Form (May/June)		
Entering Objective-Based Self-Evaluation Form (July)		
Initial Plan (July)		
1st Quarter (Aug-Oct)		
2nd Quarter (Nov-Jan)		
3rd Quarter (Feb-April)		
4th Quarter (May-June)		





## Residency Portfolio

### Patient Care

Readiness for Independent Practice Checklist completed by resident and site coordinator.		
Documentation of patient care activities (examples include: Medication Management with follow-up, CMR, 90 Day Adherence Calls, MTM, Transitions of Care, Immunizations, Connected Care Consultation). Collated quarterly by resident and submitted to RAC prior to customized planning meeting.		
Successfully manage all operations of the pharmacy during DPC and PCD activities		

### Leadership and Management

Attendance at 1 regional meeting		
Attendance at 3 DM area meetings		
Attendance at 2 monthly business reviews		
Present at 1 business review meeting (clinical services activity related)		
Completion of self-reflections bi-weekly		
Professional Association Activities/Participation documentation and self-reflection		
Community Service Activities/Projects (1 per quarter and documented within activity log)		
Completion of Weekly Logs		
Attendance at Resident Monthly Meeting		



**Advancement of Community Based Practice and Improving Patient Care**

<p>Quality Improvement Project including: QI Summary, 2 to 3 PDSA cycles and 1 Process Flow Diagram.</p>		
<p>Business Plan including: complete business plan proposal, Collaborative Practice Agreement (CPA) and Shark Tank Presentation</p>		
<p>Residency Project</p> <ul style="list-style-type: none"> <li>● Completion of residency project             <ul style="list-style-type: none"> <li>● Residency Project Documentation                 <ul style="list-style-type: none"> <li>● IRB documentation</li> <li>● Project approval documentation</li> <li>● Abstract submissions</li> <li>● Grant applications (if applicable)</li> </ul> </li> <li>● Poster presentation of project at APhA Annual meeting</li> <li>● Present poster at Ohio Pharmacists Association annual meeting</li> <li>● Podium presentation of project at the Ohio Pharmacy Residency Conference</li> <li>● Prepare a manuscript of residency project                     <ul style="list-style-type: none"> <li>● Close out IRB application (if applicable)</li> </ul> </li> </ul> </li> </ul>		



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**Teaching, Education and the Dissemination of Knowledge**



<p>Completion of Teaching Seminar Requirements</p> <ul style="list-style-type: none"> <li>● Participate in 100% of teaching certificate program sessions</li> <li>● Deliver 1-2 large group presentations</li> <li>● Lead a small group session within Skills Lab each week (Aug-Nov and Jan-April)</li> <li>● Complete both mid-point and final evaluations for both IPPE and APPE students.</li> <li>● Submit the teaching portfolio before the due date: <ul style="list-style-type: none"> <li>● Teaching philosophy</li> <li>● Examples of lectures, handouts and test questions from material created</li> <li>● Summary of learner evaluations from lecture and small group experiences</li> <li>● Self-Reflection on teaching activities in the what, so what, now what format</li> <li>● Evaluations from both IPPE and APPE students on rotation (when responsible for at least 50% of their experience)</li> </ul> </li> </ul>		
<p>Complete Other Teaching:</p> <ul style="list-style-type: none"> <li>● Continuing Education: program paperwork including learning objectives, assessment strategy and lecture materials</li> <li>● Other Health Care Professionals: Copy of presentation/handouts</li> <li>● Patient/Community: Copy of presentation/handouts. Other Health Care Professionals</li> </ul>		
<p><b>Residency Program Evaluations</b></p>		



Evaluations for all assigned learning experiences (attach PharmAcademic Evaluation Report, +/- 7 days of due date) <ul style="list-style-type: none"> <li>● Summative self-evaluations</li> <li>● Summative evaluations</li> <li>● Learning experience</li> <li>● Preceptor</li> </ul>		
<b>Residency Program Close Out</b>		
Goal-Based Self-Evaluation		
Philosophy of Practice Updated		
Exit Interview with Residency Program Director(s)		

## Acknowledgement of Residency Program Completion Requirements



If the resident has not completed all requirements by the end of their residency year (June 29<sup>th</sup>) he/she will have until December 31<sup>st</sup> of the residency completion year to complete the program requirements in order to receive a certificate of completion. The residency program director and resident will create in writing a project completion task list to define the activities, skills, learning experiences, or projects that are deficient. The completion of these requirements will be at the resident's own expense. No additional compensation will be awarded to the resident as seek to complete the requirements.

If the program requirements are not met by this date, the resident will deemed to have not completed the program and will not be issued a certificate of completion.

I understand and agree with these Residency Graduation Requirements, and understand that ALL residency projects and requirements are to be completed by June 29<sup>th</sup> of the respective year of the residency experience. Upon approval of the satisfactory completion of all projects by the residency program director, a community pharmacy resident will be awarded a certificate of completion. I have received a copy of these Requirements.

*(Resident Signature)*

*(Resident Printed Name)*

*(Date)*

*(Residency Program Director Signature)*

*(Date)*

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### Completed by the Residency Program Director at Residency Year End

Residency Certificate Awarded

Residency Certificate Not Awarded

*(Residency Program Director Signature)*

*(Date)*

Version date: February 2, 2019





## Residency Program Policy and Procedure Manual Acknowledgement Statement

### Appendix E

As the 2019-2020 resident for the Walgreens Pharmacy and University of Cincinnati College of Pharmacy PGY1 Community-based Pharmacy Residency Program, I acknowledge that I have read and understand the contents in the Policy and Procedure Manual and the residency program requirements in order to successfully to complete the program.

Manual version date: 2/2/19

(Resident Signature)

(Resident Printed Name)

(Date)

(Residency Program Director Signature)

(Residency Program Director Printed Name)

(Date)

Please return to:  
Stephanie Cady  
3 W Corry St  
Cincinnati, OH 45219

