

# Residency Program Manual 2022-202



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## Walgreens and the University of Cincinnati PGY1 Community-Based Pharmacy Residency Program

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# Walgreens Boot 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.

With more than 170 years of trusted healthcare heritage and innovation in community pharmacy, the company is meeting customers' and patients' needs through its convenient retail locations, digital platforms and health and beauty products.

WBA's purpose is to inspire more joyful lives through better health. The company is proud of its contributions to healthy communities, a healthy planet, an inclusive workplace and a sustainable marketplace. WBA is a Participant of the United Nations Global Compact and adheres to its principles-based approach to responsible business.

Anchored by iconic brands, Walgreens in the U.S. and Boots in the U.K., the company is meeting customer needs through our convenient retail locations, digital platforms and health and beauty products, while working to shape the future of healthcare by bringing more innovative offerings to our customers and patients.

WBA's portfolio of retail and business brands also includes Duane Reade, the No7 Beauty Company, Benavides in Mexico and Ahumada in Chile.

Additionally, the company has a global portfolio of targeted equity investments in healthcare, pharmacy and retail. Through partnerships with other leading companies, we are continuing to innovate and expand our services to improve access in the communities we serve.

WBA has a presence in nine countries with approximately 13,000 stores across U.S., Europe and Latin America, and employs more than 315,000 people, including nearly 35,000 pharmacists who are among the most accessible and trusted healthcare providers in the communities we serve.

## Walgreens Overview

Founded in 1901 as a single drugstore, Walgreens today is a provider of trusted care in communities around the U.S. through our locations in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. As America's most loved pharmacy, health and beauty company, Walgreens' purpose is to champion the health and wellbeing of every community in America. Operating more than 8,965 (as of August 2021) retail locations across America, Puerto Rico and the U.S. Virgin Islands, Walgreens is proud to be a neighborhood health destination serving approximately 9 million customers each day. Approximately 76% of the U.S. population lives within five miles of a Walgreens or Duane Reade.

Walgreens pharmacists play a critical role in the U.S. healthcare system by providing a wide range of pharmacy and healthcare services. To best meet the needs of customers and patients, Walgreens offers a true omnichannel experience, with platforms bringing together physical and digital, supported by the latest technology to deliver high-quality products and services in local communities nationwide.

Since 1960, from its first successful full-service drugstore on Broadway between Duane and Reade Streets in Manhattan, Duane Reade has grown to become the most recognized drugstore chain in metropolitan New York. In 2010, Duane Reade became part of the Walgreens family of companies and today, Duane Reade stores carry everything that our customers will also find in Walgreens stores, including an extensive assortment of pharmacy items as well as vitamins, nutritional products, cosmetics, greeting cards, photo products and processing, and more.

Formed in 2017 through a strategic alliance between Walgreens and Prime Therapeutics, a leading pharmacy benefit manager, AllianceRx Walgreens Prime offers tools and resources for patients, providers, and health plans to deliver optimal health outcomes. AllianceRx Walgreens Prime, headquartered in Orlando, Florida, is a specialty and home delivery pharmacy that strives to provide exceptional care for patients with certain rare, chronic and complex conditions, throughout their treatment journey, with the medications they need every day. By achieving various national pharmacy accreditations, including URAC and Accreditation Commission for Health Care (ACHC), AllianceRx Walgreens Prime has demonstrated a comprehensive commitment to quality care, improved processes, and better patient outcomes. The company's purpose is to provide hope and care for better tomorrows.

We sell prescription and non-prescription drugs, as well as a wide assortment of retail products, including health and wellness, beauty, personal care and consumables and general merchandise. We filled approximately 827.5 million prescriptions in fiscal 2021, including immunizations.

Our expanded omnichannel capabilities provide customers with convenient access to consumer goods and services, including owned branded general merchandise, such as Walgreens Brand, Nice!, Finest Nutrition and Well Beginnings, as well as pharmacy and health and wellness services in communities across America. Integrated with our digital platform, the Walgreens mobile app allows customers to refill prescriptions through scan technology, receive medication refill notifications and choose in-store pick up, drive-thru or home delivery. Customers can also use the app to order retail products and choose from in-store, curbside or drive-thru pick-up. The Walgreens Find Care platform also includes telehealth service providers, connecting patients and customers with options to access convenient and affordable care from their mobile devices.

The Walgreens loyalty program, recently relaunched as the new myWalgreens, is designed to help customers save money, stay healthy, save time, and help their local communities. The program has approximately 85 million active loyalty program members as of August 2021. We are also focused on creating neighborhood health destinations within our stores, and a more modern pharmacy aligned to providing a wider range of healthcare services. We've taken further steps to develop these neighborhood health destinations, working with our strategic partners such as VillageMD to provide an integrated primary care and pharmacy model that aims to drive better health outcomes, reduce costs, and provide a differentiated patient experience.

Walgreens also provides specialty pharmacy and prescription mail services and offers in-store health clinics in many communities throughout the United States. All retail clinics are operated by our strategic healthcare partners.

Across the enterprise, we have more than 85,000 healthcare service providers, including pharmacists, pharmacy technicians, nurse practitioners and other health-related professionals.

Throughout the pandemic, people across the globe experienced many “firsts”—from wearing face coverings when leaving home to turning their living rooms into classrooms. It’s been a transformative year and a half, and some elements of the world and our business have changed forever. A few ways our team members rose to one of the biggest challenges of their lives and their profession is listed below.

- March 2020: San Francisco Walgreens pharmacy team helps patients stranded on a cruise ship quarantined due to COVID-19.
- April 2020: Danny Wolak is one of the first Walgreens pharmacists to participate in early drive-thru COVID-19 testing.
- November 2020: Support Center teams lead vaccine distribution efforts in preparation for the COVID-19 vaccine.
- December 2020: Pharmacist Kate Latta administers Walgreens’ first COVID-19 vaccine, to an elderly patient in an Ohio long-term care facility.
- January 2021: While other NFL stadiums host playoff games, Walgreens pharmacists administer thousands of vaccines to qualifying patients at the home of the NFL’s Arizona Cardinals.
- February 2021: Josh Clossin administers the COVID-19 vaccine to a 103-year-old, two-time pandemic survivor who lived through the Spanish Flu.
- March 2021: Walgreens and Uber join forces to address barriers to COVID-19 vaccine equity, administering more than 7,000 vaccines to community members across the Atlanta metropolitan area.
- April 2021: “Roll Up Your Sleeves” TV special to encourage COVID-19 vaccinations airs, featuring President Joe Biden, former President Barack Obama, Michelle Obama, WBA CEO Roz Brewer and more. Speaking of TV, Walgreens pharmacists also administer COVID-19 vaccines live on air to the anchors of NBC’s TODAY Show.
- May 2021: To help ensure the equitable distribution of COVID-19 vaccines, Walgreens kicks off a multi-city mobile clinic tour, which also made its way to some of the nation’s historically Black colleges and universities (HBCUs) in September.
- October 2021: Thanks to the herculean efforts of tens of thousands of Walgreens pharmacy team members, the company surpasses vaccination goals, administering more than 40 million COVID-19 vaccinations to date.

Through our pharmacy teams, in addition to our focus on providing high-quality, personalized patient care, we also expect to continue to play a growing role in government and employer efforts to control escalating healthcare costs.

## Our Vision, Purpose, and Values

We are boldly committed to creating a better world through health and wellness. We are working to make this a reality through our brand purpose, company vision and core values.

## Our Vision

To be the leading partner in reimagining local healthcare and wellbeing for all.

## Our Purpose

More joyful lives through better health.

## Our Values

			
<b>Courageous</b>	<b>Connected</b>	<b>Committed</b>	<b>Curious</b>
Challenging the status-quo, addressing conflict directly and driving informed risk taking.	Reflecting the communities we serve, understanding the needs of others and innovating together.	Leading with integrity, building on our legacy and striving boldly toward the future.	Continuously learning and adapting, following the science and data and creating paths where none existed.

## Purpose Driven Leadership

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 role is at Walgreens. Our Leadership Model promotes purpose driven leadership behaviors and empowers our team members at all levels to serve as leaders.

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 wellbeing, healthcare and beauty needs.

As we continue to pursue our purpose of championing the health and wellbeing of every community in America, it's important that our leadership behaviors continue to inspire our team members to live that purpose daily.

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 every day 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.



# Walgreens Purpose Driven Leadership

**Champion the Health and Well-being of Every Community in America**

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



**Care**

Caring genuinely for everyone  
by connecting personally



**Win  
together**

Partnering together  
to deliver our best work  
with simplicity and ease



**Inspire**

Empowering each other  
to learn, grow and reach  
our potential

- Put **customers first** in everything we do
- **Treat others like they matter**; act with **empathy, compassion and humility** in every interaction
- **Take the time** to listen, ask questions, understand and offer solutions that meet others' **unique needs**
- **Provide meaningful feedback** that is supportive, sincere and makes others better
- **Make lasting personal connections**; build trust and lift each other up

- Communicate with influence to **explain the "why"**; **help others** connect their work to our purpose and the bigger picture
- Partner across teams to explore diverse ideas and **deliver collaborative solutions** with speed and simplicity
- Take initiative to use creative, yet practical methods to solve problems and **reach the right outcome** in the moment
- Apply knowledge confidently to **guide others, make decisions quickly** and instill trust

- Energize, empower and enable each other to **bring out their best** and continuously improve
- **Embrace change with excitement** and a plan; lead with agility and ignite a desire for change in others
- Recognize each other's contributions, and **celebrate our successes**
- **Bring enthusiasm, creativity and joy** to our work everyday
- Take ownership to **learn and grow rapidly**, from both success and failure

# Open Door Environment

The Open-Door Environment section in the WBA Code of Conduct and Business Ethics (Code of Conduct) provides each Walgreens team member the opportunity to seek a review of suggestions, questions, concerns, or differences of opinion related to his or her work situation and/or company matters. 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 addresses listed in Appendix A of the Code of Conduct. You will never be punished or retaliated against for making good faith use of the open-door process.

Walgreens team members may report complaints of harassment, discrimination, and/or retaliation through the open-door process or by using the reporting procedures described in the Policy Against Harassment and Discrimination. Team members who believe they have experienced or observed discrimination and/or harassment should report complaints immediately to their choice of leadership. Additionally, team members can report complaints to Human Resources Shared Services at 1-800-825-5467, or to the confidential Compliance & Ethics Hotline at 1-855-924-2633.

In circumstances where a team member is unsatisfied with the resolution, uncomfortable discussing the issue with their supervisor, or needs further clarification, a team member may speak to their choice of:

- Location Manager
- District Manager
- Healthcare Supervisor
- Asset Prevention Manager
- Director of Pharmacy and Retail Operations
- Regional Asset Protection Director
- Regional Healthcare Director
- Regional Vice President
- HR Shared Services Department at 800-825-5467
- Chief Human Resources Officer
- The Confidential Hotline at 1-855-924-2633
- Vice President, Compliance and Ethics Officer

Reference: Walgreens Open Door Environment. Accessed November 16, 2021.

## PGY1 Community-based 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 (PGY1) Community-based Pharmacy Residency is a 53-week program that provides exposure to the various pharmacist delivered patient care experiences within community practice.

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

To build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

Guidance Document for the Accreditation Standard for Postgraduate Year One (PGY1) Community-Based Pharmacy Residency Programs. Prepared jointly by the American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association (APhA) Updated March 2021 (Accessed November 16, 2021.)

## **Walgreens and University of Cincinnati Residency Program Description**

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

A graduate from the Walgreens Community Pharmacy Residency Program would have matured in their clinical experience and skills to provide and manage the patient care services conducted within a specialty pharmacy location or at traditional community pharmacy practice site. Our Residency program graduates will leave obtaining skills related to the following areas of pharmacy practice:

1. Proactive Care – provide care for patients across the spectrum of a 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 patients, pharmacists, prescribers, and care givers dedicated to improving patient health outcomes through 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.
- 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, and 3 PTCB-certified technicians. The specialty site fills approximately 700 prescriptions per day and manages over 700 patients. 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.

Walgreens earned the URAC accreditation for all its community-based specialty pharmacies through a rigorous process involving the review of patient management standards, policies and procedures and randomly selected site audits by URAC. Walgreens pharmacists located in community-based specialty pharmacies receive enhanced training based on the needs of the local population and specialize in complex disease states, in addition to adhering to URAC standards.

