PGY1 Managed Care Pharmacy Residency – Kaiser Permanente Washington (KPWA)
Residency Manual (Policies & Procedures)

Purpose
   PGY1 Managed Care Pharmacy Residency Program Purpose: PGY1 pharmacy residency programs build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership, and education skills who are eligible for board certification and PGY2 pharmacy residency training. A managed care residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

Mission
   Train and develop clinically adept managed care pharmacists with strong leadership qualities who can manage projects, communicate effectively, and critically analyze data.

Qualifications and Requirements of the Resident
1. The resident will be a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or a program that is in the process of pursuing accreditation); confirmation provided by receipt of pharmacy school transcript.
2. The residency year typically starts on the last Monday in June and finishes on the last Friday in June. This schedule allows for a 1 week transition between the incoming and outgoing residents.
3. The resident will be a licensed pharmacist in the State of Washington. Licensure in Washington is required no later than September 30th of the residency year.
   a. If a resident fails to receive their Washington pharmacist license by the above deadline, the resident will be dismissed from the residency program. Extenuating circumstances will be evaluated on a case by case basis.
   b. If a resident anticipates that they won't receive their Washington pharmacist license by July 1st, they are required to obtain a Washington pharmacy intern license before the start of the residency program to ensure that they are able to participate in patient care activities.
      i. Out of state residents are encouraged to apply for their Washington pharmacy intern license at time of match acceptance.
4. Service Commitment
   a. KPWA employed pharmacists will serve as the primary preceptors for PGY1 residents during their various learning experiences throughout the one year residency program. All medication management activities performed by residents will comply with appropriate departmental policies and procedures including any applicable CDTA protocols.
   b. There are two staffing requirements for PGY1 residents:
      i. Half-day per week throughout the year performing comprehensive medication reviews (CMRs)
      ii. Clinical Coverage Determination (aka Help Desk) support during targeted time periods (up to 5 weeks)
   c. The resident and program will follow the ASHP "Duty-Hour Requirements for Pharmacy Residencies." Review ASHP policy at available at link:
      i. https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=043E385A070E8C0F6F9C7325CBB2C03981D40B13
      ii. Residents are expected to complete the required residency hours. Moonlighting is allowed as long as total worked hours, including the residency, does not exceed 80 hours per week, averaged over a four-week period. Residents are required to follow KP Principles of Responsibility. Outside employment (moonlighting) must always be avoided if it interferes or conflicts with KP' mission, business, or your work.
      iii. Once a month the resident will track and log their duty hours for one continuous week using the Residency Duty Hours tracking log (see **Appendix A**: Residency Hours Tracking Form)
      iv. The resident will track and log all completed moonlighting hours every month using the moonlighting hours tracking log (see **Appendix A**: Residency Hours Tracking Form)

v. The resident will email a copy of their completed tracking form to the Residency Program Director (RPD) by the last day of each month. Any identified issues will be addressed.

vi. Performance of the resident will be monitored by the RPD as well as the resident's respective rotation preceptor(s).

1. Any deviation in resident performance thought to be caused or worsened by moonlighting will be reported by that preceptor to the RPD immediately.

2. Any decrease in performance or judgment identified during the residency and thought to be caused/ worsened by moonlighting hours will be addressed by the RPD and likely result in the loss of moonlighting privilege, effective immediately.

5. Attendance

a. The resident is expected to work a minimum of 40 hours per week, with the exception of holidays and vacation. Prompt arrival and attendance is expected at all meetings throughout the residency. The resident must inform the RPD in the event of illness or other emergencies requiring time off (see next section for procedural details).

6. Leave

a. Each resident will be allowed up to 10 paid vacation/Personal Time Off (PTO) days per year

i. Unused leave will be paid out at the end of the residency year [note: the residency normally ends on the last Friday in June]

b. Each resident will receive the following paid holidays depending on the calendar year:

i. New Year's, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas

c. Other professional time away from the residency may include:

i. Up to 3 paid days during ASHP Midyear

ii. Up to 3 paid days during residency research conference (e.g., Western States Conference)

1. Participation dependent on resident having prepared presentation. If resident does not have a presentation prepared, they will not attend.

d. Each resident is required to work on the last day of the residency program

e. Days not taken in one of the above areas may not be transferred to another area

f. Time-off request approval process

i. Confirm with current and/or future learning experience preceptor & RPD that time-off is okay with learning experience obligations/ responsibilities