The residency is offered in partnership with the University of Cincinnati College of Pharmacy and Primary Health Solutions. 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. PHS allows for the delivery of clinical pharmacy services in an ambulatory care clinic.

## **Residency Program Faculty**

**Walgreens and the University of Cincinnati Residency Faculty**

<b>Dr Bethanne Brown PharmD, BCACP</b> <b>University of Cincinnati</b> <b>Bethanne.Brown@uc.edu</b>	Professor of Pharmacy Practice, Site Coordinator Preceptor: Research Project; Academic Teaching and Learning I
<b>Dr AJ Buschle, PharmD</b> <b>Walgreens #16524</b> <b>513-878-3426</b> <b>Amy.Buschle@Walgreens.com</b>	Site Coordinator Preceptor: Direct Patient Care; Quality Improvement; Leadership and Management
<b>Stephanie Cady, RPh</b> <b>Walgreens #12830</b> <b>513-751-3444</b> <b>Stephanie.Cady@Walgreens.com</b>	Residency Program Director Preceptor: Patient Centered Dispensing; Leadership and Management, Business Plan
<b>Steve Grawe, RPh</b> <b>Walgreens Area Healthcare Supervisor</b> <b>513-870-0560</b> <b>Steveph.Grawe@Walgreens.com</b>	Preceptor: Leadership and Management
<b>D. Rich Miller, RPh</b> <b>Walgreens Healthcare Specialty Supervisor</b> <b>6141-760-0687</b> <b>Donald.Miller@Walgreens.com</b>	Preceptor: Quality Improvement
<b>Dr Kristy Nguyen, PharmD</b> <b>Walgreens #16524</b> <b>513-878-3426</b> <b>Kristy.Nguyen@Walgreens.com</b>	Preceptor: Research
<b>University of Cincinnati College of Pharmacy Clinical Faculty</b>	Preceptors as needed to support resident in advancing community practice (academic teaching and learning I and II, research, QI, business plan)

## 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;
- Collaboration with the Health Care Supervisor, District Manager, preceptors, and University partners of the program.

### **Residency Site Coordinator**

For all residency locations in which the resident spends >25% of their time, a site coordinator will be appointed to manage and oversee the day-to-day operations of the residency program at the site. Their responsibilities will include (in addition to the listed preceptor responsibilities below) the following:

- Scheduling resident time at site
- Resolving conflict/professionalism issues at the site (in collaboration with RPD)
- Communication between RPD and preceptors
- Attend and contribute to RAC meetings
- Aid in preparing for accreditation – paperwork, site visits, report submission
- And other duties as designed by the RPD

### **Residency Preceptor Appointment/Responsibilities**

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
- Ongoing professionalism, including a personal commitment to advancing the profession.

The residency program director, in collaboration with 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 with a copy of resume or curriculum vitae
- Complete the Walgreens Residency Preceptor Application
- Complete 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 Community-based Pharmacy Residency Program Manual
- Participate in new preceptor orientation training
  - Overview of the PGY1 Community-based Residency Program
  - Introduction to PharmAcademic
- 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 the 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 ensure 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 bring 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 30th
- 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 with the preceptor as part of the annual end-of-year preceptor

- meeting each 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.
- The 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.

### **Preceptor Reappointment**

The RPD, in collaboration with residency program partner(s) will evaluate the program's preceptors for reappointment. To be reappointed, the preceptor will need to demonstrate a sustained record of contributing to pharmacy practice and to self-development.

Reappointments will occur every two years and will be evaluated on a rolling basis with half of active preceptors evaluated each year. A preceptor who is up for reappointment will submit all necessary documentation to the RPD by June 1st of the year in which reappointment is

required. The RPD will review the information and make a recommendation for reappointment for consideration by the RAC.

- Necessary documentation includes:
  - Updated Academic and Professional Record (APR)
  - Documentation of completion of continuing professional education related to precepting skills and abilities
  - Completion of at least one preceptor and learning experience self-assessment and improvement plans in the past two years.

Based on the review of the preceptor's qualifications and demonstration of contributions to the residency program and the profession, the RAC can recommend the following:

- Approved
- Provisional approval
  - The RAC may grant provisional approval provided the candidate is able to provide any missing information needed to qualify as a preceptor.
  - The RPD will be able to make this determination and will not require another vote by the RAC.
- Denied: The RPD will notify the preceptor of the decision and areas of deficiency.
  - The preceptor will be permitted to respond with additional information for reconsideration of reappointment. Preceptors may be granted a one-year probationary period in order to achieve the noted deficiencies. A specific preceptor development plan will be created by the RPD and preceptor to address deficiencies that must be met in order to grant a probationary period.

### **Residency Advisory Committee**

The Residency Advisory Committee governs the residency program. The committee is comprised of preceptors and members of the Pharmacy Administrative Group. The Committee is chaired by the Residency Program Director and meets quarterly to review and discuss the progress of the residents. 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

## Quality Improvement Process

WHO	WHEN	CONTENT	TRACKING	COMPLETED?
Walgreens Corporate	Yearly-March	Corporate will survey all Walgreens programs of grads 1 year post residency graduation	Corporate survey results	
RAC	Quarterly: Oct Jan April	Overall resident progress  Complete customized plan  Monitor changes made in previous quarters to ensure programmatic improvements  Conduct preceptor development programming as determined by the results of the annual preceptor self-assessment	Meeting Minutes	

RAC	End of Residency Year June	<p>Complete yearly QI report by reviewing residency year for programmatic.</p> <p>Areas of Strength</p> <p>Opportunities for Improvement (responsible party and timeline)</p> <p>Review of corporate graduation survey- compare results to our program/resident survey</p>	QI Report	
Preceptors	End of May of the Residency Year	<p>Preceptor Self-Assessment and Development Plan</p> <p>Reviewed by RPD and each Preceptor annually</p>	Completion of Preceptor Documentation	
Residents	June	End of Year exit interviews with RPD	End of residency self-assessment	
Residents	June	Learning Experience focus groups (as applicable)	Focus group documentation	
Residents/Primary Preceptors for each Learning Experience	May	Learning Experience Review and Evaluation	Changes made to learning experience documents using Track Changes and approved by RPD/Site	

			Coordinator(s)	
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## Resident Selection Process

Individuals interested in applying for the Walgreens Community-based 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 eligible to work in the US
  - Candidates that require Visa sponsorship from a corporation in order to continue to work/study in the US are not eligible to apply to this program
- 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 90 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 <https://jobs.walgreens.com/>
- 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 University of Cincinnati 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

Evaluation criteria for an invitation for an on-site interview include 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
- Clerkship experience in community pharmacy and patient care activities
- Enthusiasm for patient care services in community pharmacy practice
- Overall strength of candidate's application packet
- Writing skills as demonstrated within submitted application forms
- Advanced Pharmacy Practice Experiences in community pharmacy and patient care and activities

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 strong knowledge, skills, leadership, scholastic achievement, and attitudes 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 the applicant
- Time for the candidate and resident to interview and interact
- Ability to observe a presentation given by the residency applicant on a subject of which they are most passionate
- A visit to the pharmacy site (either in person or virtual)
- A visit to the University (optional)
- Other activities deemed important to the interview process

Resident applicants will also be given an alternative date for virtual interviews if necessary.

## 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 based on committee members' analysis of the candidate's application, score from the interview question responses, and interview presentation score. 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 of the National Matching Service for participation in the Match.

## Post-First Match Resident Selection Process (Phase II/"The Scramble")

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:

- Prospective candidates must apply with Walgreens by submitting an on-line application with <https://jobs.walgreens.com/>
- All new candidates must submit all required application materials (CV, letter of intent, recommendations and transcripts)
- PhORCAS will reopen to candidates
- Prospective candidates can be provided interviews once all application materials have been received
- Candidates and programs will be able to submit Rank Order Lists for Phase II of the Match
- Results of Phase II Match will be released
- In the event that the position was not filled in Phase II of the Match, prospective candidates can apply to Walgreens
  - All new candidates must submit all required application materials (CV, letter of intent, recommendations and transcripts)
  - Offers can be extended 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**

The matched Walgreen resident will be sent a conditional offer letter in the event, that the resident is found post-match the conditional offer 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, PHS, 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.

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 must complete community service requirements which include the following:

- Complete 6 hours per quarter starting July 1<sup>st</sup> 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)
  - Hours completed must be in direct contact with the community serviced
  - 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.

## **Resident Wellbeing**

The RAC dedicates at minimum one meeting annually to the review of emerging strategies and literature about resident resiliency and well-being. Further, as part of each preceptor's continuing development plan, continuing education is required. Preceptors are strongly encouraged to seek out and complete continuing education related to resiliency and well-being.

Preceptors and the RPD of this residency program take burnout seriously and are cognizant of manifesting signs and symptoms within residents. In addition to the physical and emotional stress which can result from the demands of residency training, our preceptors acknowledge if burnout is reached, resident ability to learn, apply, and engage in their own development is significantly diminished. As such, we challenge residents to become self-aware of their own personal signs of burnout, overwork, and exhaustion.

Burnout is a state of chronic stress that leads to:

- physical and emotional exhaustion: chronic fatigue, insomnia, forgetfulness/impaired concentration and attention, physical symptoms, increased illness, loss of appetite, anxiety, depression, and anger.
- cynicism and detachment: loss of enjoyment, pessimism, isolation, and detachment.
- feelings of ineffectiveness and lack of accomplishment: feelings of apathy and hopelessness, increased irritability, and lack of productivity and poor performance.

As a Walgreens team member, residents have access to formal and informal health and wellness programs.

- Life 365 platform
  - Walgreens employee Wellbeing Experience: a comprehensive well-being experience that offers confidential behavioral health, co-worker social recognition, crisis management, legal support, childcare and eldercare support, and research assistance to help with everyday matters.
    - Employee Assistance Program via 24/7 hotline 1-855-777-0078 or [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com), and click on the Life365 tile
    - Care Now wellbeing programs
    - Total Wellbeing Health Assessment
  - The resident will be provided with a copy of the Life 365 User Guide at the beginning of the residency program.

If a resident self-identifies potential burnout, they are strongly encouraged to speak with their RPD, mentor/advisor, and utilize any of the available resources of Walgreens without fear of repercussions.

A discussion between the resident and RPD will initiate a thorough review by the RPD and/or site coordinator of resident duty hours, pending work assignments and deadlines, and other conflicting obligations. Subsequent to this review, a customized plan will be developed among the RPD, preceptors, and resident to alleviate any undue stress from the residency experience.

The RAC will dedicate time during RAC meetings to the review of emerging strategies and literature about resident resiliency and well-being. Further, as part of each preceptor's continuing development plan, continuing education is required. Preceptors are strongly encouraged to seek out and complete continuing education related to resiliency and well-being.

## **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 (i.e., within 2 weeks).

The resident is expected to take the North American Pharmacist Licensure Examination (NAPLEX) and Pharmacy Ohio and Kentucky 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 currently 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 must 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.

The resident must be a certified immunizer and have their CPR credentials up to date that meets state regulations and Walgreens policies. If the resident's credentials are not up to date, they must do so within 90 days of the start of the residency or be terminated from the residency program.

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 120 days from the start of the residency. (**October 20, 2022**). In accordance with the Accreditation Standard, this licensure deadline date ensures that the resident will be a licensed Ohio and Kentucky 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 NAPB 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 completes and files the appropriate documentation as described in the Graduate Intern Board Failures policies.
- **Second Examination Failure:** When a resident fails the Pharmacy Board examination on the second attempt, the District Manager will immediately terminate the team member. The District Manager will 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 re-take. 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 2022-2023, the 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-based 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) as they await the completion of licensure requirements. The salary will be the contracted 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 20, 2022, and end on June 26, 2023.
- Health: The resident is eligible to participate in Walgreens Medical Plan after 31 days of employment in the RESP position. The resident will receive 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 provide 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). You must maintain a 12-week average of at least 30 hours worked per week in order to accrue PTO unless required by law. Resident pharmacists that are new hires to Walgreens are eligible to use accrued PTO at 90 days of service in the RESP role. 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.
- Accrual: A team member's accrual rate is determined by their job position and length of service. 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 the resident pharmacist will receive their accrual schedule at hire and will be able to view their accrual rate online on People Central.

- For additional information regarding the use of PTO or Walgreens policies on PTO please consult Ask Walgreens (Walgreens HR resource portal).

## **Professional Leave**

Professional Leave is defined as paid time away from the residency training for attendance at RPD approved educational or professional meetings. The resident will not be required to use PTO for the time away to attend approved educational or professional meetings.

Job or further educational training interview (e.g., PGY2 interview) days may not be counted as professional leave. The resident will use accrued PTO for time needed to be away from the residency program.

The resident is responsible for informing his/her RPD and preceptor(s) and the Pharmacy Scheduler (as applicable) in advance of any time that is planned time away so they will be aware. This should be done at least 2 weeks prior to beginning the learning experience to be sure that the preceptor has not already planned activities for the resident during that time.

## **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.

## **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 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 My HR web site 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 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 5.25.2017. Accessed: January 10, 2020.. The information listed in this section is intended for general reference only. The Ask Walgreens web site 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 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 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 leave, 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 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 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 the resident receives (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 and District Manager/Healthcare Specialty Supervisor.

## 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.

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.

During the residency, secondary employment with business operating pharmacies is prohibited.

## 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 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 that operates pharmacies is strictly prohibited (see Conflict of Interest as listed above).

## ASHP Duty Hour Requirements

Walgreens Community-based Pharmacy Residency program adheres to Duty Hour Requirements as defined by the ASHP Commission on Credentialing. The resident(s), residency program director and preceptors are required to follow these standards at all times.

*Note: requirements related to In-House Call Programs and At-Home or other Call Program were removed from the Duty-Hour Requirements listed below as these type of pharmacy services do not pertain to Walgreens Community-based Pharmacy Residency Programs.*

Definitions:

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call;

administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

### **Duty-Hour Requirements**

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (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 patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

#### **I. Personal and Professional Responsibility for Patient Safety**

A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

D. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

## II. Maximum Hours of Work per Week and Duty-Free Times

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- C. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
- D. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
  - a. The type and number of moonlighting hours allowed by the program.
  - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
  - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goal and objectives of their residency program and provide safe patient care.
  - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- E. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- F. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

## III. Maximum Duty-Period Length

- A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

*Source: ASHP. Duty-Hour Requirements for Pharmacy Residents. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx> (Accessed November 16, 2021.)*

## **Documenting Duty Hours**

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 the Walgreens payroll system. The residency program director will monitor for any violations in the established duty hour requires.

The resident will also document any additional duty hours taken both inside and outside of Walgreens (i.e., providing care service at free clinics, community service events, etc.) in PharmAcademic learning experience called Duty Hours each month as well as the weekly activity logs.

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 reinstatement of 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 to 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 the Clinical Office to be provided with 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
- Cardio Pulmonary Resuscitation (CPR) Training

- Clinical Services Training Programs (MTM, Immunizations, etc.)
- Naloxone dispensing training
- Point of care testing (COVID-19, blood pressure, etc.)
- Required training programs for limited distribution medications provided at the site
- Rx Tool Kit (SNet-Learn-Pharmacy Training-Rx Tool Kit-Pharmacy Manager)
- American Pharmacists Association Diabetes Certificate Program completion

. 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 uniforms. Members of the 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.

Members of store leadership and pharmacists are expected to wear solid dark 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).

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

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-based 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.

Resident Misconduct	
Verbal Counseling	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.
Written Warning	Appropriate when an individual 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.
Final Written Warning (With or without Suspension)	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.
Termination of Employment	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 Standards of Conduct Policy.

Resident Performance	
	When the resident pharmacist performance is not improving

Verbal Counseling	<p>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.</p> <p>When a resident pharmacist without prior counseling or performance discipline receives a 'Needs Improvement' during an evaluation.</p>
Written Warning with a 60-day Plan for Improvement (PIP)	<p>When performance is not at standard and attempts to provide feedback, counseling, and coaching have not resulted in improved performance.</p> <p>When a resident pharmacist without prior performance discipline receives a 'Needs Improvement' score for more than one objective during an evaluation.</p> <p>The manager (preceptor) and RDP should monitor the resident pharmacist's performance and provide regular feedback. Weekly check-ins are recommended.</p> <p>If the resident pharmacist 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.</p> <p>If the resident pharmacist 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.</p>
Final Written Warning with a PIP	<p>When any of the reasons for a Written Warning are present, but a resident pharmacist is already on a Final Warning for performance.</p> <p>When there is not sufficient performance improvement within <u>the first 30 days</u> of the PIP following a Written Warning or the resident pharmacist fails to complete all of the goals of the PIP and has only received a Written Warning.</p> <p>Similar to the written warning, the manager (preceptor) and RPD should monitor the resident pharmacist's performance and provide regular feedback. Weekly check-ins are recommended.</p>
Termination of Employment	<p>When a resident pharmacist on a Final Warning fails to demonstrate significant and sustained improvement during a PIP.</p>

## Resident Voluntary Self-Dismissal

The resident may withdraw from the residency at any time throughout the program 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.

## Walgreens Meeting Attendance

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

- Pharmacy staff meetings
- Five-minute meetings
- Weekly status conference calls with Residency Program Director
- 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 Healthcare Supervisor/Healthcare Specialty Supervisor.

ASHP Midyear Clinical Meeting	Las Vegas, NV	December 4-8, 2022
APhA Annual Meeting	Phoenix, AZ	March 18-21, 2023
Ohio Pharmacy Residency Conference	Ada, OH	May 2023, tentative
Ohio Pharmacist Association Annual Meeting	Columbus, OH	April 2023, tentative
OSHP Residency Showcase	Columbus, OH	October 2022, tentative

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 Specialty 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. Additionally, through our partnership with Primary Health Solutions, the resident will be a member of an interdisciplinary team providing ambulatory care.

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 Learning Experiences for the residency program are:

Learning Experience	Type (longitudinal, rotational, extended, concentrated)	Duration	Required or Elective	% Time in Competency Area for Learning Experience	
				R1	R2
				R3	R4
<b>Orientation</b>	Rotation	4-8 weeks (8 hrs/day)	Required	80%	20%
				-	-
<b>Patient Centered Dispensing</b>	Longitudinal	11 months (8 hrs/week)	Required	60%	30%
				-	10%
<b>Direct Patient Care- Specialty</b>	Longitudinal	11 months (24-30hrs/week)	Required	100%	-
				-	-
<b>Direct Patient Care – Ambulatory Care</b>	Longitudinal	4-6 months (5 hrs/week)	Required	100%	-
				-	-
<b>Research Project</b>	Longitudinal	11 months (1-4 hrs/week)	Required	-	-
				100%	-
<b>Academic and Teaching I and II</b>	Longitudinal	4 months each (4hrs/week)	Required	-	15%
				-	85%
<b>Quality Improvement</b>	Longitudinal	11 months (1-4hrs/week)	Required	-	-
				100%	-
<b>Business Plan</b>	Longitudinal	11 months (1-4hrs/week)	Required	20%	-
				80%	-
<b>Leadership and Management</b>	Longitudinal	11 months (8hrs/month)	Required	-	100%
				-	-

The resident's training schedule will consist of the following learning experiences:

### First Half of Residency Year

Learning Experience	July	August	Sept	Oct	Nov	Dec
Orientation	Training					
Pt Centered Dispensing		Rph staffing position (1 day per week managed as every other weekend) with pharmacist until independent				
Direct Patient Care HSRx		3 days per week				
Direct Patient Care PHS						
Research Project	Idea, methods, IRB training, Walgreens Research Webinars, research seminar as part of TCP	Approvals from Walgreens/ IRB	Abstract-to team, Submission to APhA and ASHP	Implementation of project with data collection, First half of Manuscript		
Academic and Teaching I (complete teaching of patient in groups, other health care professionals, pharmacists, and techs as opportunities arise)	Attend Teaching Certificate Program (July & Aug)	Meet with Faculty Mentors	Teach ½ day per week, Attend teaching certificate program seminars (monthly)			
Quality Improvement		1-4 hours per week				
Business Plan		1-4 hours per week				
Leadership and Management		1 day per month and as opportunities arise				

### Second Half of Residency year:

Learning Experience	Jan	Feb	March	April	May	June
<b>Patient Centered Dispensing</b>	Rph staffing position (1 day/week, managed as every other weekend) scheduled as pharmacist in charge					

<b>Direct Patient Care HSRx</b>	3 days per week					
<b>Direct Patient Care PHS</b>	5 hours per week					
<b>Research Project</b>	Continue Research Implementation 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
<b>Academic and Teaching II</b>	Teach ½ day pe week				Submit Teaching Portfolio for Review	
<b>Quality Improvement</b>	1-4 hours per week					
<b>Business Plan</b>	1-4 hours per week					
<b>Leadership and Management</b>	1 day per 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 within 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 all the program's outcomes and goals
- The Resident's Initial Self-Reflection
- 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 and 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 acknowledged 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-based Pharmacy Residency Program are as follows:

### **Formative 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 a 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:**

- Additional experience or time is needed to grow skill set or knowledge base.
- Preceptor intervention is needed in order to develop the skill or knowledge base.
- Additional experience/repetition is needed by the resident to advance knowledge and skills to making satisfactory progress in meeting 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 7 days of the assigned due date in PharmAcademic. In the 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. Documentation of the date the face-to-face evaluation is recommended to be recorded in the comments section of the PharmAcademic 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 the RPD to help negotiate a settlement.

### **Resident Evaluation Concerns:**

If the resident 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 the RPD to discuss. The RPD will make every attempt to mediate the concerns of both the resident and the 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 RPD within 7 days. The RPD 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, the resident may submit a written request for review by the Residency Advisory Committee (RAC) within 7 days of notification of the 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 and the resident's performance. 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 preceptor involved 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 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 the 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.

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

The resident will complete a Resident's Evaluation of Preceptor and Learning Experience at the end of the learning experience 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 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 of 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-based Pharmacy Residency Program. Instructions on the content to include in the Portfolio and how it is to be organized are described in Appendix E. 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 material to residency program
- Patient care documentation examples
- Examples of communications with healthcare providers
- Strategic Planning documentation
- Professional Association activities
- Community service activities
- Quality improvement project

- Business plan
  - Clinical service project
  - Residency Research Project Documentation
    - Abstract
    - Project approval documentation
    - Grant applications (if applicable)
    - Professional meeting poster and slide presentation
    - Manuscript
  - Teaching certificate requirements
    - All applicable teaching documents required by the portfolio
    - Student feedback from 1 large lecture and small group experience with assessment of feedback
    - Presentation slides
  - Residency Business Plan
  - Business plan proposal
  - Shark Tank presentation
- 
- Presentations-patients and caregivers, general public, student pharmacists, pharmacists and healthcare professionals
  - Written education materials for patients and caregivers, general public, student pharmacists, pharmacists and healthcare professionals
  - Any additional projects
  - Residency Quality Improvement Plan
    - QI proposal overview
    - Key driver diagram
    - PDSA cycles – minimum of 2 cycles
    - Data collection and tools
  - Evaluations
    - Initial resident needs assessment
    - Entering Interests Form
    - Goal-based self-evaluation
    - Resident's Philosophy of Practice
    - Quarterly Assessment of Program Outcomes and Goals
    - Quarterly Individualized Resident Customized Plan
    - Initial and final self-Reflection (June and July)
    - Resident's exit review
    - Summative self-evaluations
    - Summative evaluation evaluations
    - Learning experience evaluations
    - Preceptor evaluations
    - Formative feedback
    - Students' assessment of resident teaching performance
    - Initial and quarterly Development Plans
  - Additional documentation to be included may include the following:
    - Resident project list
    - Pharmacy technician license
    - NAPLEX, MPJE results

- Certifications: Immunizations, Disease State Management Programs, CPR, etc.
- Continuing Professional Education Programs: HIV, etc.
- Personal narratives
- Professional conferences and workshops
- Awards and achievements
- Students' assessment of resident teaching performance
- Presentations/lectures given at the University, in the Community, or at the Pharmacy
- Community service projects

## Requirements for Residency Certificate

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

- Achieved rating of the educational objectives (bolded) under the program Competency Areas (R1-R4).
- The remaining educational objectives (\*) must be rated at Satisfactory Progress.
- No objectives can be rated as Needs Improvement.