1. The resident must receive approval from the learning experience preceptor and the RPD in the form of an email.

2. If any make up time is required to accomplish the objectives of the learning experience, that time will be scheduled at the discretion of the preceptor and the RPD.

ii. After approval received, resident to follow vacation/PTO job aid to document approved time-off in organizational calendar (Outlook)

g. Reporting absences or sick leave process (unscheduled leave)

i. The resident shall notify the learning experience preceptor(s) and RPD by phone/text or email as soon as possible when they need to take unscheduled time off.

ii. If any make up time is required to accomplish the objectives of the learning experience, that time will be scheduled at the discretion of the preceptor and the RPD.

h. Extended leave

i. In extenuating circumstances, the residency program may be extended. Any extension of the training program must be completed by July 31st of the planned graduation year in order for the resident to be able to successfully complete training and obtain their residency certificate. Note, pay and completion of training program may not be synonymous.

7. Attitude

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

8. Other Human Resources Guidelines

a. Kaiser Foundation Health Plan of Washington, Inc. provides professional liability protection for its employees if any such employee is named as a defendant in a law suit alleging negligence arising from work performed on behalf of these organizations.
   i. KP's professional liability does not cover actions that may be taken by professional boards such as the Board of Pharmacy against an individual (e.g. board actions). The primary reason for this is to avoid conflicts of interest that can arise in these sorts of situations.
   ii. Residents may choose to purchase additional liability coverage at the resident's expense.
b. Residents are subject to professional disciplinary action, up to and including termination, in accordance with KPWA's Human Resource Guidelines.

Qualifications and Requirements of the Residency Program
1. The residency program will be accredited jointly by the American Society of Health-System Pharmacists (ASHP) and Academy of Managed Care Pharmacy (AMCP) in accordance with the accreditation standard for PGY1 Managed Care Pharmacy Residency programs.
2. The residency program will begin on Monday of the last full week in June of each year unless otherwise noted.
3. The residency program is 12 months in length ending on the last Friday in June of each year unless noted.
4. The residency program will adhere to and participate in the Resident Matching Program (RMP) process for selecting residents.
5. The RPD will be qualified as outlined in the ASHP Accreditation Standard for PGY1 Managed Care Pharmacy Residency programs.
6. The residency program preceptors will be qualified as outlined in the ASHP Accreditation Standard for PGY1 Managed Care Pharmacy Residency programs.
7. The Department of Pharmacy will be qualified as outlined in the ASHP Accreditation Standard for PGY1 Managed Care Pharmacy Residency programs.
8. Program design, learning experiences, and evaluations will be developed in accordance with the ASHP Required Outcomes, Goals & Objectives for PGY1 Managed Care Pharmacy Residency programs.
9. The role of the PGY1 Residency Advisory Committee (RAC) is to provide oversight regarding design and implementation of the residency program, including but not limited to:
   a. Provide strategic input and guidance for the residency program
   b. Conduct interviews and applicant selection
   c. Participate and prepare for ASHP accreditation surveys
   d. Develop and administer the preceptor development program
   e. Contribute to continuous program quality improvement
      i. Develop and review learning descriptions
      ii. Review feedback and evaluations
      iii. Champion innovation and change in accordance to ASHP Standard

Resident Selection Process and Criteria
1. This PGY1 residency program will accept up to two residents each year via the Resident Matching Program.
2. Residency Interview Selection Process
   a. Residency applicant qualifications will be evaluated by the RPD in conjunction with current residents and select members of the RAC.
   b. An objective process is defined for evaluation of candidate's application materials using a standard evaluation scoring tool.
   c. Applications submitted via WebAdmit-Phorcas in completed status by the last Friday in December of each year will be reviewed. Completed applications must include:
      i. Letter of intent
      ii. Curriculum vitae
      iii. School of Pharmacy transcripts
      iv. Three letters of recommendation
3. An on-site interview is required. Generally a total of 12 applicants are invited on-site to interview during the month of February (6 applicants per position).