Competency Area	Goal/Objectives				
<b>R1 Patient Care</b>	<b>R1.1.1</b>	<b>R1.1.2</b>	<b>R1.1.3</b>	<b>R1.1.4</b>	<b>R1.1.5</b>
	<b>R1.1.6</b>	<b>R1.1.7</b>	<b>R1.1.8</b>	<b>R1.1.9</b>	<b>R1.1.10</b>
	<b>R1.2.1</b>	<b>R1.2.2</b>	<b>R1.2.3</b>	<b>R1.2.4</b>	
	R1.3.1*		R1.3.2*		
<b>R2 Leadership and Management</b>	<b>R2.1.1</b>	<b>R2.1.2</b>	<b>R2.1.3</b>	<b>R2.1.4</b>	
	<b>R2.2.1</b>	<b>R2.2.2</b>	<b>R2.2.3</b>	<b>R2.2.4*</b>	<b>R2.2.5</b>
<b>R3 Advancement of Community-based Practice and Improving Patient Care</b>	<b>R3.1.1</b>	<b>R3.1.2</b>	<b>R3.1.3</b>		
	<b>R3.2.1</b>	<b>R3.2.2</b>	<b>R3.2.3</b>		
	<b>R3.3.1</b>	<b>R3.3.2</b>	<b>R3.3.3</b>	<b>R3.3.4</b>	
<b>R4 Teaching, Education and Dissemination of Knowledge</b>	<b>R4.1.1</b>	<b>R4.1.2</b>	<b>R4.1.3</b>		
	<b>R4.2.1</b>	<b>R4.2.2</b>			

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 to evaluate the resident's progress on completing the requirements.

All residency projects and requirements are to be completed by the date listed as the end of the residency of the respective year of the residency experience. Upon approval of the satisfactory completion of all projects by the residency program director, a community-based pharmacy resident will be awarded a certificate of completion.

If the resident has not completed all requirements by the end of their residency year due to performance, the resident will meet with the RPD to determine the specific due date for the completion of the program requirements to receive a certificate of completion. The RPD 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.

If the resident has not completed all requirements by the end of their residency year, due to leave of absence, please refer to the Completion of Residency Program after a Resident's Leave of Absence.

# Residency Program Goals and Objectives

## Appendix A: Residency Program Goals and Objectives

Walgreens is committed to 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 on-going 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) <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-ashp-apha-newly-approved-community-based-pharmacy-residencies-2016> (Accessed: November 16, 2021).

# 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.

### PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Orientation, Required Learning Experience, Concentrated
<b>Preceptor(s)</b>	Stephanie Cady, RPh, RPD Dr. Bethanne Brown, PharmD, BCACP, TTS, Amy Buschle, PharmD
<b>Location(s)</b>	Walgreens #12830 3 West Corry St Cincinnati, OH 45219  Winkle College of Pharmacy University of Cincinnati 3255 Eden Ave Cincinnati, OH 45229  Walgreens #16524 260 Stetson St Ste F Cincinnati, OH 45219
<b>Author(s)</b>	Bethanne Brown, Stephanie Cady, Amy Buschle
<b>Creation Date/Updates</b>	2/25/19; 3/15/19; 4/4/19, 4/29/20, 3/31/21, 5/11/22

#### 1. Learning Experience Description Synopsis

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

The purpose of this learning experience is to provide a comprehensive orientation to the residency program, each practice site, and the College of Pharmacy. Orientation is a required 1 to 2 month learning experience which will provide the resident with a broad overview and skill development to set the stage for the residency year. Orientation includes the following: overview of the residency program, operations at the practice site, quality improvement (QI), research and business plan background knowledge, teaching certificate program initial training and required essential physical assessment skills training and check.

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.

This experience will help prepare the resident to practice as a member of the healthcare team and learn to manage the workflow of practice sites while gaining confidence in patient care services and counseling. It is our expectation that the resident will be engaged with the pharmacy teams, patients, colleagues, students, health care providers, and others as scheduled by the respective preceptors. Each of the Orientation activities will be completed either prior to, during orientation, or on the resident's own time.

This orientation is designed to start the process of professionalization by giving the resident training needed to move them from the student to licensed professional.

### **Role of Pharmacists:**

The roles of pharmacists at this practice location cover a variety of activities and responsibilities. These include patient-centered dispensing; patient, student and provider education; immunizations; medication therapy management; specialty disease state monitoring; coordination of care with providers; precepting of students; and third-party payment assistance.

#### **2. Schedule - 4 to 8 weeks as determined for each resident**

- a. Weeks 1-4 + seminars: COP- The resident will be scheduled for ½ to 1 day(s) of orientation activities at the College of Pharmacy
- b. Week 1 - The resident will report to Walgreens #12830 on day 1 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. The first week will be dedicated to completing all online training, \onboarding tasks, transitioning of phone/computer, and orientation to the program/learning experiences with respective preceptors
- c. Weeks 2-8: Resident will split each week between #12830 and #16524 to complete independent pharmacist checklists and learn staffing strategies. This schedule will be determined by the resident's needs and other weekly commitments.

#### **3. Attendance**

Required at all sites based on calendar provided

#### **4. Required Readings/Training**

Prior to beginning this learning experience, the resident must have read the Residency Program Policies and Procedures Manual. The resident must have either a Pharmacy Intern License or be a Licensed Pharmacist in both Ohio and Kentucky. The resident must bring a copy of the licenses to display at the pharmacy for all dispensing locations.

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

1. Walgreens SOPs for dispensing – In Storenet
2. Learning and Talent Management Portal Learning Activities – In Storenet
3. Compass Projects – In Storenet

### **Activities completed as part of Residency Orientation prior to 7/1:**

Please upload all certificates/paperwork mentioned below to Teams to the Resident Credentials Folder (see Appendix E in Residency Manual)

1. University of Cincinnati Institutional Review Board/CITI training.
2. IHI Open School Basic Certificate

3. ACCP WhitePaper: Developing a Business Practice Model for Pharmacy Services in Ambulatory Care Setting.
4. Read and Complete Strength Finders, participate in review during orientation week.

**Activities to be completed as part of Orientation to Residency Structure/Projects:**

1. Participate in review of the following;
  - a. Residency Structure: policies and procedures, weekly logs, community service requirements and meetings
  - b. Assessment Structure: Self-assessment and self-evaluation
  - c. Professional development: PPCP review, communication skills review
  - d. Leadership training: Strength finders + scheduled workshops
2. Complete APhA Diabetes Certificate on-line pre-work and case-based skills review.
  - a. Complete on-line work at home in preparation for skills review
  - b. Case based skills review to be completed during 2- half day sessions to be scheduled in September. Attendance is mandatory.
  - c. Upload certificate to OneDrive (Residency Documentation)-once completed both on-line and live skills review.
3. Participate in business plan and QI project training
  - a. Complete required pre-work
  - b. Attend business plan seminar- fall
  - c. Attend QI training – winter
4. Participate in research training (see research project time-line)
  - a. Research seminars provided by College as well as SPSS training
  - b. Meet with Dr. Jeff Guo to discuss statistical analysis of research project prior to submission to IRB. Please send Dr. Guo your draft protocol for review at least 1 week prior to your meeting.
  - c. Participate in research protocol review with other residents and Institutional Review Board reviewer.

**5. 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.

**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.	Demonstrate professional behaviors by following dress code and attendance policy, communicating appropriately with team, attending meetings as dictated by preceptors Evaluated by observations of site preceptor, Kronos TO/EQ1
OBJ R1.1.2	(Responding and Applying) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	Complete all trainings related to each practice site- and use independent pharmacist checklists/SOPs to establish relationships.  Evaluated by daily observations, completion of tasks and use of Pharmacy Core Workflow - updates weekly  TO/EQ1
OBJ R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	Analyze information per SOPs and independent pharmacist checklists.  Evaluated by daily completion and use of Pharmacy Core Workflow - updates weekly  TO/EQ1
OBJ R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for the provision of individualized patient care.	Evaluate the patient care information collected as per SOPs and independent pharmacist checklists  Evaluated by daily completion/use of PDC, Pharmacy Core Workflow  TO/EQ1
OBJ R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	Utilize SOPs and Independent Pharmacist Checklists to communicate with patients, family members and caregivers  Evaluated by direct observation.  TO/EQ1
Goal R1.2	Provide safe and effective patient care during the delivery of patient-centered dispensing	
OBJ 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.	Analyze DUR using SOPs and Independent Pharmacist Checklists  Evaluated by direct observation, monitoring of weekly scorecard, and STARS reports.  TO/EQ1
OBJ R1.2.2	(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	Demonstrate use of proper Walgreens SOPs and Independent Pharmacist Checklist  Evaluations by direct observation, exception queue resolution, weekly scorecard. TO/EQ1
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.	Uses SOPs and Independent Pharmacist Checklist  Evaluation by direct observation, weekly scorecard.  TO/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.	Develop care plan as dictated by practice site Perform counseling under pharmacist supervision  Evaluation by direct observation and completion of Pharmacy Core Workflow  TO/EQ1
Competency Area R2	LEADERSHIP AND MANAGEMENT	
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.	Utilize SOPs and knowledge garnered from Independent Pharmacist Checklists to complete all projects/tasks mandated by preceptors in a timely and qualitative manner.  Evaluation by direct observation, weekly scorecard and conducting of 5-minute meetings.  TO/EQ1
OBJ R2.2.2	(Valuing and Applying) Apply a process of on-going self-evaluation and personal performance improvement.	Use preceptor feedback and site resources to improve knowledge, skills or performance.  Meeting preceptor/RPD expectations for written reflections  Evaluation by direct observation, formative feedback and self-reflections  TO/EQ1
OBJ R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	Employs positive approach with pharmacy team members to build plan to resolve patient care issues.  Serves as a positive role model to student pharmacists, technicians, pharmacists, and other health care professionals.  TO/EQ1

## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<i>Resident completes all training and onboarding projects. Completes orientation at all pharmacy sites.</i>	Weeks 1, 2, 3, 4 ,5,6,7,8

## 8. 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
Formative Assessment	Preceptor	Daily to Weekly
Self-Evaluation (Formative and Summative)	Resident	Variable- daily/weekly/quarterly
Self-Reflection	Resident	Beginning & end of residency, biweekly, and situational
Residency Program Director	Resident	Twice – at Midpoint and Endpoint of Residency Year

### PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Academic Learning Experience I
<b>Preceptor(s)</b>	Bethanne Brown PharmD, BCACP – preceptor, site coordinator Karissa Kim PharmD, BCPS, BCACP - preceptor
<b>Location(s)</b>	University of Cincinnati College of Pharmacy 3225 Eden Ave, Cincinnati, Ohio 45267
<b>Author(s)</b>	Bethanne Brown, PharmD, BCACP
<b>Creation Date/Updates</b>	3/6/2019, 5/13/2020, 4/21/2021, 5/7/22

#### 1. Learning Experience Description Synopsis:

**General Description of the Learning Experience:** The academic and teaching component of the residency is an experience that takes place during the Fall semester. It is longitudinal and required. 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 health care professionals and health professions students while translating the concepts to teaching patients and members of the community.

Residents will be assigned teaching responsibilities in a variety of courses during the fall semester (Mid-August to Mid-November) at the University of Cincinnati College of Pharmacy.

**Role of the Pharmacist:** The pharmacist in this setting is involved in creating and delivering educational programming to health care providers and health professional students. Based on residents' self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various states of the learning experience. Initially instructing and modeling are the primary roles utilized using the teaching certificate program sessions and direct

observation/discussion on best teaching practices. Then as the resident gains experience and confidence, the preceptor moves into the coaching role with faculty/preceptors facilitating teaching experiences.

2. **Schedule:** Resident will spend an average of 4 hours per week engaged in activities related to this learning experience during the months of Aug-Nov.

3. **Attendance:** All teaching activities including the teaching certificate program are required.

4. **Required Readings/Orientation/Expectations:** The resident will attend the teaching certificate program seminars throughout the residency year. The didactic seminars will prepare the resident to teach within the college of pharmacy and are held in August. The resident will also meet with the Academic Experience Coordinator and RPD to determine the optimal teaching schedule for the resident. The resident is expected to:

- a. 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:
  - i. Approval by the course coordinator;
  - ii. Approval by the Academic Learning Experience Coordinator;
  - iii. Coverage for teaching experience is provided by another resident or the resident receives course coordinator exception.
- b. Be on time for every teaching requirement and have a good attitude towards teaching future pharmacists
- c. Reflection(s) on each teaching requirement to be documented in the teaching portfolio
- d. Attend seminar topic presentations as outlined in the academic track of the teaching certificate program

#### **Minimum Specific Teaching Requirements:**

##### **Assigned in both Academic Learning Experience I and II**

1. Skills Lab Module Teaching – each week as applicable based on practice site
2. Non-Skills Lab recitations: 1 or 2 as applicable to teaching

##### **Assigned in either Academic Learning Experience I or II:**

3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II
4. Participate in one OSCE – fall or spring

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

##### **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
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: Effectively manage teaching workload. See expectations of resident listed above</p> <p>Assessment: Meeting due dates for all teaching materials drafts and final products, no missed teaching dates</p> <p>Timing: TEQ1/2</p>
Competency Area R4	TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE	
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: Based on target audience: Conduct background literature search and appropriately cite all content. Create a minimum of 3 learning objectives for each presentation at appropriate Bloom's level for each audience. Outline content based on learning objectives and submit for feedback from appropriate mentor. Create appropriate assessments for each objective.</p> <p>Assessment: Faculty 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>Timing: TE Q1/2</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: Based on target audience: Create appropriate visual aids/handouts based on content. Practice presentation with appropriate mentor to incorporate transitions, non-verbal and summarizations of key points. Incorporate various active learning strategies to engage audience. Provide audience the appropriate evaluation tool at the end of each presentation.</p> <p>Assessment: The course coordinator/primary preceptor/assigned faculty will evaluate the resident's teaching skills.</p> <p>Timing: TE Q1/2</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: Based on target audience: Conduct background literature search and appropriately cite all content. Create handouts that concisely and effectively display key points of presentation using guidelines provided. Submit all documents for review and feedback to the appropriate mentor.</p> <p>Assessment: Materials presented to the students/pharmacists are effective, up to date, and appropriate for the given course/CE and audience.</p> <p>Timing: TE Q1/2</p>
Goal 4.2	Effectively employ appropriate preceptor skills when engaged in experiential teaching (students, technicians, other healthcare professionals)	

OBJ R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	<p>Activities: Provide appropriate and timely feedback to students during teaching activities using “sandwich” method. Type of feedback will vary based on delivery of the material.</p> <p>Assessment: Preceptor observation during training for teaching activities</p> <p>Timing: TE Q1/2</p>
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## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
The resident will learn, over the course of the semester how to create, modify based on feedback and deliver material presented to different levels of learners – from technicians to health professions students to health care professionals. The skills developed will be based on the type of teaching experience completed by the individual residents. The Academic Learning Experience I is designed to help the resident acclimate to the educational environment.	By Mid-November of the residency year

## PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Academic Learning Experience II
<b>Preceptor(s)</b>	Mike Hegener, PharmD, Preceptor, Site Coordinator Megan Rasch, PharmD, Preceptor
<b>Location(s)</b>	University of Cincinnati College of Pharmacy 3225 Eden Ave, Cincinnati, Ohio 45267
<b>Author(s)</b>	Bethanne Brown
<b>Creation Date/Updates</b>	3/6/2019, 5/13/2020, 4/21/2021, 6/8/2022

## 1. Learning Experience Description Synopsis

**General Description of the Learning Experience:** The academic and teaching component of the residency is a longitudinal learning experience that takes place during the spring semester. 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 health professionals and health professions students while translating the concepts to teaching patients and members of the community. Residents will be assigned teaching responsibilities in a variety of courses during the spring semester from Mid-Jan to Mid-April.

**Role of the Pharmacist:** The pharmacist in this setting is involved in creating and delivering educational programming to health care providers and health professional students. Based on resident's self-evaluation and observations of incoming skill set, the 4 preceptor roles are deployed at various stages of the learning experience. For academic learning experience II, coaching and facilitation will be the primary roles used to support continued growth of the resident. In some cases, preceptors may choose to employ direct instruction depending on the comfort level of the resident with the material and audience.

**Type:** Longitudinal, required, 4 hours per week during spring semester (Mid-Jan to Mid-April).

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

3. **Attendance:** All teaching activities including the teaching certificate program are required.

4. **Required Readings/Orientation/Expectations of the Resident:**

A. See Academic Learning Experience I for details.

B. 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(s) on each teaching requirement to be documented in the teaching portfolio

4. Attend seminar topic presentations as outlined in the academic track of the teaching certificate program

New to Academic Learning Experience II:

5. Complete the teaching portfolio as required by the teaching certificate program.

6. Create a 1 hour continuing education (CE) program (either live or on-line) on a topic chosen in collaboration with academic coordinator and/or practice site coordinator for either pharmacists and/or technicians.

Minimum Specific Teaching Requirements:

Assigned in both Academic Learning Experience I and II

1. \_Skills Lab Module Teaching – each week as applicable based on practice site

2. Non-Skills Lab recitations: 1 or 2 as applicable to teaching

Assigned in either academic Learning Experience I or II

3. One lecture at the College of Pharmacy to either a large or small group (must be at least 15 students) to occur in either Academic Learning Experience I or II

4. Participate in one OSCE – fall or spring

New to Academic Learning Experience II

5. \_Participate in evaluation of poster presentations (PREP or Capstone)

6. Create one CE program (live or virtual) for pharmacists and/or technicians

### Minimum Continuing Educations 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 and upload all documents related to teaching to OneDrive

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

#### 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
Goal R2.2	Demonstrate personal and professional leadership skills.	
OBJ R2.2.1	(Valuing and Applying) Manage one's self effectively and efficiently.	Activities: See expectations of resident listed above. In addition, effectively manage teaching workload.  Assessment: Meeting due dates for all teaching materials drafts and final products, no missed teaching dates  Timing: TEQ2/3
Competency Area R4	TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE	
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.	Activities: Based on target audience: conduct background literature search and appropriately cite all content. Create a minimum of 3 learning objectives for each presentation at appropriate Bloom's level for each audience. Outline content based on learning objectives and submit for feedback from appropriate mentor. Create appropriate assessments for each objective.  Assessment: 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.  Timing: TEQ2/3
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.	Activities: Based on target audience: Create appropriate visual aids/handouts based on content. Practice presentation with appropriate mentor to incorporate transitions, non-verbal and summarizations of key points. Incorporate various active learning strategies to engage the audience. Provide the audience with the appropriate evaluation tool at the end of each presentation. Assessment: The course coordinator/primary preceptor/assigned faculty will evaluate the resident's teaching skills.  Timing: TEQ2/3

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: Based on target audience: Conduct background literature search and appropriately cite all content. Create handouts that concisely and effectively display key points of presentation using guidelines provided. Submit all documents for review and feedback to the appropriate mentor.</p> <p>Assessment: Materials presented to the students and/or pharmacists are effective, up to date, and appropriate for the given course/CE and audience.</p> <p>Timing: TEQ2/3</p>
Goal R4.2	Effectively employ appropriate preceptor skills when engaged in experiential teaching (e.g., students, pharmacy technicians, and other healthcare professionals)	
OBJ R4.2.2	(Analyzing) Provide appropriate and timely formative and summative feedback and ensure learner understands the feedback during experiential learning.	<p>Activities: Based on audience: Provide appropriate and timely feedback to students and/or other health care professionals during teaching activities using “sandwich” method. Type of feedback will vary based on delivery of the material.</p> <p>Assessment: Preceptor observation during training for teaching activities.</p> <p>Timing: TEQ2/3</p>

## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
The resident will learn over the course of the semester how to create, modify based on feedback and deliver material presented to different levels of learners – from technicians to health professions students to health care professionals. The skills developed will be based on the type of teaching experience completed by the individual resident. Academic Learning Experience II is designed to build on the experiences from Academic Learning Experience I and move the resident to more independently creating designing, and delivering content to health professions students and health professionals.	By April 30 <sup>th</sup> of residency year



## PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Advancing Community-Based Practice- Business Plan- Longitudinal, Required
<b>Preceptor(s)</b>	Stephanie Cady, RPh
<b>Location(s)</b>	Walgreens #16524 260 Stetson St Ste F Cincinnati, OH 45219
<b>Author(s)</b>	AJ Buschle PharmD, Bethanne Brown PharmD, BCACP
<b>Creation Date/Updates</b>	March 25, 2019, April 5, 2019, May 19, 2020, June 10, 2020, 3/25/19, 4/5/19, 5/19/20, 6/10/20, 4/7/21, 5/11/22

### 1. Learning Experience Description Synopsis

#### General Description of the Learning Experience:

The resident will develop a business plan to create or expand a patient centered pharmacy service. Included in the business plan will be the following:

Financial Analysis: How will the service add to the profitability of the pharmacy? What is the ROI (need to include supplies, labor, supply chain, cost savings, revenue generation, capital requirements etc.)?

Implementation plan: How will you implement this plan including timeline, key individuals and resources needed?

Evaluation plan: How are you going to evaluate success, what data are you going to collect in terms of quality, safety, cost effectiveness, significance?

Sustainability- How are you going to sustain the new service over time?

The “How to Start an MTM Practice: A Guidebook for Pharmacists” book 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. This is a required longitudinal experience over 11 months with a time commitment of 1-4 hours per week.

#### Role of the Pharmacists:

Historically, pharmacists have been responsible solely for providing patient care. In recent years, the role of the pharmacist has evolved to include identifying areas for pharmacy growth and improvement. This could be related to the growth of the profession as well as financial growth for the business. 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 the odds of success.

### 2. Schedule

The resident will participate in the Learning Experience while spending time at Walgreens #16524 as indicated on the resident schedule.

### 3. 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, and emergency situations – as per the attendance policy detailed in the Residency Manual.

### 4. 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

### 5. Preceptor Interaction and Communication

The resident will receive feedback from the preceptor on a weekly and monthly basis and as needed.

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.

### 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 R2	LEADERSHIP AND MANAGEMENT	
Goal R2.1	Manage operations and services of the practice	
OBJ 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.	Develop business plan proposal document If CPA is part of business plan, see Goal 3.2 feedback as part of business plan review T2-3/EQ3
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	
OBJ R3.2.1	(Creating) Identify the need and develop a business plan for a new or enhanced service.	Propose project, research and review literature, and draft business plan proposal document  Feedback from preceptors T1-3/EQ2-4

OBJ R3.2.2	(Applying) Implement the planned new or enhanced service.	Operationalize business plan Feedback from preceptors T2-3/EQ3
OBJ R3.2.3	(Evaluating) Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.	Measure the success of business plan based on plan-driven metric data Evaluated by direct observation from team members at implementation site, feedback from preceptors, and metric analysis T3/EQ4

### 7. Expected Resident Progression

Residents will move from knowledge of business plan concepts, to creation of a plan in collaboration with site coordinator or preceptor, to implementation of plan (full or pilot). Ideal progression would be as follows:

Resident Progression Description	Date
Gain Baseline Knowledge	June/July
Identify project and review literature	Aug/Sept
Draft business plan proposal 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

### 8. 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 PharmAcademic.

<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

## PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Direct Patient Care - HSRx– Longitudinal, Required (11 months), 24 30 Hours per Week
<b>Preceptor(s)</b>	Amy Buschle, PharmD, site coordinator, Preceptor
<b>Location(s)</b>	260 Stetson St. Ste. F Cincinnati, OH 45219
<b>Author(s)</b>	Rob Riepenhoff, Emily Hellmann, Amy Buschle
<b>Creation Date/Updates</b>	4/11/19, 6/12/20, 4/7/21, 5/11/22

### 1. Learning Experience Description Synopsis

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

The Direct Patient Care is a longitudinal, required learning experience of 24-30 hours per week for 11 months. The training will consist of various activities including: completing assigned training, pharmacy team shadowing, participating in meetings, administering vaccines, covid testing, MTMs, 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 5 PTCB-certified pharmacy technicians. The specialty site fills approximately 100 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 initial dispense of 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.