4. On-Site Interview Evaluation Process
    a. Uses defined selection criteria and assigned rating scales to help assist in "objective" assessment of applicant
        i. Score applicants (interview evaluation form, application materials)
        ii. Rank applicants (according to scores)
        iii. Following completion of all interviews, there's a "common sense check"– interview panel members verbally discuss all applicant interviews
            o Re-rank based on discovery from above meeting discussion
            o Submit consensus approved rank-order list to the National Matching Services
    b. Factors considered during the interview process:
        i. CV/Application
            o Professional engagement & leadership
            o Understanding of managed care
            o Presentations
            o Publications & research
            o Awards & scholarships
        ii. Letter of interest / personal statement
            o Why applying to our program
            o Understanding of managed care
            o Writing skills (organization, vocabulary, grammar, etc)
        iii. Letters of reference
        iv. GPA
        v. In-person interview
            o Verbal communication skills
            o Professional demeanor, maturity
            o Clinical acumen and experience
            o Confidence
            o Self-motivation
            o Leadership ability
            o Alignment of professional goals with residency goals
            o Level of interest
            o Overall fit with our residency program
        vi. Onsite presentation
            o Presentation skills
            o Content and audio visuals
            o Critical thinking
            o Ability to answer questions
5. Resident applicants will adhere to and participate in the National Matching Services process to be eligible for acceptance at KPCO.
6. If there is a need to participate in the phase 2 match process (i.e., we initially match <2 residents), we will follow an abbreviated version of the above process.
    a. Interested candidates will be asked to submit an application
    b. RPD will review applications
    c. Qualified applicants will be offered a phone/video interview (in lieu of an onsite interview)
    d. Applicants will be scored and ranked based on their interview and application materials
   e. RPD approved rank-order list will be submitted to National Matching Services

Program Design
1. The program structure has been designed to help the graduate achieve the purpose of the residency.
    a. Core (required) learning experiences include:
        - Orientation & Professional Development
        - Direct Patient Care #1 & #2 *(Clinical Pharmacy Care Center & Ambulatory Clinic)*

- Clinical Coverage Determinations (CCD) *(aka Help Desk)*
- Newsletter *(written communication skills)*
- Formulary Management & Drug Information
- Medicare Medication Therapy Management (MTM)
  - Comprehensive Medication Reviews (CMRs) is a subset of the MTM LE
- Benefit Design & Pharmacy Benefit Management Oversight
- Chronic Disease Management (CDM)
- Quality Improvement
- Medication Safety Improvement
- Medication Use & Trend Management (MUM)
- Research & Residency Project

PGY 1 Managed Care Resident Schedule – *Tentative 2018-2019*
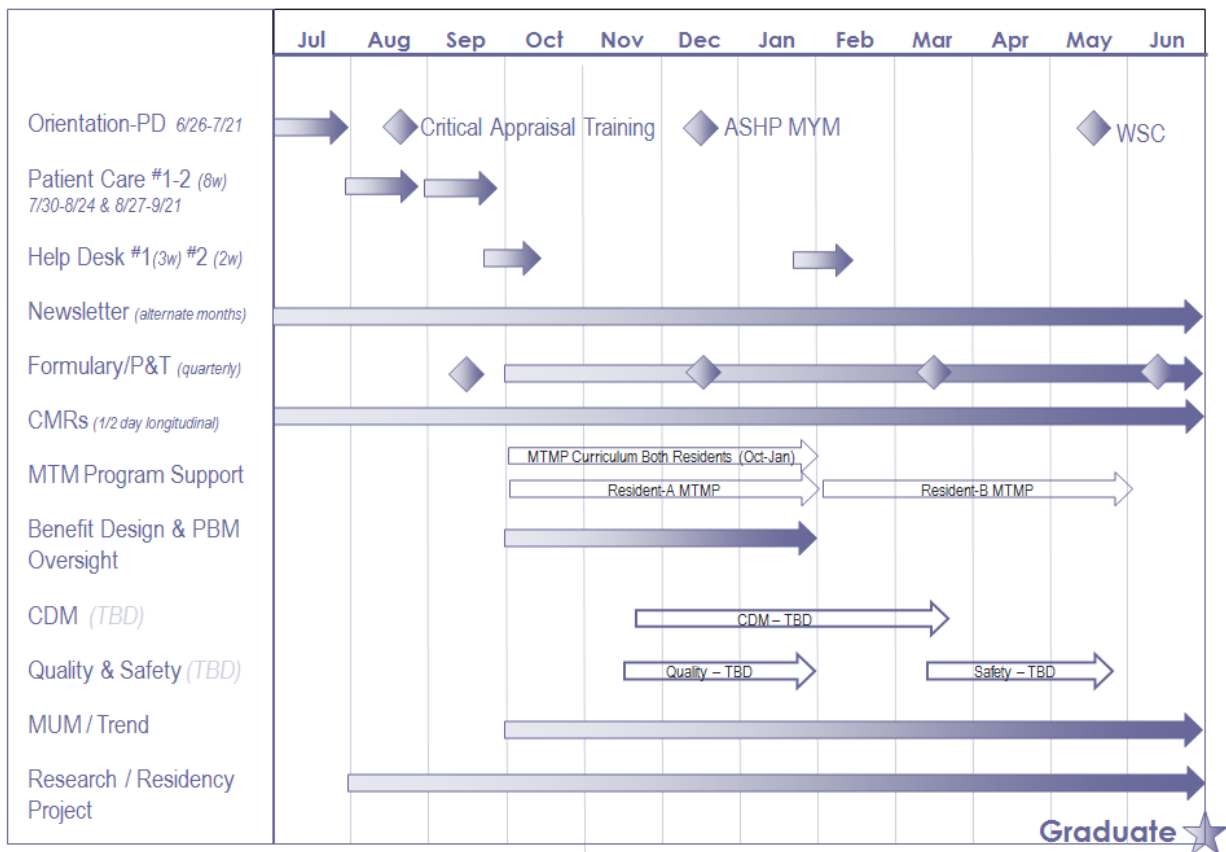
b. Elective learning experiences include:
- Clinical Operations
- Health Informatics
- Outcomes & Analytics
- Pharmacy Leadership
- Specialty Care (e.g., oncology)
- Specialty Pharmacy