The resident will also be working with a staff pharmacist to supplement Patient Health Outcomes. In this environment, the resident will learn to manage patients with chronic disease states through reconciling patient medication lists and optimizing therapeutic outcomes. This will include collaborating with healthcare professionals to manage disease states and make recommendations as well as making preventative care recommendations to patients. Patients will be evaluated and monitored for adverse drug reactions and educated on potential side effects and monitoring parameters for medications. Patients are contacted via telephone to complete medication reviews. The MTM platform, Outcomes will be utilized for patients who are eligible for billable services. Recommendations are made to healthcare providers via fax and telephone messages. In the pharmacy setting the resident will become proficient at managing chronic disease states, specifically diabetes, hypertension, and hyperlipidemia as well as preventing disease progression and development through lifestyle recommendations and pharmacotherapy recommendations.

#### **Roles of Pharmacists:**

#### **SPECIALTY ROLE:**

The role of the pharmacists at this practice location that are directly reflected in this learning experience are as follows: monthly monitoring and follow-up on patients with complex disease states, completion of disease state reviews, adherence reviews and counseling, dispensing of medications, direct interaction with third party payer's, networking with Pharma, and patient/provider medication education.

**MTM ROLE:**

Delivering optimal health outcomes for patients through implementing and executing patient intervention programs such as medication reviews to increase patient adherence (PDC-Proportion of Days Covered) to therapy as well as consulting the patient holistically to manage disease states. Utilizing Walgreens programs such as digital, MTM, immunization services, Save a Trip Refills, 90 day fills, etc. Develop meaningful relationships with internal employees as well as external (patients, physicians, health plans, etc.)

**2. 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.

**3. 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 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.

**4. Required Readings:**

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

**5. 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:

**Weekly One to One Update:**

15 minute status reports. The resident will provide an overall update on the activities and progress of the past week. 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.

		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. Operate as a member of the team without prompting, uphold professional appearance and behaviors at all times.</li> <li>2. Employ 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. Relate 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 and caregivers. Feedback provided throughout residency</p> <p>Review CMRs completed with patients as well as observe interactions. 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: 1. Deduce necessary data in patient charts and verbal communications.</p> <p>Assessment: 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: 1. Develop and prioritize problem lists for each patient based on data examination.</p> <p>Assessment: 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: 1. Design an appropriate care plan based on patient-specific needs</p> <p>Assessment: Completion of 5 care plans without additional edits, approval from preceptor, continued feedback provided throughout the residency.</p> <p>Speak/complete at least 5 Comprehensive medication reviews (CMRS)/Medication reviews (MR) with patients and document 2 manually to review with preceptor</p> <p>Timing: TQ2/EQ2</p>
OBJ R1.1.6	(Applying) Implement the care plan in collaboration with other healthcare professionals, the patient, and caregivers.	<p>Activities: 1. Employ an approved care plan patient-specific counseling and education.</p> <p>Assessment: 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: TQ2/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: 1. Evaluate and adjust the care plan based on feedback from patient, caregivers, and healthcare professionals.</p> <p>Assessment: Provide follow-up 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: TQ2/EQ3</p>

OBJ R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	<p>Activities:</p> <p>1. Utilize motivational interview techniques to effectively communicate with patients, family members, and caregivers</p> <p>Assessment:</p> <p>Evaluate 5 patient care plans to determine success of the plan. Approval by preceptor and feedback provided throughout the residency.</p> <p>Timing: TQ2/EQ3</p>
OBJ R1.1.9	(Valuing and Applying) Collaborate and communicate effectively with other healthcare team members.	<p>Activities:</p> <p>1. Demonstrate the ability to communicate effectively with 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. Illustrate ability to document all patient care activities and contacts with prescriber offices regarding patient care in Asembia with accuracy and efficiency.</p> <p>Assessment:</p> <p>Documentation of 30 initial assessments, 30 reassessments, 50 contact MD tasks without needed additions. Approval by preceptor and continued feedback throughout residency.</p> <p>Timing: TQ1/EQ3</p>
Goal R1.3	Provide safe and effective medication-related patient care when patients transition between care settings	
OBJ R1.3.1	(Analyzing) Identify needs of individual patients experiencing care transitions.	<p>Activities:</p> <p>1. Identify patients in need of transitions of care at the specialty site.</p> <p>2. Detect medication/therapy-related problems</p> <p>Assessment:</p> <p>Review documentation of monthly touchpoints with transitions of care patients. Approval by preceptor and feedback provided throughout residency.</p> <p>Timing: TQ1-2/EQ4</p>
OBJ R1.3.2	(Applying) Manage and facilitate care transitions between patient care settings.	<p>Activities:</p> <p>1. Demonstrate effective follow up with transitions of care patients.</p> <p>Assessment:</p> <p>Review documentation of monthly touchpoints with transitions of care patients. Approval by preceptor and feedback provided throughout residency.</p> <p>Timing: TQ1-2/EQ4</p>



Goal 4.2	Effectively employ appropriate preceptor skills when engaged in experiential teaching (students, technicians, 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 APPE students</p> <p>1) Determine appropriate tasks for students to complete to foster education.</p> <p>2) Identify and assign monthly topic and medication related discussions to students.</p> <p>Assessment:</p> <p>Observe interactions and display appropriate behavior when interacting and teaching students, feedback provided throughout residency.</p> <p>Timing: TQ2/EQ4</p>

## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<i>Completion of checklist for independent practice</i>	Q1
<i>Independently practice with coaching from preceptors</i>	Q2
<i>Completion of specialty checklist for independent practice</i>	Q4
<i>Independently practice with preceptor facilitation as needed</i>	Q3-4

## 8. 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

## PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Direct Patient Care – Ambulatory Care – longitudinal, required
<b>Preceptor(s)</b>	Bethanne Brown PharmD, BCACP Kendall Germann PharmD
<b>Location(s)</b>	Primary Health Solutions - 210 S. Second Street (Bever Center) Location
<b>Author(s)</b>	Bethanne Brown
<b>Creation Date/Updates</b>	6/2022

### 1. Learning Experience Description Synopsis

**General Description of the Learning Experience:** The direct patient care learning experience is designed to provide the resident with broad experiences managing patients with chronic illness in a team-based environment.

Primary Health Solutions (PHS): Primary Health Solutions (PHS) is a non-profit, safety-net healthcare provider serving Southwest Ohio with centers in Hamilton, Fairfield, Middletown, Oxford, Dayton, and Trenton. Our approach to care is patient centered. This means that with technology and our expanded resources we can, together with the patient, effectively coordinate their needs. Our goal is to offer a comprehensive range of healthcare services, on a sliding-fee scale, to all members of the community, regardless of income or insurance coverage. Due to their economic situations, many patients served by PHS would otherwise go without much needed healthcare.

Type: Longitudinal and required

Role of the Pharmacist at PHS: Pharmacists at PHS provide chronic disease state and medication therapy management services working under a collaborative practice agreement for the following disease states: diabetes, hypertension, hyperlipidemia, asthma/COPD, heart failure, anxiety/depression, smoking cessation and cardiovascular risk reduction. Patients are referred for services by their primary care provider and seen for 30 min to 1 hour. Each visit is then billed to their insurance provider. Patients are primarily seen at two of the largest Primary Health Solutions Clinics (Middletown and Hamilton). These services are offered 4 days per week with 1 day as administrative time for activities such as prior authorization support, individual provider consults, and medication supply management.

Role of the Resident: The resident's role is to mirror the work of the pharmacist 0.5 days per week. Home base is Bever Center located at 210 S Second Street Hamilton, Ohio. The resident may travel to other clinics (outside of orientation) to cover sick/vacation time).

2. **Schedule:** 4 to 6 months in duration, 5 Hours per week
3. **Attendance:** Resident is expected to be on time for clinic each assigned day.
4. **Required Reading:**

Resident is expected to review the current guidelines for the following disease states: diabetes, hypertension, asthma/COPD, hyperlipidemia, smoking cessation as well as the PHS collaborative practice agreement.

5. **Preceptor Interaction and Communication: Preceptors** are available either for face-to-face interactions or via phone/email for questions related to patient care during clinic hours. Resident will be provided all preceptors cell and in office extension at the beginning of the residency.

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	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>Develop a working relationship with all providers at the various clinics.</p> <p>Answer drug information questions from providers either face to face, telephonically or via EMR</p> <p>Reach out to providers to discuss patient specific needs and obtain referrals as appropriate.</p> <p>Timing: TQ3/EQ3</p>
OBJ R1.1.2	(Responding and Applying) Establish a patient-centered relationship with the individual patient, family members, and/or caregivers.	<p>Conduct clinical pharmacist managed patient encounters based on referral from providers.</p> <p>Demonstrate cultural competence in all patient encounters by using interpreter services and creating care plans taking into account a patient's preference.</p> <p>Effectively communicate with all patients using appropriate health literacy, motivational interviewing and empowerment techniques to move a patient towards better health.</p> <p>Timing: TQ3/EQ3</p>
OBJ R1.1.3	(Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	<p>Using EMR collect pertinent information related to disease states being managed in a timely and efficient manner including provider plan, laboratory monitoring parameters, testing results and care plans from other providers.</p> <p>Create an interview style/format that fits the patient's communication needs to collect all pertinent information (i.e., adherence, cultural preference etc.).</p>

		Timing: TQ3/EQ3
OBJ R1.1.4	(Analyzing) Analyze and assess information collected and prioritize problems for the provision of individualized patient care.	<p>During patient encounters, using the information collected (R1.1.3) from patient and EMR:  Assess patient status by taking a holistic approach  Identify medication related problems. Prioritize problems based on both provider and patient preference  Refer patient to both internal and external providers based on patient needs (i.e., vision referral).  Use evidenced based guidelines to drive decisions  Timing: TQ3/EQ3</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>During patient encounters, using the information collected (R1.1.3 and R1.1.4) from patient and EMR and your own clinical judgement:</p> <p>Create a comprehensive disease state management plan which includes patient determined goals.  Each plan should include the following:  Medication Changes- with implementation plan  Education provided to patient- including handouts used  Monitoring- both patient and provider  Goals set- created collaboratively  Follow-up  Determine appropriate wellness activities patient should engage (i.e., immunizations etc.)  Timing: TQ4/EQ4</p>
OBJ R1.1.6	(Applying) Implement the care plan in collaboration with other healthcare professionals, the patient, and caregivers.	<p>At the end of each patient encounter:  Communicate collaboratively created plan to patient and provide documentation (goal sheet, patient packet etc.)  Work with patients to reduce any barriers to success (such as medication access)  Timing: TQ4/EQ4</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>Schedule follow-up appointments based on clinical factors (either telephonic, face to face or virtual)  Follow-up on any prior authorizations required for medication access (initiated by clinical pharmacist only)  Timing: TQ4/EQ4</p>
OBJ R1.1.8	(Valuing and Applying) Collaborate and communicate effectively with patients, family members, and caregivers.	<p>Work collaboratively with patients to institute plan.  Provide patients with educational handouts and goal sheets based on plan created.  Follow-up with patient based on discussion and clinical factors.  Timing: TQ4/EQ4</p>

OBJ R1.1.9	(Valuing and Applying) Collaborate and communicate effectively with other healthcare team members.	Work collaboratively alongside providers either during collaborative joint or clinical pharmacist managed patient encounters Contact outside providers/specialist as needed to be an advocate for the patient. Timing: TQ4/EQ4
OBJ R1.1.10	(Applying) Document patient care activities appropriately and efficiently.	At the end of each patient encounter: Document in EMR based on policy and procedures-Including the use of telephone notes and clinical pharmacy template Utilize existing EMR templates Work with clinical pharmacy team to update templates as needed Timing: TQ3/EQ3

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## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
Shadowing Resident will shadow clinical pharmacist during appointments to learn about work flow, documentation and patient care activities.	Week 1 to 4
Direct Instruction/Modeling Resident will collect and assess patient information as part of joint appointments with preceptors. They will be responsible for documentation related to patient visits in EMR.	Week 4 to 8
Coaching Resident will independently collect and assess patient information. In collaboration with preceptor, resident will create disease state management plans. Preceptor will work with patient on implementation and follow-up.	Week 8 to 12
Facilitation resident will independently complete the PPCP cycle with at least 4 patients per clinic day. Resident is responsible for all implementation and follow-up on patients seen.	Week 12 to end of experience

## 8. Evaluation Strategy

Evaluation Type	By Whom	When
Summative Evaluation	Preceptor	Quarterly (Q3/4)
Summative Self-Evaluation	Resident	Quarterly (Q3/4)
Preceptor Evaluation	Resident	End of experience (Q4)
Learning Experience Evaluation	Resident	End of experience (Q4)

## PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Leadership and Management
<b>Preceptor(s)</b>	Steve Grawe, RPh, - Area Health Care Supervisor, Primary Preceptor AJ Buschle, PharmD, Preceptor #16524 Stephanie Cady, Rph, RPD, Preceptor #12830
<b>Location(s)</b>	8800 Beckett Road West Chester, Ohio 45039 (513)870-0560  Walgreens #16524 260 Stetson St Ste F Cincinnati, OH 45219 (513) 878-3426  Walgreens #12830 3 W Corry St Cincinnati, OH 45219 (513) 751-3444
<b>Author(s)</b>	Stephanie Cady, Steve Grawe
<b>Creation Date/Updates</b>	4/30/2019, 6/10/2020, 4/7/21, 5/26/22

### 1. Learning Experience Description Synopsis:

**General Description of the Learning Experience:** This is a required, longitudinal (11 months) experience that will be 8 hours per month to be determined by HCS schedule. In this learning experience, the resident will gain mentored experiences working on and leading cross-functional teams within a large multi-disciplinary, multi-national 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. 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 from both an internal and external perspective.

**Roles of Pharmacists:** The role of the pharmacists in this experience is to afford the resident the opportunity to gain experience with leaders in various roles: Pharmacist, Pharmacy Manager; Store Manager; Healthcare Supervisor; Healthcare Specialty Supervisor; Regional Healthcare Director, etc. When possible, the resident will be included in Support Center meetings. The learning experience are as follows: management of daily business operations, development of new services, collaborating with other healthcare providers, developing strategic short- and long-term goals, practicing self-evaluation, and managing both individual and team responsibilities.

### 2. Schedule:

Attend one quarterly meeting – road show if possible

Bi-weekly touchpoint with HCS

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 (United Healthcare, etc.) and independent buyout meetings and visits
- 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;

Monthly District manager Upskilling topics (teach and learn)

Pharmacy Intern initiatives (MTM, PDC, Immunizations)

Individual Development Plans: Work with staff pharmacists working towards RXM. Work with RXM working towards HCS or DM positions

- Rx Quality (Quality improvement programs, learnings, discussions).
- Meetings with strategic corporate partners (Regional Vice President, Regional Finance, Director of Pharmacy and Retail, etc.)
- Various focused activities such as testing events and strategic partner meetings as opportunities arise

3. **Attendance:** required once meeting dates/times set. Make-up dates TBD (determined by HCS and Resident) to ensure the resident receives this experience.

4. **Required Readings:**

Walgreens e-learning as determined by preceptors/corporate policies

**Activities:**

- Orientation- get feedback from resident on how this is going and what ideas they want; Add conflict management, explain expectations
- Quarterly newsletters – topic to be determined by HCS and resident and sent to area by resident
- Development of IDP with quarterly updates/discussion
- CCHMC: Other areas in addition to immunizations
- Intern involvement- APPE students
- OPA: Legal and regulatory meetings, etc.

5. **Preceptor Interaction and Communication:** Resident will be scheduled with HCS for 8 hours per month as needed to determine activities and responsibilities. Feedback will be provided after each experience and on bi-weekly calls.

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 R2	LEADERSHIP AND MANAGEMENT	
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>Activities: Use Walgreens Sops and Independent Pharmacist Checklists to provide direct patient care and patient centered dispensing activities.</p> <p>Assessment: Direct observation, completion of checklists, preceptor feedback</p> <p>Timing: TQ1/EQ1-2</p>

OBJ R2.1.2	(Applying) Participate in organizational level management activities, functions, and/or decision-making.	<p>Activities: Apply initial shadow experiences to discuss the principles of Plan, Do, Review to assigned MGMT projects</p> <p>Assessment: Use knowledge gained from meetings to discuss the topics presented. . Preceptor feedback.</p> <p>Timing: TQE1/2. 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: Demonstrate the ability to meet deadlines in a timely manner. Embody the Plan, Do, Review strategy in all MGMT related activities.</p> <p>Assessment: preceptor review of Activity logs, time management, meeting of deadlines (newsletter),</p> <p>Timing: TQ1/2, EQ3/4</p>
OBJ R2.2.2	(Valuing and Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<p>Activities: Utilize leadership training "classes" to provide self-reflections and self-evaluations, initiate individual development plan in store-net and update quarterly. Use preceptor feedback and incorporate suggested improvements.</p> <p>Assessment: review of weekly logs and quarterly IDP updates</p> <p>Timing: TQ1, EQ2/3</p>
OBJ R2.2.3	(Valuing and Applying) Demonstrate effective leadership skills and behaviors.	<p>Activities: Utilize pharmacy SOPS to optimize pharmacy workflow. Lead staffing team through delegation and time management. Utilize resources to complete projects by deadlines and in an efficient manner.</p> <p>Assessment: Demonstrate leadership by effectively managing and completing assigned projects and tasks</p> <p>Timing TQ1/2, EQ3/4</p>
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.	<p>Activities: Initiate an activity in a pharmacy related organization of your choice (Examples include: APHA blog, attendance of virtual meetings and provide reflections, ASHP discussions, etc.)</p> <p>Assessment: documentation of professional involvement via self-reflection, reflections on virtual meetings, and uploading of agenda/minutes of meetings</p> <p>Timing: TQ1/EQ4</p>
OBJ R2.2.5	(Valuing and Applying) Demonstrate commitment to the community through service.	<p>Activities: Participate in 1 community event per quarter as a corporate partner representing Walgreens Corporation. Options include: Leukemia and Lymphoma society (fundraiser and yearly ball), PRIDE parade, etc.</p> <p>If no corporate sponsored activities are available, alternative events include: UC COP Drop-in Shelter or Other RPD approved student organization events.</p> <p>Assessment: Reflection within weekly log</p> <p>Timing: TQ1, EQ4</p>



## 7. Expected Resident Progression

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

## 8. Evaluation Strategy

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

## PGY1 Community Pharmacy Residency

Learning Experience	Patient Centered Dispensing, Required Learning Experience- longitudinal, 8 hours per Week
Preceptor(s)	Stephanie Cady, RPh, RPD.
Location(s)	Walgreens #12830 3 West Corry St Cincinnati, OH 45219
Author(s)	Stephanie Cady, RPh, RPD
Creation Date/Updates	2/25/19; 3/15/19, 4/2/19, 4/4/19, 4/27/20, 5/20/20,3/31/21, 5/11/22

## 1. Learning Experience Description Synopsis

### General Description of the Learning Experience:

The Patient Centered Dispensing is a longitudinal, required learning experience of 8 hours per week (Saturday/Sunday every other weekend) for 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, 1 full-time staff pharmacist, 1 part-time staff pharmacist, 5 pharmacy interns, 5 PTCB-certified pharmacy technicians, 3 registered technicians, 6 technician trainees, and 3 “designated hitters” from front end. The pharmacy team fills approximately 400 prescriptions per day and is open 8am-10am Monday thru Friday, 9-6 on Saturday, and 10 –6 on Sunday.

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 pharmacist tasks, and conduct patient medication counseling.

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, on-site and off-site covid testing, 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, completed the Independent Practice Checklist, 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 onsite supervision.

#### **Roles of Pharmacists:**

The roles of the pharmacists at this practice location that are directly reflected in this learning experience are as follows: daily monitoring and follow up on patients with various disease states, completion of cmr's, utilization of medication therapy management platforms, administration of immunizations, adherence reviews and counseling, dispensing of medications, covid testing, patient/provider medication education, and other services as needed

#### **2. Schedule**

The resident will participate in the Learning Experience while spending time at Walgreens #12830, on-site meetings, and immunization clinics. After completing orientation at the site, the resident will continue to be scheduled at #12830 every other weekend. The shifts will be 9-6 on Saturdays and 10-6 on Sundays. These days and times will be indicated on the resident's schedule to be provided.

#### **3. 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, emergency situations – as per the attendance policy detailed in the Residency Manual.

#### **4. Required Readings**

Residency Program Policies and Procedures Manual

Walgreens SOPs for dispensing – In Storenet

Learning and Talent Management Portal Learning Activities – In Storenet

## 5. 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:

Daily to Bi-Weekly One to One Update:

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:

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:

- i. The preferred mode of communication with the preceptor when not on site is through text or email.
- ii. The resident is to communicate any medication therapy related issues not resolved by the end of the shift to following RPh.
- iii. The resident will read their Walgreens email/compass regularly for ongoing communications.
- iv. The resident will contact the preceptor directly for urgent/emergency.
- v. 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 R1.2	Provide safe and effective patient care during the delivery of patient-centered dispensing	
OBJ 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.	<p>Activities: <i>Determine</i> medication related problems and make evidence-based recommendations for solutions to patient and/or prescriber. <i>Identify</i> and provide recommendations to prescribers to resolve potential and real drug therapy problems. <i>Examine</i> the DUR/TPR exception queue in phlommeter and resolve. Examine and verify all prescriptions via SOPs.</p> <p>Assessment: Evaluated by direct observation, feedback from patients &amp; staff, monitoring of weekly scorecard, and STARS reports.</p> <p>TQ1/EQ1</p>

OBJ R1.2.2	(Applying) Prepare and dispense or administer (when appropriate) medications to support safe and effective patient-centered care.	<p>Utilize Walgreens SOPs to complete all steps of filling/verifying prescriptions</p> <p>Utilize Immunization Selection Tool to identify patients eligible for vaccinations. Administer vaccines to eligible patients.</p> <p><i>Demonstrate</i> ability to identify and recommend our additional services.</p> <p>Evaluation by direct observation, feedback from patients/staff, 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.	<p>Utilizes Walgreen's SOPs to document patient preferences and enroll in Walgreen's patient care programs. Provide pharmacist intervention services. Assist patients navigating through the procedures of medication assistance programs to obtain financial support for their medication – especially HIV medications in partnership with Walgreens Specialty Pharmacy.</p> <p><i>Employs</i> proper procedures to 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	(Analyzing) Counsel and educate the patient and/or caregiver about dispensed medications, self-care products, medication adherence, and appropriate referrals for services.	<p><i>Evaluate</i> the need for additional/alternative therapies and pharmacy services using SOPs and Patient Care Portal consultations</p> <p>Evaluation by usage and completion of Pharmacy Core Workflow</p> <p>TQ1/EQ1</p>
Competency Area R2	LEADERSHIP AND MANAGEMENT	
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><u>Demonstrate</u> ability to 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 <i>illustrate</i> examples to the pharmacy team.</p> <p><i>Demonstrate</i> 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><i>Employs</i> knowledge to work with pharmacy team to <i>build</i> a 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>
Competency Area R4	TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE	
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><i>Organize</i> and deliver a 5-minute meeting to pharmacy staff.</p> <p>Work with co-champions to <i>develop</i> action plans and deliver at a Pulse Meeting.</p> <p><i>Create</i> 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>

## 7. Expected Resident Progression

Expected resident progression during this learning experience is as follows:

Resident Progression Description	Date
<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>	July, August, September
<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</i></p>	October, November, December

<p>medications; delivery of immunizations; referring patients as appropriate; counseling patients and/or caregivers regarding their medications. The resident will be expected to maintain any credentials (such as immunizations) in accordance with Walgreens Policy. The resident will complete Independent Practice Checklist.</p>	
<p>The resident will be scheduled as the pharmacist in charge every other weekend.</p> <p>The resident will be responsible for resolving both patient and team issues/concerns as they arise, escalating to appropriate management if necessary.</p>	January-June

#### 8. Evaluation Strategy

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

#### PGY1 Community Pharmacy Residency

<b>Learning Experience</b>	Quality Improvement - Longitudinal, Required, 1-4 Hours per Week, 11 Months
<b>Preceptor(s)</b>	AJ Buschle, PharmD – Primary Preceptor Rich Miller, PharmD - Preceptor
<b>Location(s)</b>	Walgreens #16524 260 Stetson St Suite F Cincinnati, OH 45219
<b>Author(s)</b>	AJ Buschle, PharmD
<b>Creation Date/Updates</b>	March 22, 2019/April 09, 2019/June 12, 2020 4/30/21

## 1. Learning Experience Description Synopsis

### 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 implement a quality improvement project
3. Measuring the 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



### Role of the Pharmacist:

In a pharmacy setting there are many changes that occur as technology changes and the profession of pharmacy grows. Pharmacists, typically pharmacy managers, informally conduct quality improvement projects regularly to ensure that the pharmacy continues to run smoothly.