2. At the beginning of each LE, residents and preceptor will jointly review the rotation specific goals and objectives. During this time, residents are expected to share pertinent results from their various self-assessments (e.g., learning styles, strengths, communication preferences, Entering Objective-Based Self-Evaluation) along with their personal goals for that particular LE. [See **Appendix B**: Resident Self Evaluation for ideas and suggested framework]

a. This discussion is critical to customizing the experience for each resident

Successful Residency Graduation Requirements Include All of the Following:

1. ASHP Outcomes, Goals and Objectives for the PGY1 Managed Care Pharmacy Residency
   a. Required competency outcomes and goals for this program are listed in Table 1.

Table 1. Required Competency Goals – PGY1 Managed Care Pharmacy Outcomes & Goals	
Outcome R1: Understand how to manage the drug distribution process for an organization's members.	
Goal R1.3	Understand and evaluate selected aspects of the processing of eligibility and claims for prescription drugs and professional services.
Outcome R2: Design and implement clinical programs to enhance the efficacy of patient care.	
Goal R2.1	Contribute to the ongoing development of the managed care organizations formularies.
Goal R2.2	Contribute to the implementation of the managed care organization's formularies.
Goal R2.3	Participate in the design or redesign of disease management and/or medication therapy management programs for patient populations.
Goal R2.4	In collaboration with other healthcare professionals resolve medication-related problems for individual patients.
Outcome R3: Ensure the safety and quality of the medication use system	
Goal R3.1	Identify opportunities for improvement of the organization's medication use system.
Goal R3.2	Design and implement quality improvement changes to the organization's medication-use system.
Goal R3.3	Make a recommendation to interdisciplinary committees for utilization management programs (e.g., prior authorization, step therapy, quantity management, formulary exception process).
Goal R3.5	Maintain confidentiality of patient and proprietary business information.
Outcome R4: Provide medication and practice-related information, education, and/or training.	
Goal R4.1	Collaborate with prescribers to ensure appropriate, evidence-based drug selection.
Goal R4.3	Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, and plan sponsors.
Outcome R5: Collaborate with plan sponsors to design effective benefit structures to service a specific population's needs.	
Goal R5.1	Understand the interrelationship of the pharmacy benefit management company/function, the health plan and plan sponsor, and the delivery system functions of managed care.
Goal R5.2	Participate in the design of an effective benefit structure for a specific plan sponsor.
Outcome R6: Exercise leadership and practice management skills.	
Goal R6.1	Exhibit essential personal skills of a practice leader.
Outcome R7: Demonstrate project management skills.	