## 1. Schedule

The resident will participate in the Learning Experience as indicated on the resident schedule. This is a required longitudinal experience over 11 months with a time commitment of 1-4 hours per week.

## 2. 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.

### 3. 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).

### 4. 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.

### 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
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 TQ1/EQ2
OBJ R3.1.2	(Applying) Implement a quality improvement project.	Using QI tools, implement project based on ISMP self-assessment feedback directly from preceptors TQ1/EQ3
OBJ 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 TQ1/EQ4



#### 6. Expected Resident Progression

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 changes in the system	Nov through May
Evaluate the success of the change	April/May/June
Present Results	May/June

#### 7. Evaluation Strategy

All evaluations will occur on Pharmacademic.

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



## Walgreens PGY1 Community Based Pharmacy Residency Graduation Checklist

### Appendix C: Postgraduate Year One (PGY1) Community-based Pharmacy Residency Program Requirements

Item	Anticipated Due Date	Date Completed	Validating Preceptor
<b>Program Eligibility Requirements</b>			
Ohio Pharmacy Intern License-if applicable			
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			
Pass Jurisprudence exams for Ohio			
Pass Jurisprudence exams for Kentucky			
Immunization Certification			
CPR Certification – must be valid for entire residency program			
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			

Quarterly Resident's Plan			
Philosophy of practice (July)			
Self-Reflection (July)			
ASHP Entering Interest Form (May/June)			
Entering Objective-Based Self-Evaluation Form (July)			
Initial Plan (July)			
1st Quarter (August - October)			
2nd Quarter (November - January)			
3rd Quarter (February - April)			
4 <sup>th</sup> Quarter (May – June)			
Residency Portfolio			
Competency Area R1: Patient Care			
Completion of Independent Practice Checklist – Patient Centered Dispensing			
Completion of Independent Practice Checklist – Direct Patient Care			
Documentation of patient care activities (examples include Medication Management with follow-up, CMR, 90 Day Adherence Calls, MTM, Transitions of Care, Immunizations, Covid Testing, Connected Care Consultation) Collated quarterly by resident and submitted to RAC prior to customized planning meeting			
Successful manage all operations of the pharmacy during DPC and PCD activities			
Competency Area R2: Leadership and Management			

Attendance at 1 regional meeting			
Attendance at 3 DM area meetings			
Attendance at 2 monthly business reviews			
Attendance at 1 quarterly meeting – road show if possible			
Present at 1 business review meeting (clinical services activity related)			
Completion of Weekly Logs (due by midnight Sunday of that week)			
Completion of self-reflections bi-weekly			
Quarterly Newsletter sent to Area by resident			
Completion of Monthly ASHP Duty Hours Attestation Letter			
Professional Association Activities/Participation – documentation and self-reflections			
Community Service Activities/Projects – 1 per quarter (six hours in length) and documentation within activity log Q1 Q2 Q3 Q4			
Attendance at Resident Monthly Meeting			
<b>Competency Area R3: Advancement of Community-based Practice &amp; Improving Patient Care</b>			
Quality Improvement Project including: 1. QI Summary  2. 2-3 PDSA cycles  3. 1 Process Flow Diagram			

<p>New or Improved Clinical Service Project (Business Plan)</p> <ol style="list-style-type: none"> <li>1. Identify Service</li> <li>2. Business Plan Proposal</li> <li>3. Collaborative Practice Proposal</li> <li>4. Shark Tank Presentation</li> </ol>			
<p>Residency Research 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>○ Poster presentation at Ohio Pharmacists Association annual meeting</li> <li>○ Podium presentation of project at the Ohio Pharmacy Residency Conference</li> <li>○ Submission of Manuscript by meeting the following deadlines <b>by</b> dates given: <ul style="list-style-type: none"> <li>▪ 9/30- Journal selection, Background and Methods</li> <li>▪ 4/30 - Results &amp; Tables/Figures</li> <li>▪ 5/15 - Discussion, Conclusion, Abstract</li> <li>▪ 6/23 - Final manuscript</li> </ul> </li> </ul> </li> </ul> <p>Close out IRB application (if applicable)</p>			
Competency Area 4: Teaching, Education, and the Dissemination of Knowledge			

Completion of Teaching Seminar

Requirements:

- Participate in 100% teaching certificate program sessions
- Deliver 1-2 large group presentations
- Lead a small group session within Skills Lab each week (Aug-Nov and Jan-April)
- Complete both mid-point and final evaluations for both IPPE (if applicable) and APPE students
  
- American Pharmacists Association Diabetes Certificate Program completion
  
- Submit the teaching portfolio *before* the due date:
  - “ Teaching Philosophy
  - “ Examples of lectures, handouts and test questions from material created
  - “ Summary of learner evaluations from lecture and small group experiences
  - “ Self-Reflection on teaching activities in the what, so what, now what format
  - “ Evaluations from both IPPE (if applicable) and APPE students on rotation (when responsible for at least 50% of their experience)

<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</li> </ul>			
<p>Presentations to:</p> <ul style="list-style-type: none"> <li>o Pharmacy professionals</li> <li>o Patients and/or caregivers</li> <li>o General public</li> <li>o Healthcare students</li> <li>o Other Healthcare Professionals</li> </ul>			
<p>Written Education Materials for:</p> <ul style="list-style-type: none"> <li>o Pharmacy professionals</li> <li>o Patient and/or caregivers</li> <li>o General public</li> <li>o Healthcare students</li> </ul> <p>Healthcare professionals</p>			
Residency Program Evaluations			

Evaluations for all assigned learning experiences (attach PharmAcademic Evaluation Report. +/- 7 days of due date) <ul style="list-style-type: none"> <li>o Summative self-evaluations</li> <li>o Summative evaluations</li> <li>o Learning experience</li> <li>o Preceptor</li> </ul>			
Residency Tracking Goals and Objectives			
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)	Q1 Q2 Q3 Q4		
Outcome R2: Leadership and Management	Q1 Q2 Q3 Q4		
Outcome R3: Advancement of community-based Practice and Improving Patient Care	Q1 Q2 Q3 Q4		



Outcome R4: Teaching, Education, and Dissemination of Knowledge	Q1 Q2 Q3 Q4		
Item	Anticipated Due Date	Date Completed	Validating Preceptor
Residency Program Close Out			
Resident Project List			
Goal-Based Self-Evaluation			
Academic and Professional Record - updated			
Philosophy of Practice - Updated			
Self-Reflection (June)			
Exit Interview with Residency Program Director			



Appendix D: Postgraduate Year One (PGY1) Community-based Pharmacy Residency Program  
Weekly Activity Reports

Resident Activity Report

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

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

Dates: \_\_\_\_\_

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							
Totals			0	0	0	0	0

\_\_\_\_\_ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

Community Service Report

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

Background:	
Question:	
Answer:	
References:	

Advancing Community Based Practice Weekly Update

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

Well-Being Index (every other week)- include last 3 months below

Date	Index Score

--	--

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 Re



## **Walgreens PGY1 Community Based Pharmacy Residency**

### **Appendix E: Acknowledgement of Residency Program Completion Requirements**

#### **Acknowledgement of Residency Program Completion Requirements**

All residency projects and requirements are to be completed by June 26th of the respective year of the residency experience. Upon approval of the satisfactory completion of all projects by the residency program director, a community-based 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 26th), he/she will meet with the RPD to determine the specific due date for the completion of 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 the specified date, the resident will be deemed not to have 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 26th of the respective year of the residency experience. Upon approval of the satisfactory completion of all projects by the residency program director, a community-based 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)*

---

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



☐Residency Certificate Awarded

☐Residency Certificate Not Awarded

*(Residency Program Director  
Signature)*

*(Date)*

Version date: 9/21/2022



**Walgreens PGY1 Community Based Pharmacy Residency  
Appendix F: Acknowledgement of Residency Program Policy & Procedure  
Statement**

As the 2022-2023 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 to successfully complete the program.

Manual version date: 6-19-22

*(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



## Walgreens PGY1 Community Based Pharmacy Residency

### Appendix G: Residency Portfolio

The resident will be responsible for the management of their own residency portfolio. A portfolio is a collection of documents that provide 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 toll that creates a reference for the basis of 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-based Pharmacy Residency Program. The materials for the resident's portfolio will be saved electronically (e.g., MS Teams) using the following organization strategy.

Folder Name	Description
1: Patient Care Documentation	<p>At least five samples of de-identified patient healthcare records for all required services (medication management, immunizations, disease state management, health promotion/wellness and transitions of care) completed during the residency program.</p> <p>Records should demonstrate the ability of the resident to assess patients, collection information, identify medication- related problems, prioritize problems, establish therapeutic goals, and design evidence-based treatment plans.</p> <p>Samples of other written communications or records related to:</p> <ul style="list-style-type: none"><li>▪ resident's written plan for meeting the educational needs of a specific patient;</li><li>▪ resident's written recommendation to a caregiver;</li><li>▪ resident prescribed, administered, and/or monitored medications;</li><li>▪ resident's communications with another provider to improve a specific patient's treatment plan; and/or;</li><li>▪ resident's referral of the patient to another provider.</li></ul>
2: Communication to HCP	Documentation of communication of information to health care professionals when transferring a patient from one health care setting to another.
3: Pharmacy Planning and Leading Work Groups	<ul style="list-style-type: none"><li>• Evidence of contributions to the Pharmacy planning process. (Strategic Planning documents, goal setting documents, etc.)</li><li>• Evidence of the contribution from leading or working as a member of a committee or informal work group. (Pharmacy meeting notes, 5MM notes, etc.)</li></ul>
4: Collaborative Practice Agreement	Resident's written collaborative practice agreement, standing order or implementation process for a state-based protocol
5: Professional involvement	List of residents' activities at a national, state and/or local professional association during the residency.
6: Community Service	Description of the residents' community service during the residency.
7: Quality Improvement Project Plan	Resident's plan/proposal for a quality improvement project focused on the medication-use process and/or patient care services.

Folder Name	Description
8: QI Project Implementation	Evidence of the resident's implementation of a quality improvement project.
9: QI Project Evaluation	Resident's evaluation of the quality improvement project.
10: Business plan	Resident's written business plan for new service or appraisal and plan for enhancement of existing service.
11: Clinical service implementation	Evidence of the resident's implementation of a new or enhanced service.
12: Clinical service evaluation	Resident's evaluation of the new or enhanced service.
13: Research project design	Written design for resident's practice-related project.
14: Research project implementation	Resident's project implementation strategy. ( <i>Note: May combine with documentation for #13.</i> )
15: Research project evaluation	Resident's evaluation of the practice-related project.
16: Research project report	Resident's completed final written project report.
17: Presentations	<p>Samples of presentations for each type of audience (slides or handouts) to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> groups of patients, caregivers, and members of the community</li> <li><input type="checkbox"/> health care professionals (including physicians, nurses, pharmacists and other providers)</li> <li><input type="checkbox"/> students</li> </ul> <p>(<i>Include topic name, presenter, dates and audience.</i>)</p> <p>Samples of evaluations from participants and preceptors, if available.</p>
18: Written materials	<p>Examples of resident's written materials (do not include presentations submitted in 17) to provide educational information to multiple levels of learners including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> patients, caregivers, and members of the community</li> <li><input type="checkbox"/> health profession students</li> <li><input type="checkbox"/> pharmacists</li> <li><input type="checkbox"/> and other health care professionals</li> </ul>
19: Written feedback to learners	Two least examples of each: the resident's written formative and summative feedback developed by the resident and provided to a learner.
20: Resident Evaluations	<p>Self-reflection (beginning of residency)</p> <p>ASHP goals and objectives self-assessment</p> <p>ASHP entering interests evaluation</p> <p>Self-evaluations</p> <p>Summative evaluations</p> <p>Preceptor evaluations</p> <p>Learning experience evaluations</p> <p>Development plans</p> <p>Self-reflection (end of the residency)</p> <p>Exit review with Residency Program Director</p>
20: Resident Credentials	<p>Pharmacy intern/technician license</p> <p>Pharmacist license</p> <p>Immunization certificate</p> <p>CPR certification</p> <p>Walgreens training completion certificates</p>