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

    b. 100% of the residency goals listed above in Table 1 must be "<u>Achieved for Residency</u>" by the end of the residency
        i. The remaining residency goals must be marked "Satisfactory Progress" or higher by the end of the residency
        ii. RPD will review all summative and quarterly evaluations, and use PharmAcademic to mark achievement of goals
    c. Complete PharmAcademic evaluations within one-week of the due date, if unable to do so, the resident should renegotiate the deadline in advance with the RPD.
2. Residency Project
    a. Complete Western States Residency Conference platform presentation
    b. Submit draft of the residency project manuscript for publication by the last Friday in June
3. Other presentations and/or smaller projects will be required throughout the residency year as deemed appropriate by preceptors of individual learning experiences.

Evaluation Process
1. Evaluation of performance involves a variety of modalities which include:
- Observation of the resident's participation in clinical, administrative, and research activities
- Evaluation of written work products
- Assessment of participation/performance during journal various presentations
- Written evaluation within PharmAcademic™; the evaluation scale is defined as follows:

Table 2. Evaluation Scale	Assessment Criteria
Needs Improvement (NI)	Resident displays >1 of the following characteristics: ▪ Requires repeated guidance / intervention / prompting ▪ Requires ongoing direct supervision ▪ Makes questionable, unsafe, or not evidence-based decisions ▪ Fails to incorporate or seek out feedback ▪ Fails to complete tasks in a time appropriate manner ▪ Acts in an unprofessional manner
Satisfactory Progress (SP)	▪ Resident performs at the level expected at this point in the learning experience ▪ Responds to feedback appropriately ▪ Level of prompting & guidance is limited or appropriate for the learning experience ▪ Accurately reflects on performance & can create a sound plan for improvement
Achieved (ACH)	Resident displays all of the following characteristics: ▪ Independently & competently completes assignments ▪ Consistently demonstrates high quality performance, ownership of actions/projects, and consequences ▪ Appropriately seeks guidance & input from key stakeholders when needed
Achieved for Residency (ACHR)	Resident demonstrates continued competency of the assessed goals and objectives as described in above section 'Achieved'. • ACHR may be marked by preceptors; however, the RPD will review all evaluations and feedback on resident's performance throughout the year to ensure agreement with ACHR marked by preceptors. • The RPD will mark ACHR upon review of evaluations and feedback on resident's performance throughout the year, or on a quarterly basis.

2. Evaluations for Core and Elective Learning Experiences (specifics for each rotation outlined in LE descriptions)
   - Verbal feedback will be provided on a regular basis to the resident by the preceptor
   - A summative evaluation will be completed in PharmAcademic™ as described in the LE description for each rotation. For LE lasting longer than 3 months, residents will be evaluated at least every 3 months. In addition to the online documentation, these evaluations will be verbally discussed with the resident.
   - The resident will complete a self-evaluation via PharmAcademic™ at intervals described in each LE description and will discuss this information with the preceptor.
     1. Self-evaluation skills will be formally taught and evaluated as part of the Formulary Management & Drug Information LE. [See **Appendix B**: Resident Self-Evaluation for more information]
   - The resident will complete an evaluation of the rotation preceptor and learning experience in PharmAcademic™ and discuss this with the preceptor at the end of the rotation.
   - All evaluations will be cosigned in PharmAcademic™ by the RPD upon completion.
3. Residency Program Director (RPD) evaluation process
   - Review of all evaluations and feedback from preceptors and resident to perform summative written quarterly evaluation of resident.
   - RPD is responsible for tracking of goals and overall program accomplishment for each resident. These will be completed in PharmAcademic™ and discussed with the resident on a quarterly basis.
   - Customized learning & development plans will be reviewed and updated on a quarterly basis to help identify opportunities for professional growth and development which complement the residents overall residency goals identified at the start of the year.
   - Modifications to the customized plan and remedial action will be documented in PharmAcademic™ as well as communicated to the preceptors who are directly involved in the resident's training.
   - The RPD will verbally elicit feedback from all residents for residency improvements periodically (e.g. monthly 1:1 meetings).
   - RPD will review all feedback and discuss with RAC members what changes should be implemented.
   - RPD will provide feedback to preceptors regarding areas of improvement identified by residents to improve the rotation learning experience.

Consequences of Not Achieving Important Milestones in Residency Program
1. Residents are required to obtain a Washington State Pharmacist license <u>no later than September 30th</u> of the residency year.
   a. Failure to achieve a license within this time frame will result in termination.
   b. Residents without a license are not able to perform independent, direct patient care.
2. If the resident is in academic difficulty, the RPD will work closely with the resident and upcoming rotation preceptors to identify opportunities for the resident to demonstrate improvement in the areas of needs improvement.
   a. Needs improvement is defined by the criteria described in Table 2.
   b. If the resident does not demonstrate satisfactory progress on the subsequent learning experience, the resident will work closely with supervision to identify deficiencies, create plans to correct the problems, clarify expectations and set timelines for completion. There will be mandatory reviews on progress. Satisfactory progress is defined by the criteria described in Table 2.
   c. Significant advancements in behavior and/or performance must be achieved and sustained. Achieved is described in Table 2. Failure to improve may result in discipline, a Performance Improvement Plan, up to and including termination.
3. If the resident fails to submit a draft manuscript of the research project by the last Friday in June <u>and</u> the resident meets all other program requirements, then the certificate of residency completion will not be issued until the draft manuscript is submitted.

Extended Leave
1. A plan will be developed between the resident and RPD to ensure appropriate progression in the program in the event of extended approved absences in accordance with company rules.
2. Each case will be reviewed and considered individually.

Graduation
1. Successful completion of this PGY1 Managed Care Pharmacy Residency is defined in detail above (see program design, successful residency graduation requirements).
2. Upon successful completion of the program, each resident shall be given a certificate suitable for public display, signed by the RPD, Executive Director of Pharmacy & Vice President responsible for Pharmacy.
   - Note: KPWA will electronically maintain scanned copies of signed residency certificates for a minimum of 6 years.

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Residency Program Director
Last Revised: January 2018

Appendix A

<u>Residency Hours Tracking Form</u>

<u>Duty hours</u> are all scheduled clinical and academic activities related to the pharmacy residency program and include inpatient and outpatient care, in-house calls, administrative duties, and scheduled or 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 are not to exceed a weekly average of 80 hours. 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 (RPD) or a preceptor.

Track your duty hours for one continuous week every month.

Date	Duty Hours	Rotation	Comments
MON /			
TUE /			
WED /			
THU /			
FRI /			
SAT /			
SUN /			

<u>Moonlighting hours</u> are defined as voluntary, compensated, pharmacy-related work performed outside the organization. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. All moonlighting hours must be counted toward the 80-hour maximum weekly hour limit. Track all moonlighting hours every month. Include brief comments.

Date	Moonlighting Hours	Location	Comments

TOTAL DUTY HOURS: _____
TOTAL MOONLIGHTING HOURS (if applicable): _____
AVERAGE HOURS PER WEEK (duty hours + moonlighting hours/4): _____

Submit completed form electronically to RPD. By my electronic submission to the RPD, I attest the reported hours are accurate to the best of my ability and knowledge.

Resident Attestation:
I hereby certify that I have read the KPWA PGY1 Managed Care Pharmacy Residency Manual.

_____

Resident Signature   Date

Appendix B

Resident Self-Evaluation

Self-evaluation involves residents assessing their own performance and learning progress. The ability to accurately and adequately self-assess performance is an essential and valuable skill and it is a key tool in the drive for continuous improvement. Below are some steps to consider in order to help facilitate residents developing this skill.

1. Identify your own strength and weakness
   - Review the results of the various self-assessments completed during residency orientation, including:
     o Strengths Finders, MBTI, VARK, and DOPE
     o "Entering Objective-Based Self-Evaluation" in PharmAcademic, which asks the resident to assess themselves against the PGY1 residency goals & objectives
   - Additional online assessments tools are also available (optional), such as:
     o [Aptitude Test](#)

2. Review and understand learning objectives/goals for upcoming rotation and list areas/skills you would like to improve (e.g., presentation, communication) and/or knowledge you would like to gain (e.g., pharmacy benefits design, informatics, literature analysis) during the specific rotation
     o Reviewing the results of the resident's "Entering Objective-Based Self-Evaluation" in comparison to each Learning Experience (LE) description may be helpful to identifying development opportunities

3. At the beginning of each rotation/LE, review the learning objectives/goals with your preceptor
   - Share some of your strengths and weakness as well as skills you would like to improve with your preceptors and discuss:
     o How you can improve your areas of opportunity
     o How your strengths can help you achieve the goals set for a specific rotation
   - Make sure the goals are clear and specific and understand expectations. Consider asking:
     o How long will it take to accomplish the goal?
     o How will my progress be measured?
     o How will I know when the goal is accomplished?
   - This is also a good time to share the results of your other self-assessments (described above) to help highlight your learning style and communication preferences.

Preceptors' role and responsibilities:
- *Step 1 – Determine what specifics will define good performance.*
- *Step 2 – Explain how these specifics and criteria can be applied to resident's assignments/learning activities. During the orientation, discuss each resident's self-identified strength and weakness and explain how your rotational experience can help enhance their skills and knowledge. Set expectations with sufficient details and ensure the expectations are in line with residents understanding and learning objectives/goals.*

4. Perform a self-evaluation
   - Formal self-evaluation is done at the end of each rotational experience. This is done via PharmAcademic summative evaluation
   - In addition to the PharmAcademic self-evaluation, at minimum, informal self-evaluation should be done at the mid-point of each learning experience.
     o Self-evaluation is an on-going process and informal self-evaluation can be done more frequently (for example, after each: meeting, patient interaction, conference call, and presentation)
   - Assess if each goal is achieved and/or any progress you made

- o Consider the following questions:
    - What did I do well?
    - What could I improve?
    - What should I change? (What should I start/stop doing?)
- Be specific, using some aspect of your work effort that can be measured and/or specific examples.
    - o Example:
        - Bad: I worked really hard on this monograph
        - Good: I completed a monograph one week ahead of the schedule and took additional writing assignment to support my presentation at the P&T meeting
- Examples of areas/skills to self-evaluate:
    - o Communication
        - Present oral/visual information competently
        - Use appropriate language for the audience
        - Listen actively and effectively
        - Offer constructive feedback
        - Produce a variety of written documents using appropriate format, grammar, and accurate information
        - Evaluate and adapt strategies for communication
        - Use charts, diagrams, tables and other illustrations to support communication
    - o Time management
        - Set realistic timelines and priorities
        - Meet all the deadlines
    - o Teamwork
        - Plan with others to ensure clear goals, take responsibility and carry out tasks
        - Respect views and values of others
        - Adapt to the needs of the group (e.g., lead, negotiate, delegate)
        - Monitor and assess process of group/team work
    - o Data handling/analyzing
        - Use/understand appropriate technology and sources to obtain data (e.g., utilization, cost)
        - Interpret a variety of information
        - Use data as a tool in support of proposal/argument
        - Translate data into words and visual images
    - o Critical thinking
        - Construct informed, evidence-based arguments from multiple sources
        - Optimize patient medication outcomes by collecting and assessing the information and develops an individualized patient-centered plan
    - o Adaptability and flexibility
        - Exhibit the capacity to adapt to change and adjust responses in unpredictable situations
        - Keeping calm in the face of difficulties
        - Planning ahead, but having alternative options in case things go wrong
        - Taking on new challenges at short notice

5. Share and discuss self-evaluation
   - Share and discuss your self-evaluations with each preceptor at which time the preceptor can also share his/her evaluation. At minimum this should be done at mid-point and at the end of the learning experience.

- Discuss a difference between self- and preceptor- assessment of performance. If two evaluations diverge significantly, this likely indicates that you and your preceptors are not meeting often enough or there is a misunderstanding of goals and expectation
6. Set future goals and plans
   - At mid-point evaluation, jointly adjust the learning experience based on self-evaluation and preceptor's feedback.
   - As you set realistic and measurable goals, consider using the SMART goal template (optional)

Preceptors' role and responsibilities:
- *Step 3 – Provide regular feedback and ask for self-assessment.* *Ask and listen for self-evaluation (e.g., "How do you think it went…") and compare your feedback with resident's self-evaluation. Provide feedback on how well the resident self-evaluates and discuss about differences in outcomes and progress. Perception of the criteria for good performance that were determined earlier may still differ. Be open to the possibility that the perception of resident may be better than yours, in which case you need to be able to self-evaluate your own precepting method and adapt.*
- *Step 4 – Develop plans. Self-evaluation is only useful if it leads to improvement. Jointly establish measurable expectations for the next evaluation period and discuss how the learning experience can be adjusted at mid-point. Share the findings at quarterly RAC meeting and discuss how this can be used to target areas for program improvement.*

Other resources
   Webinar:
   - ASHP Self-Assessment Webinar . The webinar is free to ASHP members and is available through 8/4/2019.
   Readings:
   - Self-Assessment in Pharmacy and Health Science Education and Professional Practice
   - ASHP Residency Guide: Transitioning from Student to PGY1